AMENDMENT 0008

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 0008 is to incorporate 1) Request Concept Papers for Mozambique; 2) Revise the email address for NHRC DHAPP; 3) Revise Results Reporting, page 8 of DHAPP-BAA-15-002; 4) Revise Interim Progress – Indicator Report, page 31 of DHAPP-BAA-15-002; and 5) Add Representation Regarding the Prohibition on Using FY15 Funds with Entities that Require Certain Internal Confidentiality Agreements as follows:

1) **NHRC/DHAPP is accepting "Concept Papers" for Mozambique as described below through 11 September 2015 for first round consideration.**

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.

Mozambique: FADM Treatment Scale-Up

	Phase 1	Phase 2	Phase 3
HTXS	$1,335,000	$1,335,000	$1,335,000
HBHC	$200,000	$200,000	$200,000
HVTB	$45,000	$45,000	$45,000
TOTAL	**$1,580,000**	**$1,580,000**	**$1,580,000**

Narrative

Proposals are requested to support the *Forças Armadas de Defesa de Moçambique* (FADM) 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 FADM. The TBD partner will work directly with the FADM 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. Department of Defense HIV/AIDS Prevention Program (DHAPP) programming to support the FADM will focus on the following technical areas: 1) HIV/AIDS Care and Treatment; 2) HIV Testing Services (HTS); 3) Tuberculosis Diagnostics and Treatment amongst HIV co-infected individuals; 4) Prevention of Mother-to-Child Transmission (PMTCT); 4) Clinical Laboratory Support; and, 5) 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 FADM leadership as well as FADM 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 FADM 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 FADM's HIV prevention and health services, as well as the DHAPP/DoD Program Manager based at the US Embassy in Mozambique, the DOD adult and pediatric treatment program manager based at the Military Health Department, 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 and HBHC)

Technical Area Targets, Year 1			
Indicator	**Label**	**Military Only**	**Civilian**
TX_NEW	# of adults and children newly enrolled on ART	2,000	1,600
TX_CURR	# of adults and children currently receiving ART	3,200	6,700
TX_RET	% of adults and children known to be alive and on treatment 12 months after initiation of ART	85%	85%
CARE_NEW	# of HIV+ adults and children newly enrolled in clinical care during the reporting period who received at least one of the following at enrollment: (clinical assessment (WHO staging) OR CD4 count OR viral load	2,600	2,000

CARE_CURR	# of HIV+ adults and children who received at least one of the following during the reporting period: clinical assessment (WHO staging) OR CD4 count OR viral load	5,800	8,400
CARE_SITE	Percentage of PEPFAR-supported clinical care sites at which at least 80% of PLHIV received all of the following during the reporting period: 1) clinical assessment (WHO staging) OR CD4 count OR viral load, AND 2) TB screening at last visit, AND 3) if eligible, cotrimoxazole	100%	100%

The IP will work closely with the FADM to aggressively scale-up ART coverage in an effort to achieve 90-90-90 goals for military personnel. Targets for HIV/AIDS care and treatment will focus on generating significant progress towards the 2nd and 3rd 90s: initiation of 90% of HIV-infected military personnel on ART and 90% viral suppression amongst military personnel taking ART.

The FADM currently provides HIV/AIDS care and treatment services from three military hospitals in Maputo City, Beira, and Nampula. At present, these three clinical sites provide care and treatment services for a very limited number of FADM personnel. The vast majority of clients seen in these facilities are civilian patients living in the surrounding communities. In order to expand ART coverage to outlying military bases where HIV-infected soldiers cannot reasonably reach one of the 3 existing military ART facilities, the FADM will begin providing mobile ART services using 4 new multi-room mobile clinics. The IP will work directly with the FADM at the three fixed sites in addition to supporting the expansion and implementation of mobile ART services to achieve the military HIV care and treatment targets.

