AMENDMENT 0006

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 0006 is to incorporate the following:

1. <u>NHRC/DHAPP is accepting "Concept Papers" for Malawi, Rwanda, and Vietnam as described below through 02 July 2013 for first round consideration.</u>

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

2. Clarification on the Full Proposal Process – <u>Full proposal shall be submitted through GRANTS.GOV</u>. DO NOT SUBMIT FULL PROPOSAL VIA EMAIL.

<u>DHAPP-BAA-13-002, Page 16 of 32, Full Proposal Format – DELETE the following paragraph</u>:

- Copies – one (1) electronic copy in Adobe PDF or Word delivered via e-mail, containing all required sections. Electronic (e-mail) submissions should be sent to the attention of e-mail address reference in Section IV.1. above. The subject line of e-mail shall read **"DHAPP-BAA-13-002 FULL PROPOSAL SUBMISSION."**

Malawi:

HBHC:	**$50,000**
HVTB:	**$150,000**
HVOP:	**$290,000**
HVCT:	**$250,000**
MTCT:	**$240,000**
CIRC:	**$100,000**
HMBL:	**$100,000**
HLAB:	**$100,000**
HVSI:	**$140,000**
OHSS:	**$150,000**
TOTAL:	**$1,570,000**

The DoD PEPFAR Program in Malawi works with the Malawian Defense Force (MDF) 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:

- **Home Based Health Care ($50,000).** Proposals are requested to 1) Support formation of support groups and strengthen existing groups. 2) Provide training in adherence support in collaboration with clinics where PLHIV receive their ARV medication. 3) Facilitate setting up Intergovernmental agreement (IGAs) at the 12 Military Units.

- **HVTB ($150,000).** Proposals are requested to 1) Facilitate alignment of strategies and activities with the MOH National TB Control Program. 2) Support sensitization of soldiers and their families about risks of TB and HIV co-infection. 3) Provide training for peer educators, care givers and clinicians managing HIV clients on sensitizing their clients for TB screening. 4) Promote clinicians attending PLHIV in offering TB screening or referral to screening.

- **HVOP-Other Prevention ($290,000)**. Proposals are requested to 1) Conduct quality assurance assessments to assure two-way referrals and referral outcomes are documented. 2) Facilitate condom availability. 3) Work with MDF to incorporate alcohol abuse messages into general HIV prevention. 4) Support peer educators, CT providers and other care givers in HIV prevention education activities.

- **HVCT-Counseling and Testing ($250,000)**. Proposals are requested to 1) Support MDF in uptake of HCT. 2) Support home based HTC with training of volunteers on 12 bases. 3) Strengthen linkages between CT services and national entities to ensure procurement of adequate CT commodities. 4) Support establishment of linkages between CT and care. 5) Provide quality assurance assistance to CT sites.

- **MTCT-Prevention of Mother to Child Transmission ($240,000).** Proposals are requested to 1) Support implementation of PMTCT activities that are aligned with the Malawi National Action Framework and other national strategic plan documents. 2) Build the capacity of MDF facility health workers to provide quality clinical and community promotion of PMTCT services. 3) Provide ongoing supportive supervision and mentoring to enhance provision of quality services including conducting periodic program and data quality assessments. 4) Support the MDF to intensify testing and counseling among adult and adolescents, including promotion of couple testing and counseling through static, door to door and mobile CT services, and increase male involvement in health facility and community based behavior change and communication (BCC) PMTCT services, through small group reflective discussions, and promote group actions that address issues identified during discussions. 5) Integrate antenatal, safe delivery and postnatal care, child health/infant feeding including referral for early infant diagnosis of HIV, family planning (FP), and gender information and messages in provider training and community based HIV prevention activities. 6) Intensify re-testing of pregnant and breastfeeding mothers and spouses and strengthen referral networks between communities and MDF health facilities, and between communities and collaborative service providers. 7) Train health care workers in PMTCT and other core areas of maternal and child health, reproductive health and family planning. 8) Support male peer educators to reach out to men with PMTCT messages including reducing gender based violence.

