AMENDMENT 0019

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 0019 is to incorporate the following:

NHRC/DHAPP is accepting "Concept Papers" for Indonesia as described below through 5 August 2016.

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 DHAPP BAA-15-002, Section IV.

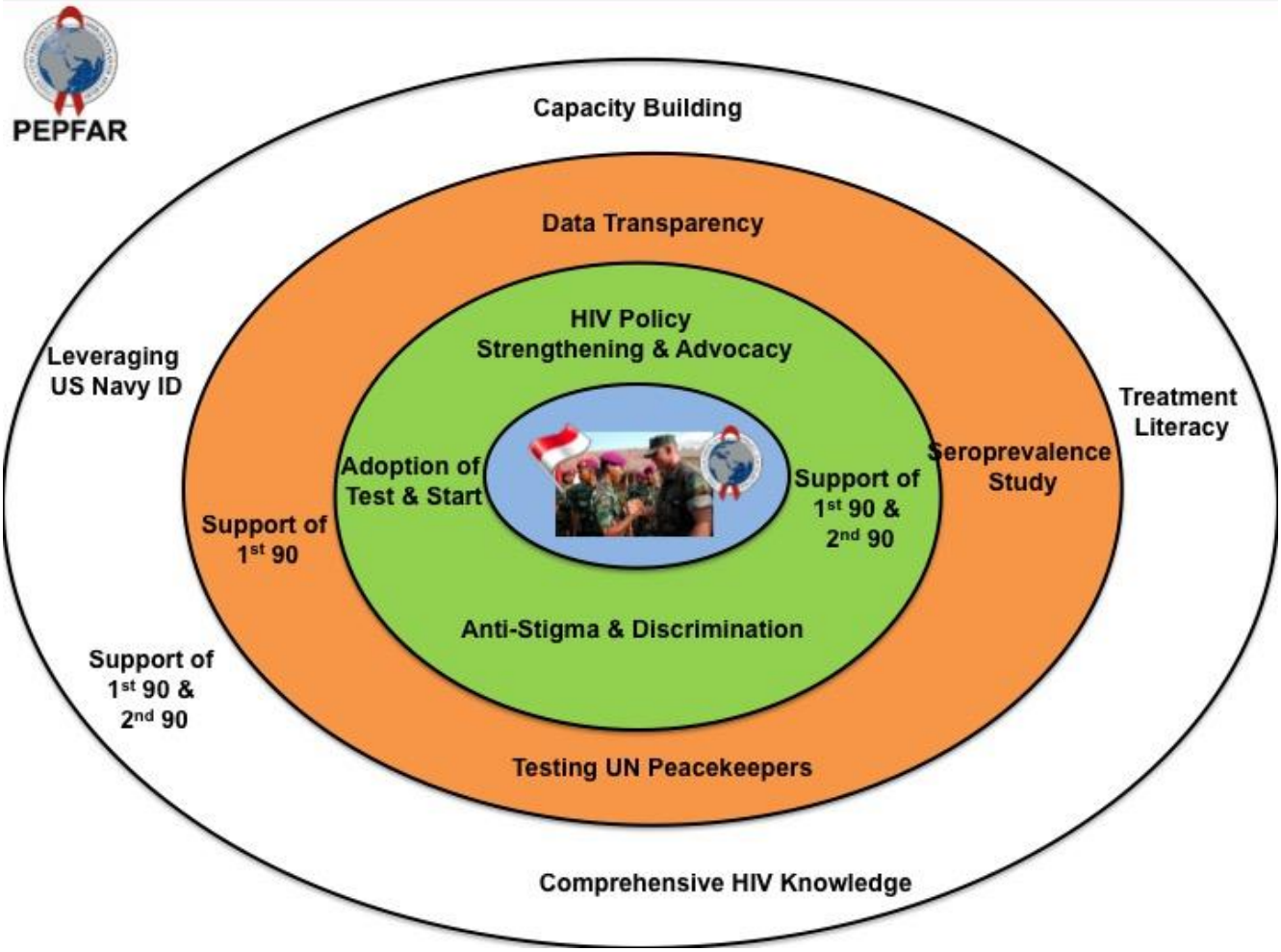
All respondents must demonstrate the active support of the in-country military and the DoD representative in the corresponding U.S. Embassy in the planning and execution of their proposals. The selected Grantee is the Implementing Partner and will be referred to as IP in this document.

