AMENDMENT 0005

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"

The purpose of this Amendment 0005 is to incorporate the following:

NHRC/DHAPP is accepting "Concept papers" for Sierra Leone and Timor Leste as described below through 29 April 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-15-001, 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. The selected Grantee is the Implementing Partner and will be referred to as IP in this document.

Sierra Leone: Cross Cutting In Military Settings

	Phase 1	Phase 2	Phase 3
HTXS	$75,000	$75,000	$75,000
HBHC	$35,000	$35,000	$35,000
HVOP	$50,000	$50,000	$50,000
HVCT	$70,000	$70,000	$70,000
HLAB	$70,000	$70,000	$70,000
HVSI	$50,000	$50,000	$50,000
TOTAL	**$350,000**	**$350,000**	**$350,000**

Proposals are requested to support Sierra Leone to reduce the number of new HIV infections and other sexually transmitted diseases among members of the Republic of Sierra Leone Armed Forces (RSLAF), their families, and the civilian communities served by the RSLAF health services. The TBD partner will work directly with the RSLFA 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 RSLAF will focus on the following technical areas: 1) HIV/AIDS Care and Treatment and Tuberculosis Diagnostics and Treatment amongst HIV co-infected individuals; 2) HIV Testing Services (HTS); 3) Clinical Laboratory Support; 4) HIV Clinical Monitoring Systems and 5) HIV prevention interventions.

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 RSLAF leadership as well as RSLAF 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 RSLAF 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 RSLAF's HIV prevention and health services, as well as the DHAPP/DoD Program Manager based at the US Embassy in Sierra Leone, 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 - $75,000 + HBHC - $35,000)

Technical Area Targets, Year 1			
Indicator	**Label**	**Military Only**	**Civilian**
TX_CURR	# of adults and children currently receiving ART	180	500

TX_RET	% of adults and children known to be alive and on treatment 12 months after initiation of ART	85%	85%
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	216	600
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 RSLAF 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 RSLAF currently provides HIV/AIDS care and treatment services at the 34th Military Hospital. At present, this clinical site provides care and treatment services for a very limited number of RSLAF personnel (about 81). The vast majority of clients seen at this facility 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 the existing military ART facility, the RSLAF will begin providing mobile ART services. The IP will work directly with the RSLAF at the one fixed site 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 site or through mobile ART outreach
  - Passive enrollment of HIV-infected civilians and dependents into clinical care and treatment at the current ART site
- 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, alcohol screening, adherence support, condom provision, etc.
    - Cotrimoxazole prophylaxis for HIV positive patients, fluconazole prophylaxis for those screening positive for cryptococcal antigenemia, etc.
    - Universal TB screening using standard TB questionnaire at least every 6 months for 100% of HIV-infected individuals in care
    - Close coordination with the RSLAF 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 RSLAF 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 RSLAF 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 (HVCT - $70,000)

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	5000	15000

The IP will work closely with the RSLAF to aggressively scale-up HIV Testing Services in an effort to achieve the 1st 90 for military personnel: 90% of all RSLAF PLHIV know their status. Commonly, military PLHIV only access treatment at the military ART facility 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 RSLAF 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 115 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 RSLAF HTS including continuous training and mentoring
- Tracking PLHIV from HTS to clinical care and treatment services

Clinical Laboratory Support (HLAB - $70,000)

Clinical laboratories for HIV care and treatment are present at the 34th Military Hospital (the ART site) as well as in Bo. However, the capacity of the laboratories, including equipment, physical infrastructure, and personnel, vary greatly between the three sites. The IP will work with RSLAF clinical and laboratory staff in support of all HIV laboratory services.

The IP will be responsible for:

- 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 RSLAF laboratory services to other laboratory resources at the district, provincial, and national levels.

HIV Clinical Monitoring Systems (HVSI - $50,000)

Successful tracking of patient level data is critical to the success of the RSLAF 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 RSLAF 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 RSLAF 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 RSLAF leadership. All electronic medical record (EMR) work should be coordinated and aligned with 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 RSLAF clinical staff and leadership; and, how the IP will responsibly protect military data from dissemination outside of RSLAF and DHAPP.