- **CIRC-Voluntary Medical Male Circumcision ($100,000).** Proposals are requested to 1) train staff from the three MDF clinics will be identified and trained in the range of comprehensive components of MC package as recommended by WHO/UNAIDS 2) Refurbishments and upgrades of facilities and purchase of equipment will be undertaken in three selected MDF clinics where clinicians are trained so they can perform MC in those sites. 3) Focus demand generation for circumcision on male adults and adolescents and female sexual partners.

- **HMBL- ($100,000)**. Proposals are requested to 1) Upgrade selected clinics with blood donor rooms, couches and other equipment/consumables to offer blood banking services. 2) Train technicians and clinicians in blood safety in collaboration with the Malawi Blood Transfusion Service Trust. 3) Design regular campaign strategies to be conducted within the military and surrounding communities. 4) Develop a directory of blood donors from the soldiers.

- **HLAB- ($100,000)**. Proposals are requested to 1) Support the upgrade of two laboratories in selected clinics to perform EID, quality control of rapid HIV diagnosis and CD4 assays to support ART patient monitoring. 2) Train laboratory technicians in selected clinics for these new roles. 3) Collaborate with the laboratory section of the Ministry of Health assess MAMHS laboratories for relevant upgrades in order to perform these tasks including procurement of new equipment, consumables and safety gear. 4) Strengthen laboratories within the MAMHS facilities to enhance

diagnosis of HIV, TB, opportunistic infections and STI. IP will specifically focus on early infant diagnosis using PCR, confirmation of randomly selected samples tested with rapid diagnostics for quality assurance, and expand access to CD4 assessment at the initiation of ART.

- **HVSI-Strategic Information ($140,000).** Proposals are requested to 1) Strengthen epidemiological surveillance and to contribute towards MOH's disease surveillance efforts. 2) Ensure the surveillance system will ease data capture, storage analysis and reporting. In addition, the system will link MDF's HMIS with MOH's MIS, providing a channel through which data from MDF health facilities contributes to national disease surveillance efforts (e.g. National TB Control Program). 3) Ensure the MDF will have access to information from the system to understand and explain disease (including HIV&AIDS and TB) transmission dynamics and to design appropriate health promotion interventions. 5) Conduct data quality audits on quarterly basis to ensure data activities are undertaken in line with ethical and quality guidelines.

- **OHSS-Policy and System Strengthening ($150,000)**. Proposals are requested to 1) Train unit commanders and unit HIV coordinators and spouses of senior officers in mobilization and sensitization of their colleague spouses. 2) Support exchange visits between camps and with another country. 3) Training in stock management will be conducted with Unit Coordinators and peer educators. 4) Support of quarterly coordination/joint planning meetings between MDF and implementing partners and MDF. 5) Liaise with NAC and actively participate in coordination activities to be abreast with national coordination efforts.

Rwanda – CIRC

CIRC: $555,000

The DoD PEPFAR Program in Rwanda works with the Rwanda Defense Force (RDF) to provide HIV prevention, treatment, care and monitoring for the military members and their families. The geographic coverage considers all the five provinces with 13 sites in addition to the mobile clinic services reaching 15,000 soldiers including family members to be circumcised. The TBD partner will work closely with DHAPP Staff and partners to address the following requirements:

Voluntary Medical Male Circumcision (CIRC) ($555,000). The TBD partner will educate VMMC national trainers and supervisors to perform quality control on VMMC projects already in progress. The TBD partner, in collaboration with the other Implementing Partner's in Rwanda and the Director of Medical Services of the RDF, will disseminate IEC materials already in existence and update them as appropriate. VMMC must be considered as part of the overall prevention program and will not be replacing other known methods of HIV prevention. The scale-up of VMMC will include prevention messages already in existence in the country and must make referrals as part of the VMMC program, including but not limited to routine testing and counseling for all men and, where possible, their partners attending MC services; age appropriate sexual risk reduction counseling; and counseling on the need for abstinence from sexual activity during wound healing; and promotion of correct and consistent use of condoms. All VMMC trainings will be based on WHO/UNAIDS/JHPIEGO MC reference manual and will be tailored to the Rwanda National MC guidelines. All VMMC services must include a linkage strategy that is clearly defined to other HIV/AIDS and Reproductive health services. The TBD Partner, in collaboration with RDF will put in place a detailed and focused M&E plan that will rigorously monitor project activities. A management information system will track inputs and outputs such as number of providers trained, equipment and consumables used and the number of clients seeking and receiving VMMC and all adverse events. Utilizing already existing evaluations by the RDF and the current IP, some Rwanda Defense Forces health facilities may require renovation and refurbishment in order to meet the minimum standards to offer safe and quality VMMC services. The TBD partner will provide these renovations and refurbishments as appropriate. In addition, as non-surgical VMMC devices become available, the TBD Partner will ensure that training on the new device and the appropriate space requirements will be used as appropriate.

