AMENDMENT 0007

BROAD AGENCY ANNOUNCEMENT (BAA)
Number DHAPP-BAA-13-002

"FY13 – FY14 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 0007 is to incorporate the following:

NHRC/DHAPP is accepting "Concept Papers" for Liberia, and four other African countries (TBD), Uganda and Zambia as described below through 27 August 2013 for first round consideration.

Eligible Applicants are requested to submit **Concept Papers** following the guidelines and format provided in the DHAPP BAA-13-002, Section IV.

Liberia, and four other African Countries TBD

Focus areas: **HBHC**
Total available: $250,000
Time frame: **multi year**

Background

The TBD recipient of these funds is responsible for activities designed to target military personnel and their dependants and will focus on Adult Care and Support.

Military families infected or affected by HIV can improve nutritional access by creating community and family gardens. Consumption of home garden products will supplement standard nutritional fare to improve treatment and care outcomes. Small scale agriculture

instruction could produce secondary benefits such as income generation, and skill development. Urban and micro gardening is a low cost sustainable activity that can be replicated in almost any setting with consistent access to water and proper training. Providing patients on ART with proper nutrition is crucial for adequate regimen absorption, to reduce viral replication, and to improve health outcomes.

Project Narrative

The TBD Partner will train military members and their families on the development and preparation of personal or communal garden projects. The Partner will educate participants on their roles and responsibilities from the project's inception to completion.

A complete training session to develop this garden project will primarily include: awareness discussions, planning of garden sites with the community, plotting or maximizing garden layout plans, soil preparation and maintenance, obtaining and planting appropriate vegetation, creating a seedling or transplant nursery, providing education on propagation techniques such as cuttings, transplant planting demonstrations, fertilization techniques, micro gardening education, weeding techniques, pest management, harvesting, and other gardening skills as appropriate.

All materials used for the creation and cultivation of these gardens will be purchased by the Partner, and be handed-over to the community at the completion of the project. The Partner will conduct trainings for community members involved in the gardening projects concerning basic small scale gardening principles, nutrition, proper storage and preparation of produce, and small enterprise development principles. Emphasis will be given to making this community/family/home garden project sustainable beyond the project's completion.

The program will be monitored by the partner throughout the project from start to completion. A monitoring and evaluation system will be put in place by the partner to adequately demonstrate progress.

Upon completion, the partner will provide DoD with a report of the activities completed (with dates), and recommendations for project sustainability and improvement.

The partner will work with local military officials and other local officials (as appropriate) to coordinate the project's execution. The partner will also collaborate with DoD, US Agencies, and other implementing partners in completion of this project.

Project funding may not be provided for all five countries. Projects may not start in the same year. Liberia can be used to estimate costs for TBD countries.

Uganda:

HVTB: $125,000
HVAB: $50,000
HBHC: $400,000
HKID: $350,000
HVCT: $400,000
MTCT: $150,000
CIRC: $700,000
Total: $2,175,000

The DoD PEPFAR Program in Uganda works with the Ugandan People's Defense Force (UPDF) to provide prevention, treatment, care and monitoring for military members and their beneficiaries. The TBD partner will work closely with DHAPP staff and partners to address the following requirements:

- **TB ($125,000)** – Proposals are requested to 1) further build capacity of health workers to effectively manage TB/HIV co-infected patients and provide preventive therapy; 2) Develop and implement strategies to integrate HIV and TB clinical services; 3) Develop procedures to enforce infection control at facilities.
- **HVAB ($50,000)** Proposals are requested to 1) Provide support for sexual prevention activities for behavior change in 10 military facilities 2) Target adolescents in and out of school and adults 25+ years, mainly the uniformed personnel
- **HBHC ($400,000) –** Proposals are requested to provide technical assistance and training to strengthen both clinical and community care services and support services at 15 ART sites for the military. Procure supplies as necessary for the provision of comprehensive care.
- **MTCT ($75,000) –** Proposals are requested to provide technical assistance and training to strengthen PMTCT in antenatal and maternity settings in the UPDF, improved record keeping for patient management to improve retention and adherence and to improve transition to adult care and treatment services.
- **HKID ($350,000) –** Proposals are requested to: 1) Build the institutional capacity (UPDF) to provide care and support to OVC's living with the military bases; 2) Further build the OVC caregivers' capacity to support OVC's
- **HVCT (400,000)** – Proposals are requested to: 1) Provide technical support supervision to health workers in all 15 project facilities as well as through Mobile HCT; 2) Assess health workers' performers; 3) Strengthen linkages between HTC clients and clinical services
- **CIRC ($700,000) –** Proposals are requested to: 1) Provide technical assistance to the UPDF in male circumcision delivery targeting men in the 15 – 49 years of age, to include UPDF staff, their dependents and civilians; 2) Assist with planning and coordination of VMMC activities; 3) Provide VMMC clinical protocols and guidelines to ensure the UPDF teams provide quality services.

Zambia:

PMTCT: $600,000 - Prevention Mother to Child
HVOP: $150,000 - Other Prevention
CIRC : $700,000 - Male Circumcision
HBHC: $200,000 - Adult Care and Support
HTXS: $200,000 - Adult Treatment
PDCS: $100,000 - Pediatric Care and Support
PDTX: $200,000 - Pediatric Treatment
HVTB: $300,000 - TB/HIV
OHSS: $400,000 - Health Systems Strengthening
Total: $2,850,000

PMTCT ($600,000)
Drawing on lessons learned and the call for the virtual elimination of pediatric HIV, the implementing partner (IP) will strengthen the use of efficacious regimens in PMTCT. The partner will work closely with the other partners in PMTCT to improve ART access for HIV positive women eligible for HAART. To maximize the effectiveness of HAART, the partner will implement a nutritional assessment tool for providers to use in assessing all positive pregnant women; women determined nutritionally deficient will be linked to other organizations for food supplementation. The IP will also improve rates of early infant diagnosis. The IP will ensure that SMGL initiative is incorporated into the PMTCT program, in the districts where there is overlap between PEPFAR and SMGL.
Health care workers and lay workers will be trained in PMTCT to fill identified gaps using on-site training approaches for health care providers and group-based training for lay workers. These lay workers will be trained to ensure ongoing community linkages between the community and the health facilities. Activities of lay workers will be facilitated by the provision of monitoring and evaluation tools, bicycles, as well as other items as needed to enhance the mother-child pair follow-ups in the community.
Supportive supervisory visits will be conducted to service providers in the 14 sites in the Eastern Sothern, and Western provinces. This will be done in collaboration with ZDF managers and supervisors in order to develop their supervision skills and use of supervisory tools. During these visits, providers will also be trained in skills that will enable them to assess the nutritional status of HIV positive mothers (using the above-noted tool) and link them to other organizations that are providing food supplementation.
The partner will continue to support the MOH and provincial health offices while at the same time working closely with other implementing partners. The focus is to strengthen the districts' ability to supervise and provide quality services. The partner will support two districts in lay worker training, mentorship and supportive supervision in the Eastern and Western provinces of Zambia

HVOP: Other Prevention ($150,000)
The IP will continue the prevention efforts in the clinical settings in the 14 sites as previously described. IEC materials previously developed will be distributed, and primary prevention messages among those attendees will be conducted.

CIRC: Male Circumcision ($700,000)

The IP will support mobile/outreach MC services in ZDF facilities. This would involve purchase of the vehicles, equipment, supplies and consumables needed, as well as training additional clinicians who would be able to support the MC services in these sites. These units would support outreach MC services as well.