The IP will be responsible for:

- Staffing support and mentoring of existing RSLAF staff for data entry, information technology assistance, data managers, etc. to fill any gaps where the RSLAF 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 RSLAF 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 RSLAF and DHAPP
- Securing all patient-level and site-level data from dissemination outside of Sierra Leone Military and DHAPP without prior approval from RSLAF
- Support for data entry, cleaning, reporting, and use
- Implementation of clinical monitoring system, including maintenance of network infrastructure (if necessary)

Other Prevention (HVOP - $50,000)

Technical Area Targets, Year 1				
Indicator	**Label**	**Military Only**	**Civilian**	**Total**
PP_PREV	Number of individuals from priority populations who completed a standardized HIV prevention intervention, including the specified minimum components, during the reporting period	6000	0	6000

- In the first year of this effort, the IP will work with the Military and other partners to select a few target or "hotspot" locations/sites in geographically prioritized regions based on available HIV prevalence data. Sites defined as hotspots include but are not limited to; presence of a military camp with a large number of soldiers, high HIV/STI prevalence, observed high frequency of multiple sex partners, emergence of small towns with venues where soldiers and FSW fraternize, high priority locations for Military, places with poor access to prevention services for new recruits, and sites with a combination of families and FSW. Proposed activities to reduce HIV risk at the selected locations will include STI screening and care, provision of HIV risk reduction education, alcohol harm reduction, and condoms. In addition, activities will include mobile HIV testing/counseling and linkage/referral to civilian and military care centers of 100% of positive HIV results.

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)

[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

Timor-Leste: Timor-Leste Defense Force (F-FDTL)

	Phase 1	Phase 2	Phase 3	Phase 4
HVOP	$65,000	$65,000	$65,000	$65,000
HVCT	$10,000	$10,000	$10,000	$10,000
OHSS	$25,000	$25,000	$25,000	$25,000
TOTAL	**$100,000**	**$100,000**	**$100,000**	**$100,000**

Proposals are requested to support the Timor-Leste Defense Force (F-FDTL) to reduce the number of new HIV infections and other sexually transmitted diseases (STIs) among members of the F-FDTL, their families, and the civilian communities served by the F-FDTL. Activities are to target the priority population of military personnel, their families, and the neighboring communities in Timor-Leste. Activities are to be implemented through the Director of the Military Health Department and the HIV/AIDS Focal Point for the Ministry of Defense/ Timor-Leste Defense Force (F-FDTL) National AIDS Prevention Defense Committee, 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 three technical areas: 1) HIV “Other Prevention”, 2) HIV testing and counseling services, and 3) Health System Strengthening. The partner must work in complete coordination with the F-FDTL’s HIV prevention and health services, the DHAPP Headquarters Team and the Office of Defense Cooperation based at the US Embassy in Timor-Leste. 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.

Identified locations for focus are to be selected in geographically prioritized regions of Ainaro, Baucau, Bobonaro, Dili, Ermera, Manufahi, and Oecusse. Key Monitoring,

Evaluation, and Reporting (MER) indicators will include number of individuals reached from priority populations (F-FDTL and family members) with HIV prevention interventions and number of individuals reached who received HIV testing services and received results. Indicator table and targets are listed below.

HVOP –HIV Other Prevention - $65,000

Indicator	Label	Target
PP_PREV	Number of individuals from priority populations who completed a standardized HIV prevention intervention, including the specified minimum components, during the reporting period	600

Timor-Leste Defense Force (F-FDTL) military personnel are a priority population in Timor-Leste and have an increased risk for HIV infection. Results from the 2011 F-FDTL Knowledge, Attitudes and Practices (KAP) on issues related to HIV and AIDS showed a low level of awareness among respondents about how HIV is transmitted and about condom use. These results will be used to further focus prevention efforts where they are most needed including effective education programs and provision of HIV testing, counseling and referral with strong linkage to medical care, treatment and prevention including provision of condoms. To increase the awareness and knowledge of F-FDTL personnel, their families, and people living nearby communities about HIV and AIDS, the IP will be responsible for:

- Leading a Master Trainers' training for the F-FDTL HIV prevention team to prepare them to train future personnel to aid in dissemination of HIV and AIDS information sessions as well as other campaigns and commemoration days to F-FDTL personnel, their families and surrounding communities. Major components for ToT sessions will include basic knowledge about HIV, HIV in military setting, STIs and 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 20 F-FDTL personnel (men & women) trained
    - 75% 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 50% of trained people transferred their knowledge and skills through next ToT in F-FDTL within the second year of the grant and each subsequent grant year
    - Help F-FDTL identify a specific Master Trainer within the F-FFTL who will be responsible for keeping track of who has been trained as well as develop a sustainable internal training program

- Leading HIV and AIDS information sessions for F-FDTL personnel (especially new recruits), their families and members of the surrounding communities about HIV and AIDS through developed Behavior Change Communication Approach (BCC) and Andragogy method. Performance indicators should include the following:

- A minimum of 600 people reached from priority populations (F-FDTL personnel, their families and surrounding community) with standardized comprehensive individual and/or small group HIV prevention interventions
- A minimum of 12 information session to be conducted for F-FDTL personnel per year
- 12,000 F-FDTL personnel to attend information sessions (men & women)
- 2,500 F-FDTL family members to attend information sessions
- 60% improvement in participant knowledge through objective measurement in pre and post test
- Perception of increased knowledge and skills among selected F-FDTL members
- Discussions with F-FDTL regarding need for another KAP survey to follow up on the 2011 survey as a way to measure overall assessment of program on knowledge, attitudes and practices related to HIV and STIs