Rwanda

HVCT: $354,696
CIRC: $135,000
HVOP: $232,000
TOTAL: $721,696

The DoD PEPFAR Program in Rwanda works with the Rwanda Defense Force (RDF) to provide HIV prevention, treatment, care and monitoring for the military members and their families. The TBD partner will work closely with DHAPP Staff and partners to address the following requirements:

- **Counseling and Testing - HVCT ($354,696.00)**. The (TBD) Partner will build the capacity of the DMS (Director of Medical Services) to train the VCT teams in eight brigade clinics to provide quality VCT services to RDF and their spouses and surrounding community members (eight brigade clinics will need to be rehabilitated and their VCT staff trained to provide out-reach VCT services – details from the current IP and the RDF will be provided). 15 VCT counselors will be trained; 8,000 individuals tested and counseled and 100 couples tested. Specific activities include 1) Build the capacity of the RDF by providing refresher training for HIV Testing and Counseling (HTC) services for RDF health care providers. The curriculum used will be based on the national program already in existence for PITC, routine HTC and PMTCT. 2) Support the ongoing, regular data collection and analysis of client intake forms at the Directorate of Medical Services by providing training on the current data collection programs using in Rwanda and the RDF; 3) Ensure that Family planning (FP) and Voluntary Male circumcision (VMMC) messages are integrated into pre- and post-test counseling using already-developed IEC materials on FP and VMMC by providing monitoring and evaluative tools; 4) Produce a booklet promoting couples' testing and counseling in the military; 5) Refer all HIV negative, uncircumcised soldiers to VMMC services, when and where available in the location soldiers are operating or to the next closest facility and give messaging about the importance of continued correct and consistent condom use after voluntary medical male circumcision (VMMC); 6) Coordinate joint supervision that is carried out by DMS and technical staff from the TBD partner including the VCT QA Manager and Counselor Supervisors to provide support to VCT counselors and ensure high quality counseling and data collection, with renewed focus on the client intake form; 7) Mentor DMS staff trained in SPSS to carry out routine VCT data analysis and help publish the results in local reports for DMS and for publishing in journals in collaboration with DHAPP staff and the US Embassy program managers.

- **Voluntary Male Circumcision - CIRC ($135,000.00).** New VCT counselors will be trained on pre-existing VMMC IEC materials (counselor flipcharts, male and female pamphlets, take home postoperative pamphlets). Current VCT counselor will be trained to integrate VMMC messaging into pre- and post-test counseling using updated IEC materials incorporating VMMC messages. Specific activities include:

1) production of playing cards (using already-approved messages) about continuing condom use after VMMC; 2)Supervision visits will be carried out by DMS with the support of the TBD partner to provide guidance and encouragement to military public opinion leaders and/or PEs in each anti-AIDS club to ensure appropriate messages and content of materials are being addressed; 3) Provide training and supportive supervision of VCT QA managers and VCT supervisors to ensure that MC is integrated into VCT services; 4) Train 15 new VCT counselors on MC IEC materials (counselor flipcharts, male and female pamphlets, take home postoperative pamphlets). These VCT counselors will integrate MC content into pre- and post-test counseling using the appropriate IEC materials; 5) Train at least 200 PEs and military anti-AIDS club members on VMMC communications in order to create demand, educate about the procedure, and promote sustained safer sexual behaviors after VMMC (partner reduction and/or consistent condom use).