To overcome the shortage of health care providers in ZDF, The partner will engage DHMT VMMC providers to support military sites. These providers will be engaged on part time basis and paid an allowance for their time and will support strengthening of demand creation through use of community support groups trained by other partners. The partner will engage community mobilizers trained by other partners to help generate demand for MC services. The quality of MC services provided will be ensured by employing quality improvement tools, monitoring, supervision, refurbishments of MC sites and procurement of MC supplies and commodities.

While facilities will be providing MC services on a routine basis, past experience has shown that such efforts are well-complemented by MC campaigns. The partner will thus support four campaigns during the year, during which facilities will make a special effort to raise community awareness of and demand for MC, and partner staff will provide on-site technical support. All sites supported will provide the minimum package of services, including HIV testing and counseling and age appropriate pre and post-op sexual risk reduction counseling, including condom use. All clients will be screened for STIs and provided prompt treatment, as required. Client counseling on abstinence during wound healing and post-operative care will also be provided.

HBHC: Adult Care and Support ($200,000)

In order to expand integration of Counseling and testing (CT) in TB/STI and other services, there is need to continue strengthening service providers' knowledge in the new protocols and guidelines for provider-initiated testing and counseling (PITC), as well as in documentation and reporting of comprehensive care provided to identified positive clients. In collaboration with ZDF, the partner will conduct trainings in PITC for general service providers, with on-site follow-up by ZDF trainers. The partner will further support a mentorship program at 14 sites in Eastern, Western and Southern provinces, working through case studies with service providers. The partner will facilitate effective monitoring and evaluation of service delivery through improved indicators and the provision of client registers. Site strengthening at the 14 sites will be done through purchasing of equipment and supplies. M and E systems shall be strengthened through trainings, supervisions and holding feedback meetings. Recognition and management of key OIs will be covered in this training.

The revised National Provider Initiated Testing and Counseling (PITC) Training Package will be utilized for all provider trainings. This package, adapted from CDC's counseling protocols and training materials by MOH and partners, takes a "no lost opportunities" approach to prevention, effectively integrating PICT with TB care and treatment and linking it to identification and treatment of other common co-infections, such as STIs and other opportunistic infections. PITC is a key component of the diagnostic work-up for patients who present with TB and/or other symptoms and signs that could be attributed to HIV. Through training, providers are not only equipped with the knowledge and skills needed to provide HIV/CT services, but gain an appreciation for the importance of provider-initiated CT that is essential to effective implementation of this service. It further reinforces the delivery of a comprehensive and continuous package of services that does not end with a positive HIV test or initiation of ART. Prevention with positives will be integrated in this

comprehensive care through screening of sexual activities, condom distribution, gravindex testing and STI management.

HTXS: Adult Treatment ($200,000)
The IP will build on previous work to support comprehensive HIV/AIDS prevention, care and treatment services in ZDF health facilities. The partner will work with the 14 supported sites to expand quality ART services in the three provinces of Eastern, Western and Southern. During the site visits, orientation of health workers in HIV/AIDS will be done at each of the camps to ensure that senior managers at the camp understand HIV/AIDS programs at the health facility.
Group based trainings in ART will be provided to all sites to increase their capability to provide comprehensive HIV/AIDS treatment services with health care providers trained.

To support performance improvement of systems and quality adult treatment service delivery, the IP will conduct supportive supervision and mentorship visits to all the facilities in the Eastern, Southern and Western provinces. In order to ensure sustainability, the IP will work within the existing ZDF structures and plans.

The IP will emphasize prevention activities in clinical settings and re-enforcing prevention messages at every clinical encounter with HIV positive clients. A minimum package of care for HIV prevention among clients receiving HIV care will be implemented at all the sites. Collaboration with other partners shall be improved through joint planning, joint supportive supervision and sharing of reports. Community linkages will be strengthened through community ART adherence supporters.
The IP will support ZDF with reaching accreditation standards in some sites to the level required by the Health Professionals Practitioners Council of Zambia.