- In keeping with the most recent HIV implementation guideline, signed by Major General Lere Anan Timur, Chief of Defense Staff of F-FDTL, on 25 September 2015, increasing the role of F-FDTL leadership and all personnel in reducing stigma and discrimination against people living with HIV (PLHIV) through HIV/AIDS education and action campaigns, especially for World AIDS Day, but routinely throughout the year. Key points to be addressed will include building an understanding and commitment with F-FDTL leadership to reduce stigma and discrimination, facilitate the inclusion of stigma/discrimination reduction in HIV strategic planning, funding and programming activities, use and promote approaches that address the root cause of stigma and discrimination, advocate for a multifaceted approach the stigma and discrimination, facilitate the scale-up of effective programs, and promote and facilitate program evaluation, Performance indicators for World AIDS Day commemorations should include the following:
  - Involvement of a minimum of 200 F-FDTL personnel and their families and 10 people living with HIV
  - Changing attitude of F-FDTL and family members towards PLHIV and HIV related issues perceived

- Procurement and distribution of 12,000 condoms to support HIV prevention for active duty military through behavior change communication (BCC) approach).

- Procurement of 400 Gonorrhea (GC)/Chlamydia NAAT (nucleic acid amplification test) test kits and technical assistance in GC/chlamydia STI testing and counseling services of 100% of those receiving HIV testing. In addition, IP will be responsible for establishing an agreement with F-FDTL to share and discuss STI results and help inform the F-FDTL on their current STI risk in the military to guide future targeted STI and HIV testing strategies, and ensure 100% of those screened positive for STIs are referred to treatment.

HVCT – HIV Testing Services - $10,000

Indicator	Label	Target
HTC_TST	Number of individuals who received HIV Testing Services (HTS) for HIV and received their test results	400

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. To further strengthen HIV testing services the IP will be responsible for:

- Educating and training F-FDTL personnel for testing and counseling work at the established HTS center at Metinaro training base
- Provision of mobile HTS clinic and proving technical assistance to F-FDTL personnel in mobile HIV testing service to 350 F-FDTL
- Proving technical assistance to F-FDTL personnel in Voluntary HIV testing service (VCT) to 50 F-FDTL
- Improving and strengthening linkages of HIV positive personnel to F-FDTL health unit to ensure 100% linkage to care which should be monitored by F-FDTL
- Develop strategy with F-FDTL to track HIV positive testing rates by HIV testing site, age categories, rank and service. This will help identify potential hotspots to help guide focused efficient targeting of HIV testing activities in the future.

OHSS – Health Systems Strengthening - $25,000

In 2015 through the support of the Department of Defense HIV/AIDS Program (DHAPP) in collaboration with F-FDTL, MOH and National AIDS Commission (NAC), a military HIV policy was developed, signed by Major General Lere Anan Timur on 25 September 2015, to guide the implementation of HIV prevention programs. To further strengthen the newly established military HIV policy and strengthen the military health system related to HIV prevention, care and support within the F-FDTL community the IP will be responsible for:

- Leading meetings and workshops for F-FDTL Health Unit Team to further improve F-FDTL leadership capacity to manage HIV/AIDS prevention activities and strengthen the HIV policy. Performance indicators should include the following:
    - A minimum of 12 meetings conducted with F-FDTL team
    - 40 F-FDTL personnel from various ranks, as well as HIV stakeholders in Timor-Leste, to participate in a one day workshop on HIV policy strengthening

- 20 people from management level and tram medic join HIV development training
- Report on development plan of 2015 HIV policy implementation and recommendations

In the first year of this effort, the IP will be responsible for the following:

- Reach a targeted number of 600 priority population group members (military, civilian employees within the F-FDTL, family of the military and other community in and around the military camps) with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards requirement.
- Reach a targeted number of 400 individuals with testing and counseling (T&C) services amongst F-FDTL service members and their families through mobile and voluntary counseling and testing (VCT)
- Procure and distribute 12,000 condoms to active duty military.
- Procure 400 GC/chlamydia STI test kits and reach 100% of those HIV tested with STI screening
- Report on HIV Master training and HIV information sessions.
- Commemoration of World AIDS Day conducted and attended by F-FDTL personnel, PLHIV group and other stakeholders in Timor-Leste
- Implementation of HIV strengthening activities, particularly strengthening of Care, Support and Treatment, approved by F-FDTL leadership
- Implementation of HIV policy in F-FDTL evaluated and recommendations to improve future implementations
- Create a foundation of leadership and ownership by ensuring a cadre of trained supervisors to enable military to manage the program.
- Development of a monitoring and evaluation plan based on performance indicators set in the work plan
- Development of a qualitative and quantitative needs assessment

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 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; OHSS]. 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).
- Reports will follow DHAPP Headquarters Templates as directed by DHAPP Strategic Information team.