The IP will be responsible for:

- Enrollment into HIV clinical care and treatment
  - Aggressive enrollment of HIV-infected military personnel into clinical care and treatment at either the current fixed sites or through mobile ART outreach
  - Passive enrollment of HIV-infected civilians and dependents into clinical care and treatment at the three military ART sites in Maputo City, Beira, and Nampula.
- Ongoing clinical support for all Pre-ART and ART patients
  - Clinical monitoring of all HIV+ positive patients including CD4 every 6 months, hemoglobin, creatinine, 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 FADM to track down and follow enrolled patients that are deployed, to ensure they have their meds and continue to receive regular CD4 and other required lab checks.
        - 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
    - Planning, logistics, and use of mobile ART clinics to reach military ART targets
    - Ensuring best use of the vehicles to be purchased to support the ART mobile activity
    - Linking FADM personnel, including clinical staff, to other local HIV clinical care and treatment resources provided by the MOH, PEPFAR IPs, or other relevant entities.
    - Promoting ongoing communication and collaboration between FADM 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
- In future years, as viral load capacity is developed, will support and participate in viral load testing through the mobile treatment units per current WHO and national guidelines, with reporting on:
    - TX_VIRAL: Percentage of ART patients with a viral load result documented in the medical record within the past 12 months
    - TX_UNDETECT: Proportion of viral load tests with an undetectable viral load (<1000 copies/ml)

HIV/AIDS Testing Services (HTXS)

Technical Area Targets, Year 1			
Indicator	**Label**	**Military Only**	**Civilian**
HTC_TST	# of individuals who received HTS services for HIV and received their test results	13,300	17,000

The IP will work closely with the FADM to aggressively scale-up HIV Testing Services in an effort to achieve the 1st 90 for military personnel: 90% of all FADM PLHIV know their status. Commonly, military PLHIV only access treatment at one of the three military ART facilities when they are symptomatic. In an effort to reach these men and women before they become symptomatic, HTS will focus primarily on outreach testing to larger, high HIV-burden military locations. Outreach testing should be closely linked to the mobile ART clinic schedule, ideally with both services provided concurrently to maximize linkage. Provider-Initiated Testing and Counseling (PITC) will continue in the fixed sites for both the military and civilian cohorts. Ensuring that any positives identified are linked to HIV care and treatment is essential to the success of the FADM program. The IP should work to achieve 90% linkage of HIV+ individuals identified through PITC and 85% of HIV+ individuals identified through outreach testing to HIV clinical care and treatment. 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 be responsible for:

- Outreach HTS to military bases and facilities
  - Diagnosing 2,045 military PLHIV with 85% of those diagnosed linked to HIV care and treatment services
  - Index-case testing for family members and dependents of HIV-infected military personnel
  - Index-case testing for HIV-infected spouses and dependents of military personnel
  - Coordination of outreach HTS with mobile ART clinic activities
- Provider-Initiated testing and counseling within military health services for both military personnel and civilians with 90% of positives diagnosed through PITC linked to HIV care and treatment services
- Quality Improvement / Quality Assurance for all FADM HTS including continuous training and mentoring
- Tracking PLHIV from HTS to clinical care and treatment services

Tuberculosis Diagnostics and Treatment (HVTB)

Technical Area Targets, Year 1		
Indicator	**Label**	**Target**
TB_STAT	% of registered new and relapsed TB cases with documented HIV status	95%
TB_SCREEN	% of PLHIV in HIV clinical care who were screened for TB symptoms at the last clinical visit	80%
TB_ART	% of registered new and relapse TB cases with documented HIV+ status who are on ART during TB treatment	90%
TB_IPT	% of PLHIV newly enrolled in HIV clinical care who start IPT	100%

The IP will work closely with the FADM 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:

- 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
- Implement universal TB screening among PLHIV using standard four-question questionnaire
- Support the provision of isoniazid preventive therapy (IPT) for 100% of PLHIV in care who do not have active TB disease
- Support the use, maintenance, and commodities required for GeneXpert MTB/RIF assays at the three fixed ART sites with appropriate specimen referral for mycobacterial sensitivity testing for suspected multi-drug resistant cases
- Support referral of household TB contacts for screening

Prevention of Mother-to-Child Transmission (MTCT)

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)	95%
PMTCT_ART	% of HIV+ pregnant women who received ART to reduce risk for mother-to-child-transmission during pregnancy	95%
PMTCT_EID	% of infants born to HIV-positive women who had a virologic HIV test done within 12 months of birth	100%

The IP will support the three FADM 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 FADM 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 FADM PMTCT services
- Ensuring post-partum neonatal ART prophylaxis per existing Option B/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
- Partner HIV testing for pregnant women to identify HIV serodiscordant couples.