PDCS: Pediatric Care and Support ($100,000)
Currently there is not adequate trained human resource capacity to effectively respond to pediatric care and support. With funds allocated to this program area, the IP will strengthen pediatric care and support programs in ZDF. This will be done through various training at least 14 clinical on-site staff responsible for Pediatric care, and quarterly follow-up of PDCS indicators to monitor improvement. Key components of this training will include cotrimoxazole provision, initiation of key OI surveillance, and nutrition assessments.

PDTX: Pediatric Treatment ($200,000)
The IP will strengthen Pediatric HIV Treatment in ZDF-supported units by ensuring early identification of infants and children who are exposed to HIV as well as through provider initiated counseling and testing, and timely and effective linkages to appropriate diagnostic facilities. The IP will work to ensure children identified to have HIV infection receive timely initiation of ART and also put on cotrimoxazole prophylaxis. This will be made possible through capacity building of health care providers working in these units. Therefore, health care providers will receive on-the job-training courses.

Treatment will also be enhanced through provision of regular hands-on mentorship and supervision to ZDF ART-supported sites by technical persons with knowledge, expertise and experience in management of Pediatric HIV, to ensure sustained provision of quality HIV care to children living with HIV and AIDS.

In additional to training of provider in Pediatric HIV treatment, the IP will also support training of providers in child counseling, a skill which many providers lack, thereby missing out on opportunities for early identification and provision of treatment to children who need this service.
Key to the success of HIV management is adherence to treatment on the part of the client and care giver (s) and indeed on knowledge and skill in providing adherence education and support to the client and care giver on the part of providers; and so in this regard, the partner will support a training of providers in adherence counseling, in children and will also print and distribute Pediatric ART treatment job aids and national guidelines.

HVTB: TB/HIV ($300,000)
The IP will strengthen TB/HIV collaborative activities within ZDF in three provinces (Eastern, Southern and Western Provinces). The partner will train 25 health care providers in these provinces, including doctors, nurses, clinical officers, and other health cadres, in diagnosis and management of TB and TB infection control. Intensified TB Case Finding (ICF) in clinical settings (ART, PMTCT and OPD) in ZDF facilities will be enhanced through screening of attendees presenting at various clinics using a symptomatic screening tool. Linkages with the district health management teams will be strengthened as these will provide materials for the diagnosis and management of TB.
The IP will support the establishment and accreditation of 5 additional TB diagnostic centers in ZDF in the three provinces. The partner will support referral of prepared slides (fixed and stained) rather than referring clients to diagnostic centers in facilities that will not be designated as diagnostic centers. The partner will strengthen laboratory networks within ZDF in the three provinces. 20 laboratory assistants and technicians will attend AFB refresher training conducted by the national Reference laboratory. Working with PCI, community participation in TB programs will be strengthened in the three provinces by supporting TB treatment supporters. A total of 80 community TB treatment supporters will be trained to strengthen community linkages.

OHSS: Health Systems Strengthening ($400,000)
The Zambia Defense Force has established a School to train health care providers in order to alleviate the shortage of skilled manpower in ZDF health facilities. The partner will support the training of Military Medical Assistants (MMAs), Laboratory and Pharmacy Assistants. The trainings respond to the needs of the ZDF health facilities in their quest to provide quality health care to their clients. The IP will also support the school to follow up all the students trained during the year.
The IP will build on the support provided to the school by ensuring that the DSHS clearly defines the cadres of health care providers that will be trained by the school, assist the school prepare a staff establishment required to provide the necessary trainings. The partner will work with the school to develop sustainable systems for students, lecturers, and suitable clinical training settings where students will practice.

The IP will continue to provide training skills updates to all staff teaching at the school.
The IP will assist the school to develop/update training curricula for all the training programs that are provided by the school ensuring that such curricula are in line with good governance principles and the regulatory bodies (Health Professions Council, General Nursing Council and Pharmacy Regulatory Authorities of Zambia). The partner will work with DFMS to ensure that plans are developed that will sustain operations at the school and ownership.