- **Other Prevention - HVOP ($232,000)**. TBD Partner in Rwanda will transfer skills to the RDF to enable them to provide a comprehensive HIV prevention program to the Rwandan military and the surrounding community. Specific activities include: 1) Train the RDF to use an M&E system to inform the development of a comprehensive BCC campaign that includes both interpersonal communications (IPC) and mid-media (e.g. print materials, events and video); 2) Train the RDF to use the data to inform programming to design and implement a BCC program that leads to decreasing support from partners; 3) Develop the capacity of the RDF by training, supporting the supervising 100 military, civilian and local commercial sex workers (CSW) PEs from the current anti-AIDS-clubs on the current prevention programming ensuring that the PEs are equipped with condom demonstration kits and are delivering high quality individual and small group IPC sessions and that the messages disseminated by PEs are focused on the correct and consistent use of condoms , VCT/STI services and care and treatment; 4) Print materials for the mobile video unit (MVU) events and build the capacity of RDF staff to implement these MVU events independently, and support the RDF so they can maintain their current MVU equipment. 5) Support the RDF in training military anti-AIDS clubs in retail outlet creation for condoms and community-based distribution of local condoms and lubricants and ensure that they are available in retail outlets and hotspots in communities surrounding the military camps and that the revenues will be used to strengthen anti-AIDS clubs; 6)i Produce military-specific “camouflage” condoms to create demand, encourage military personnel to use condoms and to increase consistent condom use. The military condom will be supported by promotional materials including branded polo and regular t-shirts and playing cards promoting correct and consistent condom use; 7) Reach 50,000 individuals with OP messages through small groups; 8) Reach 30,000 individuals through special events;9) Distribute at least 1,000,000 condoms.

Uganda:

HMIN: $150,000
HVSI: $240,000
TOTAL: $390,000

The DoD PEPFAR Program in Uganda works with the Uganda 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:

- **Injection Safety, HMIN ($150,000).** Proposals are requested to strengthen the institutional capacity of the Ministry of Defense/Ugandan People's Defense Force to provide training to build HIV-related capacity of infection control policies and procedures in Military health facilities. Specifically to address occupational exposure to bloodborne pathogens, waste management, and commodity security, i.e. ensuring sustained availability of single-use syringes and needles, lancets and blood drawing equipment, safe needle disposal systems, and gloves.

- **Strategic Information ($240,000)**. Proposals are requested to 1) Provide technical assistance to MoD/UPDF to develop and implement a health management information system (HMIS) in up to five health facilities. This effort in the first year will 1) ensure that the health facility has at least two adequately trained staff in data collection, analysis, reporting, and archiving, 2) ensure all health facilities have adequate stocks of data collections and other general clinic station stationery, to wit: Registers, Cards, Investigation request forms, clinical notes sheets, printing paper, 3) ensure that all health facilities have functional computers dedicated to medical data, with up-to-date protection and 4) provide un-interrupted internet connectivity at all health facilities

Vietnam:

HVCT: $160,000
HVOP: $500,000
MTCT: $30,000
HVTB: $30,000
TOTAL: $720,000

The DoD PEPFAR Program in Vietnam works with the Military Medical Department (MMD) to provide HIV prevention, treatment, care and monitoring for military members and their beneficiaries. All respondents must demonstrate the active support of the Vietnam MMD and the Office of Defense Cooperation in the U.S. Embassy. The TBD partner will work closely with DHAPP staff and partners to address the following requirements:

Counseling and Testing – HVCT ($160,000). This requirement is to strengthen HTC services in the military setting to support both military and civilian populations in need of HIV counseling (both client-initiated and provider-initiated); to increase service outreach by incorporating these services into the military's community medical missions; to enhance referrals from HTC to other support services within the community; and to ensure that service delivery is updated and/or adapted to the military setting following new national guidance/updates (e.g., provider-initiated model and couple counseling). Specific activities include 1) assessing needs for knowledge, skills and service quality improvement at site level; 2) training of military trainers and supervisors on HIV counseling and testing; 3) training (basic and refresher) on HIV counseling and testing for site staff in both client-initiated and provider-initiated models;; 4) providing expenses for exchange/study visits by military program managers and HIV counseling and testing supervisors/staff to other military sites and also civilian sites; 5) providing expenses for on-site TA and monitoring trips; 6) developing/revising/producing IEC materials in support of HIV counseling and testing in the military,; and 7) providing expenses for military staff to attend workshop/meetings/events on HIV counseling and testing policies.

