AMENDMENT 0001

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 0001 is to replace the Narratives, (*inadvertently labeled ATTACHMENT 2)* with the correct label ATTACHMENT 1, Narratives updated version, which is attached.

The following questions have been received and answers are provided:

1. We recognize that page 9 of the BAA indicates "The first round of full proposals will be selected approximately 45 days after the date of this BAA." Please clarify the closing date for the first evaluation cycle?

Response: It is approximately 45 days from 11/13/2012 which is the announcement date of the DHAPP-BAA-13-002 on GRANTS.GOV. Please note that this is only an approximate date.

2. The Narratives include examples from Barbados, Namibia, Nigeria, Ethiopia, Central America and three multi country narratives. Should applicants limit their concept papers to these countries?

Response: For the multi country narratives, any of the countries listed on the DHAPP website can be considered. Yes, concept papers should be limited to the countries listed specifically in the narratives.

3. For the multi-country SABERS opportunity, how would you like us to prepare our budget estimate? Would DHAPP like to see a concept paper with a budget for a single country as an example (e.g. an African PEPFAR country)? If you would prefer multiple countries, how many would you like to see, or what other guidelines can you recommend?

Response: Please refer to pages 13-15 regarding the concept paper process and format, including budget submissions. You can choose to submit a concept paper for one country or one concept paper that addresses multiple countries or even both; whatever is the most feasible for your organization. For example, you can submit a paper for country 1 and also submit a paper for countries 3 and 4.

4. How similar is the Nigeria HVSI (behavioral and biologic surveillance) to the other SABERS projects?

Response: The Nigeria HVSI component will be part of the overall Nigeria award and is not a standalone SABERS type study.

5. We see multiple tasks listed under each country (multiple codes). Can we bid on 1 or 2 of the tasks, or must we bid on all for any given country? (e.g. Nigeria HVSI, but not the other Nigeria tasks)

Response: 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.

6. Can we consider the police force under this military focused RFA as it is the case in some African countries?

Response: DHAPP does not fund police forces, only military.

7. Can we include the family members (spouse and children) in the intervention ?

Response: Yes, family members can be included.

8. What is the maximum ceiling an organization can apply for per Year?

Response: The maximum ceiling for each request is listed on the corresponding narratives. (See ATTACHMENT I).

9. When is the deadline for this year application or cycle of submission?

Response: The BAA closes on 30 September 2014; we will be accepting applications until that time. (See Section I, paragraph 5 for Response Date).

Barbados:

HVOP: $235,000
HVSI: $25,000
OHSS: $90,000

Proposals are requested to work with the Barbados Defence Force (BDF) in the implementation of HIV prevention activities with military members. 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 as identified by their prior Knowledge, Attitudes and Practices (KAP) survey (not published) as well as incorporating results from other sources of information (e.g. focus groups, qualitative interviews, etc.). The TBD partner will utilize methods for prevention to include but not limited to prevention campaigns and trainings integrated into the military institutions, distribution of behavior change communication (BCC), sensitization on the importance of partner reduction and correct and consistent use of condoms and activities that promote responsible behaviors among military personnel. HIV prevention and risk reduction activities 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 interventions in areas such as increasing consistent and correct use of condoms (including minimizing the stigma surrounding accessing condoms), promoting condom negotiation skills with partners, decreasing sexual risk behavior, mitigating the influence of alcohol on sexual risk taking behavior, improving knowledge and attitudes about testing, decreasing HIV-related stigma, and decreasing gender-based discrimination and violence. TBD partner activities will also promote partner reduction by communicating the risks associated with overlapping or concurrent sexual partnerships. The TBD partner will support and strengthen the provision of confidential HIV testing and counseling activities within the BDF in accordance with national guidelines and facilitate improvement of the health data collection and entry into the national health information system for continuous improvement of health service delivery.

In conjunction with DHAPP, the TBD partner will work with the BDF on the periodic revision/development and implementation of a military specific HIV/AIDS policy addressing issues related to HIV testing, retention and promotion of identified HIV positive individuals as needed. Policies and protocols will also address systems and institutional strengthening to address issues related to access and availability of prevention, care, treatment and support programs, as well as efforts to reduce stigma and discrimination and strengthen military commitment to support HIV-positive members and HIV programs.

The TBD partner will incorporate a capacity building model of increased military ownership over time, demonstrate program monitoring and evaluation (M&E) throughout implementation, and clearly align activities according to the Caribbean Regional HIV/AIDS Partnership Framework.

Namibia:

OHSS: $100,000	**HVTX: $342,600**
HVTB: $80,000	**HLAB: $150,000**
HVSI: $100,000	**HBHC: $149,400**
HVCT: $361,727	**CIRC: $146,027**

The DoD PEPFAR Program in Namibia works with the Namibian Defence Force (NDF) and the Military Action and Prevention Program (MAPP) 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:

- **Policy and System Strengthening ($100,000)** – Proposals are requested to:

  1) Strengthen the institutional capacity of the Ministry of Defense/Namibian Defense Force to develop effective HIV-related policies and a legal framework to support HIV program implementation.

