AMENDMENT 0015

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 0015 is to incorporate the following:

NHRC/DHAPP is accepting "Concept Papers" for Senegal as described below through 30 June 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.

Senegal: Program Sustainment

	Phase 1	Phase 2	Phase 3
HVCT	$100,000	$50,000	$50,000
HVOP	$50,000	$30,000	$30,000
MTCT	$90,000	$45,000	$45,000
HLAB	$60,000	$30,000	$30,000
HBHC	$100,000	$65,000	$65,000
TOTAL	**450,000**	**$220,000**	**$220,000**

Proposals are requested to support the Senegal to reduce the number of new HIV infections and other sexually transmitted diseases among members of the Senegalese Armed Forces (SAF), their families, and the civilian communities served by the Senegalese military. The TBD partner will work directly with the SAF to 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 Senegalese Armed Forces will focus on the following technical areas: 1) HIV/AIDS Care and Treatment; 2) HIV Testing Services (HTS); 3) Targeted HIV education and prevention activities for external and internal deployment operations; 4) Prevention of Mother-to-Child Transmission (PMTCT); 5) Clinical Laboratory Support; 6) HIV Clinical Monitoring and care support including PHDP and; 7) health system strengthening within military HIV service delivery.

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 SAF leadership as well as SAF medical 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 SAF 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 SAF's HIV prevention and health services, as well as the DHAPP/DoD Program Manager based at the US Embassy in Dakar, 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 $100,000

Technical Area Targets, Year 1			
Indicator	**Label**	**Military Only**	**Civilian**
TX_NEW	# of adults and children newly	40	0

	enrolled on ART		
TX_CURR	# of adults and children currently receiving ART	119	1266
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	40	0
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	123	1,707
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 SAF to aggressively scale-up ART coverage of 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 SAF currently provides HIV/AIDS care and treatment services from ten military hospitals and clinics in military zones across the country. At present, these ten clinical sites provide care and treatment services for a very limited number of SAF personnel. The vast majority of clients seen in these facilities are civilian patients living in the surrounding communities. The IP will work directly with the SAF at the ten sites in addition to supporting the expansion and implementation of ART services targeting military personnel to achieve the military HIV care and treatment targets.

The IP will be responsible for supporting the SAF:

- 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

- Passive enrollment of HIV-infected civilians and dependents into clinical care and treatment at military ART sites.
- Ongoing clinical support for all Pre-ART and ART patients
- Ensure clinical monitoring of all HIV+ positive patients including CD4 every 6 months, hemoglobin, creatinine, tuberculosis screening, screening for other opportunistic infections including cryptococcosis, and access to Viral Load monitoring every 6 months.
- Support 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.
- Support universal TB screening using standard TB questionnaire at least every 6 months for 100% of HIV-infected individuals in care
- Close coordination with the SAF 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
  - Promoting ongoing communication and collaboration between the SAF clinical services and other district/provincial/national level care and treatment programs and/or government entities to track and monitor military personnel not enrolled in the military health care structure.
  - Support 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 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 $100,000

Technical Area Targets, Year 1		
Indicator	**Label**	**Military Only**
HTC_TST	# of individuals who received HTS services for HIV and received their	10,000

	test results	

The IP will work closely with the SAF to aggressively scale-up HIV Testing Services in targeted military groups in an effort to achieve the 1st 90 for military personnel: 90% of all SAF PLHIV know their status. Commonly, military PLHIV only access treatment at one of the ten 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 targeted military groups. These groups will be determined through case file similarities, and older men, defined as a high risk group by the 2006 seroprevalence study. 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 SAF program. The IP should work to achieve 100% linkage of HIV+ individuals identified through PITC and 100% 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 100 military PLHIV with 100% 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
- Provider-Initiated testing and counseling within military health services for both military personnel and civilians with 100% of positives diagnosed through PITC linked to HIV care and treatment services
- Quality Improvement / Quality Assurance for all SAF HTS including proficiency testing, continuous training, and mentoring
- 100% tracking PLHIV from HTS to clinical care and treatment services

Targeted Prevention Activities $50,000

Technical Area Targets, Year 1		
Indicator	**Label**	**Target**
PP_PREV	% of individuals from priority populations who completed a standardized HIV prevention intervention, including the specified minimum components, during the reporting period	55%
PP_PREV	Number of individuals from priority populations who completed a standardized HIV prevention program including the specified minimum components during the reporting period.	11,000

The IP will support the SAF to continued HIV education and outreach activities for recruits, units deploying on PKO and internal deployment, and other high risk units or groups in high prevalence areas like the Casamance. The SAF has been conducting HIV prevention and education activities for over 10 years, and the IP will be required to ensure that materials being used are up-to-date with the most current information and international considerations tailored to the military context. The IP will also support the SAF to continue and its HIV education programming.

The IP will be responsible for:

- Supporting the SAF to continue its HIV education program for deploying PKO, and outreach to bases in at least 3 COMMZONE within each calendar year.
- Maintain all training materials and curricula are current and up-to-date with the most recent guidelines and recommendations for HIV prevention, and HTS.

Prevention of Mother-to-Child Transmission $90,000

Technical Area Targets, Year 1		
Indicator	**Label**	**Target**
PMTCT_STAT	Number of pregnant women who were tested for HIV and know their results plus number of pregnant women with known HIV status at entry to services.	3200
PMTCT_ART	% of HIV+ pregnant women who received ART to reduce risk for mother-to-child-transmission during pregnancy	100%
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 ten SAF ART sites to ensure that 1) all pregnant women are aware of their HIV status; and 2) all HIV+ pregnant women provided option B+ and are initiated and retained on ART to reduce risk for mother-to-child transmission during pregnancy.

The IP will be responsible for:

- Supporting SAF 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 the SAF 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 $60,000

Clinical laboratories for HIV care and treatment are present in all ten SAF ART facilities. However, the capacity of the laboratories, including equipment, physical infrastructure, and personnel, vary between the ten sites. The IP will support recommendations from previous assessments of the current lab capacity to work with the SAF clinical and laboratory staff in support of SAF laboratory services.

The IP will be responsible for:

- Purchase of small laboratory equipment, aligned with the national and international laboratory standards and guidelines as well as consumables

- 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
- Establish relationship linkages from SAF laboratory services to Ministry of Health laboratory resources at the district, provincial, and national levels

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. Funding amount in year 1 is related to start-up costs need to initially build the program. All materials and equipment purchased for this grant will be turned over to the SAF at the completion of the period of performance.

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
- The IP will be expected to submit strategic information reports on quarterly basis for all activities that are being conducted under this grant.