Indonesia: Tentara Nasional Indonesia (TNI)

	Phase 1	Phase 2	Phase 3	Phase 4
HVOP	$81,000	$81,000	$81,000	$81,000
HVCT	$25,000	$40,000	$40,000	$40,000
OHSS	$40,000	$50,000	$50,000	$50,000
HVSI	$100,000	$50,000	$50,000	$50,000
TOTAL	**$246,000**	**$221,000**	**$221,000**	**$221,000**

Proposals are requested to support the Indonesian military, Tentara Nasional Indonesia (TNI), to reduce the number of new HIV infections and other sexually transmitted diseases among members of the TNI and their families. Activities are to target the priority population of military personnel, principally through above-site technical assistance, although there will be some anticipated benefit for the civilian communities served by the TNI medical system. Since military hospitals serve a high percentage of civilians from the general population (approximately 85% of patients seen), activities supported by PEPFAR have moved away from site-level support for HIV testing at the military hospitals. While it will be important to determine whether site-level support for HIV testing and combination prevention at certain military bases could occur in the future—this might include but not limited to provision of HIV rapid test kits to military bases, ensure 100% of military recruits receive HIV testing and counseling with 100% linkage to MoH care sites, and developing a monitoring system to track HIV positives—current activities are focused on above-site support for the TNI medical system (Figure 1). Specifically, focusing on developing a sustainable military HIV education program and support on collaboration in military HIV policy development (including formalized 100% recruit and pre and post deployment screening, routine semi-annual HIV testing of soldiers, and anti-stigma/discrimination policies). Because of existing robust HIV testing system within TNI and limited PEPFAR HIV testing budget, the focus of technical assistance for HIV testing will be on 100% of TNI personnel deploying as part of UN peacekeeping. All activities are to be implemented through the TNI Surgeon General Office, Ministry of Defense, military relevant physicians, and local NGOs and/or local contractors. Department of Defense HIV/AIDS Prevention Program (DHAPP) programming to support the Military will focus on four technical areas: 1) HIV “Other Prevention”, 2) HIV testing and counseling services, 3) Health Systems Strengthening and 4) Strategic Information. 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 Indonesia 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.

Figure 1. FY17 military-military overall strategy.



HVOP –HIV Other Prevention - $81,000

Tentara Nasional Indonesia (TNI) military personnel are a priority population in Indonesia and have an increased risk for HIV infection. Results from the 2012 Integrated Biological and Behavior Survey (IBBS) among Indonesian military showed a low level of awareness among respondents about how HIV is transmitted, including perceived risk, sexual behavior and condom use. These results will be used to further focus prevention efforts where they are most needed including effective education programs and HIV testing, counseling and referral technical assistance with strong linkage to medical care, treatment and prevention. Although current demand for condoms are being met by free provision to TNI by the National AIDS Commission, the most recent IBBS demonstrated in adequate awareness and understanding within TNI personnel, suggesting this remains a significant barrier to effective HIV prevention. To increase the awareness and knowledge of TNI personnel about HIV and AIDS, the IP will be responsible for:

- Conducting one military HIV education training of trainers (ToT) refresher per year for TNI personnel to prepare participants to train TNI UN peacekeepers to aid in dissemination of HIV and AIDS information sessions as well as other campaigns and commemoration days to other UN peacekeepers. Major components for ToT sessions will include basic knowledge about HIV, HIV in military settings, STIs, condom use, gender, narcotics, stigma & discrimination, reproductive health, support for people living with HIV (PLHIV), and how to become and be a good trainer, including how to organize HIV trainings. Existing Information-Education-Communication (IEC) materials (leaflets, booklets, guidelines, etc.) should be utilized and training packages should be developed and refined for each type of training (ToT, HTC, information sessions, etc). Performance indicators should include the following:
    - A minimum of 15 TNI personnel (men & women) trained at each training, who will then collectively train 300 UN peacekeeping commanders who will in turn train the remaining 2,700 TNI UN peacekeeping personnel. Although this will not satisfy MER 2.0 minimum requirements for PP_PREV, the implementing partner should report on number of TNI personnel trained and report on the number of TNI UN peacekeeping personnel who receive this comprehensive HIV education as a result of this program.
    - 85% of people showing improved knowledge related to HIV and AIDS, training module development and effective training through objective measurement in pre and post test
    - A minimum of 75% of trained people transferred their knowledge and skills through next ToT within the second year of the grant and each subsequent grant year
    - Help TNI identify a specific Master Trainer within the TNI who will be responsible for keeping track of who has been trained as well as develop a sustainable internal training program