Clinical Laboratory Support

Clinical laboratories for HIV care and treatment are present in all three FADM ART facilities. However, the capacity of the laboratories, including equipment, physical infrastructure, and personnel, vary greatly between the three sites. The IP will work with FADM clinical and laboratory staff in support of all HIV laboratory services.

The IP will be responsible for:

- Procurement of necessary laboratory equipment, aligned with the national and international laboratory standards and guidelines as well as consumable point-of-care test devices such as serum cryptococcal semi-quantitative lateral flow assays.

- Inventory control, forecasting, and procurement of laboratory reagents to ensure that laboratory services are uninterrupted.
- Installation of equipment, procurement of service maintenance contracts (when applicable), and 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 FADM laboratory services to other laboratory resources at the district, provincial, and national levels.

HIV Clinical Monitoring Systems

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

The IP will be responsible for:

- Staffing support and mentoring of existing FADM staff for data entry, information technology assistance, data managers, etc. to fill any gaps where the FADM is unable to provide sufficient staff.
- Procurement of necessary hardware and software, aligned with the national and international laboratory standards and guidelines.
- Training and on-the-job mentorship of FADM 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 FADM, DHAPP, and PEPFAR.
- Securing all patient-level and site-level data from dissemination outside of FADM and DHAPP without prior approval from FADM.
- Support for data entry, cleaning, reporting, and use
- Implementation of clinical monitoring system, including maintenance of network infrastructure (if necessary).

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

- 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 Country A and DHAPP Headquarters – following the dates established by OGAC and the PEPFAR Team in Country.
- Reports will follow DHAPP Headquarters and Country A PEPFAR Team Templates.

2) **Revise the NHRC-DHAPP email address** for all questions of technical programmatic and submission of concept papers.

FROM: nhrc-dhapp@med.navy.mil

TO: **usn.nhrc.dhapp@mail.mil**

3) **Revise Results Report, page 8 of DHAPP-BAA-15-002**

FROM:
Results Reporting
In alignment with the US Office of the Global AIDS Coordinator's reporting requirements, DHAPP utilizes the same reporting requirements. Therefore, semi-annual and annual Indicator Reports are required for all Level 1 indicators as outlined in the PEPFAR Monitoring, Evaluation, and Reporting Indicator Reference Guide which will be provided by DHAPP and can be found on PEPFAR.gov. Quarterly reporting is required on a small sub-set of indicators. Training will be provided by the DHAPP office as requested.

TO:
Results Reporting
In alignment with the US Office of the Global AIDS Coordinator's reporting requirements, DHAPP utilizes the same reporting requirements. Therefore, quarterly Indicator Reports are required. The PEPFAR Monitoring, Evaluation, and Reporting Indicator Reference Guide contain a complete list of indicators. This document will be provided by DHAPP and can be found on PEPFAR.gov. Training will be provided by the DHAPP office as requested.

4) **Revise Interim Progress – Indicator Report, page 31 of DHAPP-BAA-15-002**

FROM:
2. 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 semi-annual progress reports in accordance with the format provided by the Program Office within 45 calendar days following the end of the reporting period: 3/31 and 9/30. The Recipient shall provide reports in accordance with the template provided by NHRC.

TO:
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.

5) **Add Section 743 Representation to DHAPP-BAA-15-002 as follows:**

Representation Regarding the Prohibition on Using FY15 Funds with Entities that Require Certain Internal Confidentiality Agreements:

Agreement with the representation below will be affirmed by checking the "I agree" box in block 21 of the SF424 as part of the electronic proposal submitted via Grants.gov. The representation reads as follows:

By submission of its proposal or application, the applicant represents that it does not require any of its employees, contractors, or subrecipients seeking to report fraud, waste, or abuse to sign or comply with internal confidentiality agreements or statements prohibiting or otherwise restricting those employees, contractors, subrecipients from lawfully reporting that waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information.

Note that: (1) the basis for this representation is a prohibition in section 743 of the Financial Services and General Government Appropriations Act, 2015 (Division E of the Consolidated and Further Continuing Appropriations Act, 2015, Pub. L. 113-235) and any successor provision of law on making funds available through grants and cooperative agreements to entities with certain internal confidentiality agreements or statements; and (2) section 743 states that it does not contravene requirements applicable to Standard Form 312, Form 4414, or any other form issued by a Federal department or agency governing the nondisclosure of classified information.