AMENDMENT 0006

BROAD AGENCY ANNOUNCEMENT (BAA)
Number DHAPP-BAA-13-001

"FY13 – FY14 Department of Defense HIV/AIDS Prevention Program: Military Specific HIV/AIDS Prevention, Care, and Treatment Program for non-PEPFAR (President's Emergency Plan for AIDS Relief) Funded Countries"

The purpose of this Amendment 0006 is to incorporate the following:

1. <u>NHRC/DHAPP is accepting "Concept Papers" for Peru, Sierra Leone, and Gabon as described below through 26 June 2014 for first round consideration.</u>

Eligible Applicants are requested to submit **Concept Papers** following the guidelines and format provided in the DHAPP BAA-13-001, Section IV.

<u>Full proposal shall be submitted through GRANTS.GOV</u>. DO NOT SUBMIT FULL PROPOSAL VIA EMAIL.

<u>Peru:</u>

HVOP - $100,000
HVCT - <u>$ 50,000</u>
TOTAL: $150,000

Proposals are requested to work with the Peruvian Armed Forces in the strategic and operational planning and implementation of HIV prevention activities with military members and their families. The overall goal is to focus on the drivers of the epidemic specific to the military and address knowledge, attitudes and practices related to HIV prevention. Activities for HIV prevention and risk reduction should target recruits, enlisted, officer groups and their dependents as well as the specific demands associated with their military service and outreach interventions.

The TBD partner will provide training and technical assistance using evidence-based and culturally appropriate biomedical and behavioral interventions. The main purpose of each intervention must be the reduction in risk of exposure or infection with HIV to the military population and/or individual military personnel.

Biomedical interventions include: Male condom provision, appropriate and accessible HIV testing and counseling services, linkages and referrals to care.

Behavioral interventions include: HIV and STI risk reduction counseling, behavior change communication to promote partner reduction as well as correct and consistent condom usage, uptake of HIV/STI testing and counseling, HIV education, interpersonal communication including peer education, reducing gender-based discrimination and violence, and addressing the influence of mental health factors on risk behaviors and reducing stigma around HIV.

The TBD partner will incorporate a capacity building model of measurable increased military ownership and program sustainability over time, demonstrate program monitoring and evaluation (M&E) throughout implementation, and clearly align activities according to the Peruvian HIV/AIDS Multi-sector Strategic Plan. The TBD partner will be responsible for providing training in: peer counseling, education, HIV/STI testing and counseling, strategic planning, surveillance and program monitoring, and quality assurance.

The TBD partner will work with the PAF through COPRECOS-Peru and national health authorities to define the intervention and their implementation, in accordance with national guidelines to facilitate improvement in monitoring, collection and reporting of program data for continuous improvement and provision of healthcare services for military personnel.

Sierra Leone and Gabon:

HVSI: $200,000

This BAA seeks to address the need for an impact evaluation of DHP programming at DHAPP**.**

The implementing partner will successfully measure the impact of DHAPP programs in DHP countries. The impact should be measured in the following metrics: HIV incidence and prevalence; force readiness of partner military; HIV-related morbidity and mortality in the beneficiary population of the military healthcare system; all-cause morbidity and mortality as measurable in the partner armed forces; and general attitudes toward the USA and DHAPP.

The IP will be expected to assess and quantify inputs, such as funding, personnel requirements, and technical considerations, as well and outputs such as personnel reached by prevention messages, personnel on HIV care and treatment, and other typical metrics (see figure 1).