- Leading ten comprehensive HIV knowledge trainings per year for non-medical military deploying on UN peacekeeping missions at TNI military facility (Jakarta) for each military unit (Army, Air Force, Navy). Performance indicators should include the following:
    - A minimum of 300 commanders (men & women) trained at each training 300 x 10 = 3000
    - 75% of people showing improved knowledge related to HIV and AIDS through objective measurement in pre and post test

- Conducting one adovacy event each year to high-ranking officers to raise HIV awareness for high-ranking military officers from Health Directorate of each military unit (Army, Air Force, Navy), MoD, & Surgeon General (SG) Office. Since officer turnover is so frequent, this has been recognized by the SG office as a critical intervention to ensure wide military commitment to HIV response, since officer turnover is so frequent. This could occur during TNI anniversary events such as the annual national meeting of military hospital chiefs. Performance indicators should include the following:

- A minimum of 50 high ranking TNI officers (men & women) attending event

- Designing, producing and disseminating HIV related promotional materials for HIV education material, campaigns and awareness events. Content will require review and approval from DHAPP HQ.

- Develop IEC material for HIV training material

- Leading one evaluation meeting at end of each phase on programmatic outcomes. Performance indicators should include the following:
  - 25 TNI participants from MoD, SG office and representatives from each military health unit (Army, Air Force, Navy) to attend

HVCT – HIV Testing Services - $25,000

HIV testing and counseling services (HTS) is an important component for a comprehensive HIV prevention and care program enabling HIV diagnosis and offering individual and public health benefits. Additionally, expanding diagnosis of HIV through HTS means that patterns of infection can be better monitored and interventions better targeted. Because of existing robust HIV testing system within TNI and limited PEPFAR HIV testing budget, the focus of targeted technical assistance for HIV testing will be on 100% of TNI personnel deploying as part of UN peacekeeping and above-site technical assistance further guiding HIV testing policy and practice ensuring an educated testing service, motivated HIV case managers and physicians, and standardized application of policy. To further strengthen HIV testing services the IP will be responsible for:

- Coordinating one meeting per year between Puskes TNI-Surgeon General Office, MoH, and MoD to discuss ARV and HIV commodity supply chain

- Two HIV/AIDS training for UN deployment doctors
  - A minimum of 20 health military officers (men & women) trained each year. The participants will be battalion doctors at military hospital, focusing on training these military health professionals on provider initiated testing and counseling (PITC) at the military hospital, review of signs and symptoms of complicated HIV, and motivate through increased appreciation of importance of 100% linkage to care for PLHIV. This training is intended to improve general HIV knowledge base to encourage improved pre- and post-deployment HIV testing practices and improved post-screening referral system to existing HIV-related health services.
  - 75% of people showing improved knowledge related to HIV health services through objective measurement in pre and post test

- Collaborating with TNI in HIV policy strengthening and development including the following:
  - HIV testing and counseling for 100% of deploying TNI UN peacekeepers pre- and post-deployment with 100% linkage of HIV positive personnel to care at

TNI hospitals including quarterly collection of data from TNI on number of pre and post deployment tests and number of positives. The UN deployment is based from Jakarta.
    - A minimum 3,000 tests annually with quarterly data collected from TNI along with number of positives. Although the implementing partner will not have a justifiable presence at the testing service delivery point in order to meet MER 2.0 reporting requirements, quarterly data should be collected for internal discussion and policy/program improvement.
- Designing prevalence-appropriate HIV diagnostic algorithms to target HIV testing of other military members and expanding testing
- Optimizing HIV testing and counseling services to successfully link all persons who test positive to ART clinical care and ensure confirmatory testing (in keeping with current national guidelines) after positive screening
- Adoption of WHO guidelines for Test and Start for military HIV positive personnel and HIV positive family members
- Formalized anti-stigma and anti-discrimination policies.
- Ensuring 100% of TB cases and 100% of STI (eg. Gonorrhea, chlamydia, and syphilis) receive HIV PITC --Develop routine monitoring system for 100% of military PLHIV and develop indicators to measure HIV testing program progress (eg. CD4 count at initial HIV diagnosis; % of newly HIV diagnosed who are also diagnosed with an Opportunistic Infection)
- Ensuring that 100% of potential new recruits who don't otherwise meet criteria for entry into the military, but are found to be HIV positive as part of existing recruit screening programs, that coordination occurs with CSO and a provincial/district health office.