Other Prevention – HVOP ($500,000). This requirement is to collaborate with MMD in the development and implementation of effective Behavior Change Communication strategies as part of the peer education program among approximately 50,000 new military inductees. Specific activities include 1) updating communication and training tools to promote effective peer education activities, i.e. booklets, flip charts, cue cards, IEC and other materials (materials address HIV/AIDS awareness, substance-abuse, risk-avoidance, STI prevention and HTC services; 2) training of trainers (TOT) on HIV awareness, substance-abuse, risk-avoidance, STI prevention and HTC services, Training of Peer Educators, who will in turn lead and facilitate communication sessions at troop levels for other military recruits during the induction period; 3) printing and

production of training, IEC and other materials for continued communication activities at the troop level on: HIV prevention, STI prevention, substance-abuse prevention and management; 4) training military supervisors/monitoring team to monitor and mentor for program improvement; and 5) providing expenses for TA, monitoring/supervising trips to both training classes and troop – level communication activities

Mother to Child Transmission – MTCT ($30,000). This requirement is to maintain the high quality prevention of mother to child HIV transmission services in 2 existing sites (Military Hospital 103 and 175). Specific activities include (1) providing training, technical assistance and operational support to 2 PEPFAR-supported military hospitals: MH 103 (HN) and MH 175 (HCMC); (2) building capacity of military healthcare staff in PMTCT PICT at regional and central military hospitals (PEPPFAR and non-PEPFAR supported sites); (3) strengthening the referral system between military and civilian PICT sites and OPC sites; (4) supporting military healthcare staff to attend other PMTCT-related training/workshops organized by other PEPFAR partners, VAAC, etc., and (5) conducting quality assurance, quality improvement and monitoring activities.

TB/HIV – HVTB ($30,000). This requirement is to maintain high quality HIV/TB services in 2 existing sites in Military Hospital 103 and 175. Specific activities include (1) providing training, technical assistance and operational support to 2 PEPFAR military-supported hospitals: MH 103 (HN) and MH 175 (HCMC); (2) building capacity of military healthcare staff in TB/HIV at regional and central military hospitals (PEPPFAR and non-PEPFAR supported sites); (3) strengthening the referral system between military and civilian; PICT sites to OPC sites; (4) supporting military healthcare staff to attend other TB/HIV-related training/workshops organized by other PEPFAR partners, VAAC, NTP etc.; and (5) conducting quality assurance, quality improvement and monitoring activities.

Vietnam:

HVSI: $60,000
OHSS: $120,000
HTXS: $350,000
TOTAL: $530,000

The DoD PEPFAR Program in Vietnam works with the Military Medical Department (MMD) to provide HIV prevention, treatment, care and monitoring for military members and their beneficiaries. All respondents must demonstrate the active support of the Vietnam MMD and the Office of Defense Cooperation in the U.S. Embassy. The TBD partner will work closely with DHAPP staff and partners to address the following requirements:

Strategic Information - HVSI ($60,000). This requirement is to strengthen program management and implementation capacity among military professional healthcare staff, better align the military program with the National requirements and standards, and facilitate PEPFAR monitoring and evaluation processes. The respondent is requested to establish, maintain and improve the quality of the data reporting system, and promote the use of M&E data by military health staff to improve the quality of healthcare services and decision-making. Specific activities include training Ministry of Defense and healthcare staff in data collection and management, supporting implementation of a management information system, monitoring data quality, and coordinating and analyzing SI data from multiple sites.

