AMENDMENT 0002

BROAD AGENCY ANNOUNCEMENT (BAA)
Number DHAPP-BAA-15-001

"FY15 – FY16 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"

NHRC/DHAPP is accepting "Concept Papers" for Colombia as described below through 31 March 2015 for first round consideration.

Eligible Applicants are requested to submit **Concept Papers** following the guidelines and format provided in the DHAPP BAA-15-001, 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.

Colombia:

BUDGET	HVOP	HVCT	HBHC	OHSS	Total
Year 1	30,000	30,000	30,000	25,000	115,000
Year 2	30,000	30,000	30,000	25,000	115,000
Year 3	30,000	30,000	30,000	25,000	115,000
Year 4	30,000	30,000	30,000	25,000	115,000
TOTAL	120,000	120,000	120,000	100,000	460,000

Proposals are requested to work with the Armed Forces of Colombia by partnering with COPRECOS (Committee on the Prevention and Control of HIV/AIDS in the Armed Forces and National Police) Colombia in the strategic and operational planning and

implementation of HIV prevention activities with military members and their dependents. It should be noted that this funding is available for military programs only and cannot be applied to other uniformed services. The overall goal is to focus on the drivers of the epidemic specific to the military and address stigma, knowledge, attitudes and practices related to HIV prevention. Activities for HIV prevention and risk reduction should target recruits, enlisted soldiers, officer groups and their dependents as well as PLHIV and key populations identified as higher-risk for HIV acquisition within the military. Activities should be adapted to the specific demands associated with military service and directly link at-risk individuals to condom provision and testing opportunities.

ACTIVITIES over 4 years:

- Training with follow-up technical assistance for Health Care Providers in both Stigma Reduction and Provider-Initiated Testing and Counseling (PITC).
- Training with follow-up technical assistance for Military Trainers to provide a combination of prevention activities, including HIV Education linking to HIV Testing and Counseling (preferably coinciding with routine testing) and condom provision, with focus on training personnel at military training sites and high-risk groups including personnel entering high-stress posts.
- Train a subset of Health Care Professionals to serve as case managers to reduce loss to follow-up and improve adherence to ART, especially among uniformed PLHIVs who move frequently.
- Develop and implement follow-up strategy for reduction of gender-based violence as a strategy for HIV-reduction based on available data.
- Develop and implement a monitoring and evaluation plan which provides measured results and clearly aligns activities with the National HIV plan and the Military HIV policy.
- Outline plan for sustainability of all components, including increased military leadership of activities and integration into routine military procedures over time. This should include training of trainers and end of support for some activities over time.

TARGETS over 4 years:

- Set targets for number of uniformed trainers, number of providers and number of personnel educated and tested such that complete coverage is provided for HIV education as well as proper counseling for routine, provider-initiated and patient-requested testing at all training bases at the end of 4 years.
- Set targets for number of Provider-Initiated HIV tests performed as a result of identified diagnosis or behavior indicating increased risk.
- Set targets for number of uniformed trainers and number of providers to receive at least 10 hours of stigma and discrimination reduction such that discriminatory or stigmatizing behaviors and attitudes show measured decline at 1-2 major military hospitals at the end of 4 years.
- Set targets for at least 80% retention in care for Military PLHIVs who are at sites where there care cannot be directly managed by a major Military Hospital.

WORK PLANS:

- Grantee must submit annual, programmatic and financial, work plans to DHAPP HQ (Budget breakdown per activity and for program management is required). Work plans include activities implementation timeline, including M&E.

REPORTING:

- Grantee must present quarterly programmatic and financial reports to the DHAPP Headquarters Desk Officer; Quarterly Reports are due 30 days after the end of each quarter (3/31, 6/30, 9/30, 12/31).

- Grantee must submit Semi Annual Progress Report and the Annual Progress Report to DHAPP Headquarters – following the dates established by DHAPP Headquarters.

- Indicators should include but are not limited to:

    - Number of PLHIV successfully referred to continued care when moved to a new post or leaving the Military Medical System.
    - Number of PITC
    - Number of Health Care Staff trained in Stigma-free service-provision (to include multiple levels of personnel with access to client HIV status)
    - Number of individuals receiving HIV education with a demonstrated link to improved condom use, reduction in risk behavior and/or increased voluntary testing (not including testing required for service or rank ascension)