Indicator	Label	Target
HTC_TST	Number of military individuals who received PITC HIV Testing Services (HTS) for HIV and received their test results	
	Pre and post UN deployment	3,000

OHSS – Health Systems Strengthening - $40,000

To improve treatment adherence of TNI personnel on ART and prevention of HIV transmission to sexual partners the IP will be responsible for:

- Coordinating logistics (including translation services) and printing materials for one 2-day military HIV course taught by U.S. Navy Infectious Disease Physician. Topics for the course will include 2016 HIV epidemic update; HIV/STI testing, counseling, and notification; Military HIV policy; stigma, medical ethics, and confidentiality in HIV; neuro-psychological aspects of HIV/STIs; HIV transmission risks-lessons learned from PMTCT and post-exposure prophylaxis (PEP); HIV risks in trauma and on the battlefield; strategies to reduce HIV transmission on the battlefield; Tuberculosis;

refugee health and internally displaced persons – HIV and beyond; other diseases in conflict zones – diarrheal illness, acute respiratory illnesses, measles, and polio; Hepatitis B and C in the military; HIV in Indonesia – 90:90:90
    - A minimum of 30 military health physicians and leadership from each military unit (Army, Air Force, Navy) to attend
    - 75% of people showing improved knowledge related to HIV health services through objective measurement in pre and post

- Leading—with support from one or two TNI military physician(s)--two treatment literacy trainings per year for each military unit (Army, Air force, Navy) to improve HIV knowledge, nutrition, drugs adherence and nondiscrimination of HIV positive TNI personnel. Performance indicators should include the following:
    - A minimum of 20 TNI personnel (men & women) trained per training
    - 75% of people showing improved knowledge through objective measurement in pre and post test

HVSI – Strategic Information - $100,000

To establish and/or strengthen information systems on HIV prevention, testing and counseling, linkages, targeted project M&E, and improved tools for collecting, analyzing, and disseminating HIV/AIDS IBBS and M&E information the IP will be responsible for:

- An IBBS will be led by the MoD and conducted by the University of Indonesia. The implementing partner will be responsible for support and preparation for the IBBS 2017 including meeting coordination, logistic support, survey materials, equipment and training in eight provinces (DKI Jakarta, West Java, East Java, Riau island, Bali, Papua, Makassar, Pontianak) with 600 respondents from each provinces, in total 4800. The implementing partner is not responsible for designing the survey, calculating sample size, or survey methodologies, as that will remain the responsibility of MoD and Unversity of Indonesia. The activities the implementing partner is responsible for in supporting IBBS preparations will include the following:
    - Organize 20 preliminary meetings with TNI, MOD, MoH, and University of Indonesia on test kits, survey methodology, survey questions, number of respondents, etc
    - Provide training on data management, data analysis, dissemination of findings, drawing blood, reading and analyzing data and implementation of survey results
    - Providing transportation support for data collection team as well as printing survey materials

<u>In the first year of this effort, the IP will be responsible for the following</u>:

- Conducting one military HIV education training of trainers (ToT) training for TNI personnel
- Leading ten comprehensive HIV knowledge trainings for non-medical military deployment on UN peacekeeping missions

- Conducting one advocacy event to raise HIV awareness for high ranking military officers
- Designing, producing and disseminating HIV related promotional materials for HIV campaigns and awareness events
- Developing IEC material for HIV training material
- Leading one evaluation meeting at end of each phase on programmatic outcomes
- Coordinating one meeting with TNI SG, MoH, and MoD on ARV and HIV commodity supply chain
- Conducting two provider initiated testing and counseling (PITC) training for UN deployment doctors
- Collaborating with Indonesian military in HIV policy strengthening and development including quarterly collection of data from TNI on UN peacekeepers pre and post-deployment with 100% linkage of HIV positive personnel to care
- Coordinating logistics and printing material for one 2-day military HIV course
- Leading two treatment literacy training for each military unit
- Conducting 20 preliminary meetings and training in preparation for IBBS 2017 including training and logistical arrangements

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) [HVOP; HVCT; HTXS; HVSI]. 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