System Strengthening – OHSS ($120,000). This requirement is to build capacity on program management and implementation for military professional healthcare staff, and develop stronger collaboration between military and civilian healthcare systems. Specific activities include organizing dissemination workshops on National HIV/AIDS policies, providing support for Ministry of Defense (MOD) personnel (at all levels) to participate in management training, providing technical assistance (TA) and support to implementation staff at supported sites with quality improvement activities, providing support for cross-training between military and civilian sectors to share best-practices and harmonize/standardize programs, providing support to MOD senior staff in policy advocacy and policy improvement in disease surveillance for force health protection, promoting MOD leadership's engagement to HRH forum and discussion, coordinating with Vietnam Union of Science and Technology Associations (VUSTA) to develop and pilot the model of local NGOs' graduation, and providing continued TA and coaching to the implementing sites by DOD PEPFAR, partners and MOD/Military Medical Department (MMD) personnel.

HIV Treatment – HTXS ($350,000). This requirement is to improve the availability and quality of continuum of care services, and strengthen selected areas of health service management throughout Vietnam. In following the PEPFAR strategic direction of focusing on technical assistant and reducing support to direct service delivery, within 12 -18 months, there will be a graduate transition process for all military supported HIV patients to the civilian supported sites in the same geographic areas. Specific activities include (1) providing training, technical assistance, and operational support for HIV to all PEPFAR military-supported hospitals and preventive medicine centers : MH 103 (HN); MH 175 (HCMC); MH 17 (Da Nang); MH 121 (Can Tho); MH 87 (Nha Trang); MIHE (Hanoi); SPMC (HCMC) and MR9 (Can Tho); (2) building capacity of military healthcare staff in ART and other topics related to HIV treatment at regional and central military hospitals; (3) strengthening referral systems among military sites (HTC sites to OPCs, TB sites to and from OPCs) and between military and civilian sites; (4) supporting military healthcare staff to attend other care and treatment related training/workshops organized by other PEPFAR partners, VAAC, etc.; (5) conducting quality assurance, quality improvement and monitoring activities; (6) supporting reagents and basic consumable /material to all military referral labs that provide lab tests for patients on ART or pre-ART; and (7) providing technical and coordination support to the transition process at all levels to make sure it will be done successfully within 12-18 months.

Vietnam

HMIN: $300,000
HBHC: $300,000
TOTAL: $600,000

The DoD PEPFAR Program in Vietnam works with the Military Medical Department (MMD) to provide HIV prevention, treatment, care and monitoring for military members and their beneficiaries. All respondents must demonstrate the active support of the Vietnam MMD and the Office of Defense Cooperation in the U.S. Embassy. The TBD partner will work closely with DHAPP staff and partners to address the following requirements:

Injection safety/infection control- HMIN ($300,000). This requirement is to promote and improve the quality of infection control in the medical system at the national level as well as th military medical system. Specific activities include: 1) develop, finalize, disseminate, and support advocacy for infection control policies, standard guidance, SoPs, pre-service and in-service training curriculum etc., at the National level; 2) support adaptation and dissemination of national policies and other related documents to the military medical system; 3) build capacity for infection control workforce, focus on military personnel on standard precaution, infection control in the hospital setting, hospital waste management, etc., through workshops/ trainings, onsite technical assistance, pilot model of integration of nursing care and infection control at key military hospitals and 4) promote linkage between military and civilian systems within Vietnam and facilitate cooperation between US and VN militaries on infection control programs.

HIV care-HBHC ($300,000). This requirement is to improve the quality of nursing services and strengthen the nursing role in the medical system at the national level as well as the military medical system. Specific activities include: 1) develop, finalize disseminate and support advocacy for nursing policies, standard guidance, SoPs, pre-service and in-service training curriculum etc., at the National level; 2) support adaptation and dissemination of national policies and other related documents to the military medical system; 3) build capacity for the nursing workforce with a focus on military nurses in the areas of HIV and other infectious diseases care, leadership and management, hospital management, etc. through workshops/ trainings, onsite technical assistance, pilot model of integration of nursing care and infection control at selected key military hospitals 4) promote linkage between military and civilian systems within Vietnam and facilitate cooperation between US and VN militaries on nursing program.