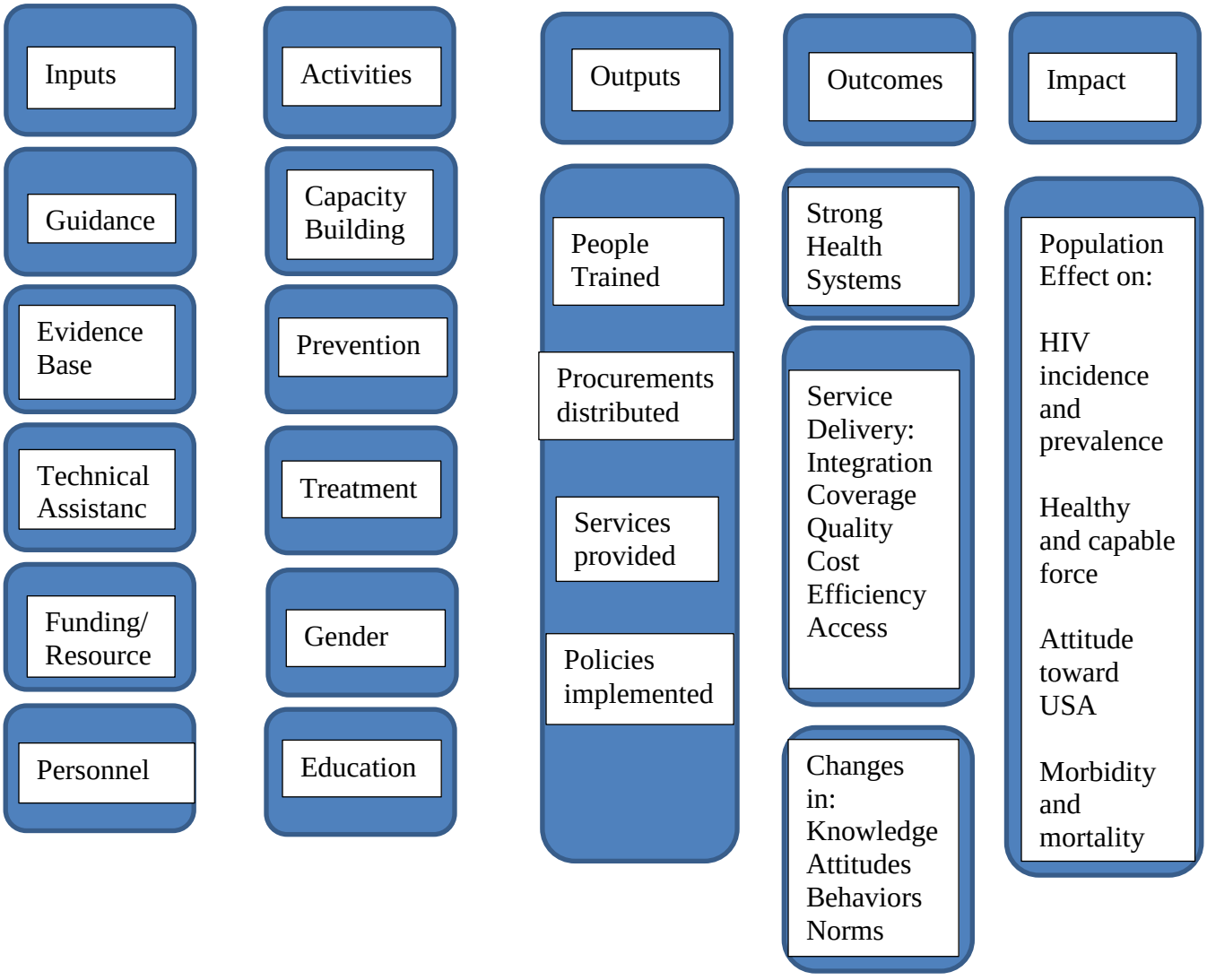
The IP will use PEPFAR indicators as applicable. The impact outcomes of interest are: HIV incidence and prevalence, a healthy and capable defense force, attitudes toward USA and DHAPP, and morbidity and mortality (both HIV-related and total). However, the IP will also quantify the various

The impact evaluations should establish a counterfactual (i.e. what would have happened in the absence of the project) using experimental approaches (such as randomization) or quasi-experimental methods (such as advanced statistical and/or modeling techniques) when an experimental approach is not feasible. By application of these methods, the IE should generate an accurate estimate of the program impact through causal attribution of outcomes from the DHP program being evaluated as opposed to what would have happened in the absence of the program.

In addition, the IP will assess DHAPP core resources and competencies required for global health engagement. The IP will measure DHAPP use of a coordinated, federal approach with clearly defined objectives; DHAPP alignment with appropriate DoD resources; current and future capability and capacity to work with global partners; and ability to sustain and augment skills pertinent for responding to global health requirements and threats.

The IP will be expected to deliver as an output a series of reports as a result of this effort. The work should summarize the IE from each DHP country assessed. The DHP countries to be included in this assessment are Sierra Leone and Gabon.

Figure 1


Inputs
Guidance
Evidence Base
Technical Assistanc
Funding/ Resource
Personnel
Activities
Capacity Building
Prevention
Treatment
Gender
Education
Outputs
People Trained
Procurements distributed
Services provided
Policies implemented
Outcomes
Strong Health Systems
Service Delivery: Integration Coverage Quality Cost Efficiency Access
Changes in: Knowledge Attitudes Behaviors Norms
Impact
Population Effect on:
HIV incidence and prevalence
Healthy and capable force
Attitude toward USA
Morbidity and mortality