  2) Provide training to build HIV-related capacity of the MoD/NDF leadership, HIV steering committee, peer educators and pharmacy personnel.

  3) Continue roll-out of HIV-related stigma and discrimination reduction, male norms and gender trainings.

- **TB ($80,000)** – Proposals are requested to:

  1) Develop and implement strategies to integrate HIV and TB clinical services.

  2) Train military personnel to screen for TB and provide isoniazid preventive therapy.

  3) Strengthen referrals between TB and other services.

  4) Establish a TB monitoring and evaluation system.

  5) Train laboratory technicians in TB diagnostics.

  6) Create IEC materials in collaboration with the DoD prevention partner.

- **Strategic Information ($100,000)** – Proposals are requested to provide technical assistance to MoD/NDF to develop and implement a health management information system (HMIS). This effort will include the procurement

of computer equipment, the expansion of internet connectivity for all HTC and treatment sites, staff training, and the maintenance and review of data collected.

- **Counseling and Testing ($361,727)** – Proposals are requested to:

  1) Provide training on HIV rapid tests and monitoring and evaluation in both voluntary testing and counseling and provider-initiated testing and counseling sites.

  2) Support mobile and outreach HTC.

  3) Procure HIV testing kits and supplies and provide technical support for routine and special promotion HTC events.

- **Treatment ($342,600)** – Proposals are requested to:

  1) Support a comprehensive package of HIV services at 2 military sick bays.

  2) Provide technical assistance, training, monitoring and evaluation of the following services: provision of ARVs, adherence, counseling, pharmaceutical services, cervical cancer screening and Positive Health, Dignity and Prevention.

- **Lab ($150,000)** – Proposals are requested to:

  1) Provide technical assistance to the military in the maintenance of lab equipment and the monitoring of bio-clinical assays.

  2) Procure equipment as needed.

  3) Review and update standard operating procedures.

  4) Increase number of trained lab personnel.

- **Care ($149,400)** – Proposals are requested to provide technical assistance and training to strengthen both clinical and community care services and support services for the military. Procure supplies as necessary for the provision of comprehensive care. Develop and distribute military specific IEC materials.

- **Voluntary Medical Male Circumcision ($146,027)** – Proposals are requested to:

  1) Create demand for male circumcision.

  2) Provide technical assistance to military personnel performing male circumcisions.

Multi-Country:

HMIS: $50,000

Electronic Clinical Decision - Making Support

Proposals are requested to develop an electronic, interactive, stand-alone tool that a care provider can carry in a pocket for use at remote sites for clinical decision support. Increasingly the kinds of care and treatment today's providers are sustaining require numerous protocols, and HIV care delivery relies on access and sharing of accurate and up to date information.

The technology applications should focus on:

1) Mobile/Portable Technologies to provide easy access to clinical guidelines and peer-reviewed literature anywhere, anytime.

2) Virtual Human Patients & Coaches - to provide guidance and teaching during interactive computer generated sessions

3) Advanced Training Technology - to provide a human-machine interaction using multiple modes of input/output.

Multi Country:

HVSI: $750,000

Support for HIV Surveillance and Research Studies.

Proposals are solicited to support DHAPP and its partner militaries in conducting HIV surveillance and other research studies among military in various DoD/PEPFAR countries.

Research topics will include HIV Seroprevalence and Behavioral Epidemiology Risk Surveys (SABERS), studies on male circumcision (behavioral and clinical), and other HIV clinical and prevention interventions.

Typical study sizes are 500 – 1,000 participants at multiple sites within the same country. Data collection methods may be paper or electronic, depending on the military context. Studies may include collection and testing of biological samples including but not limited to HIV, syphilis, gonorrhea, and CD4. The implementing partner will work in collaboration with DHAPP, partner militaries, and in-country program partners. DHAPP will lead research efforts. The successful bidder will provide technical research support for the projects and the following:

- Demonstrate their HIV research capability to support the development of protocols and IRB documentation, produce and deliver surveys and training manuals, create databases, and provide other support, as needed, per project.
- Order and deliver other study materials including testing materials and reagents.
- Support training for study data collection, data entry, dissemination and other training needs as necessary.
- Coordinate and support regular email and telephone communication between all stakeholders.
- Prepare a final activity report. Project specific Scopes of Work and budgets will be determined per study. Up to ten studies per year may be supported through this grant.

Multi Country:

HMIS: $50,000

Online Open Access Mobile Medical Library for Medical Knowledge Management
Proposals are requested to improve electronic content for care provider training, clinical decision-making and research by enabling access to a medical reference library.
Scope: Military deployment and re-deployment of health professionals creates a unique challenge for maintaining medical skills. Care providers face difficulty in gaining access to new information due to poor infrastructure, contributing to a decay of knowledge, particularly in remote locations. Equally likely are missed opportunities to acquire new knowledge, due to "absence of practice" while deployed in remote locations. This HIS challenge will focus on:

1. Knowledge Building & Training –
    - Assess performance in terms of military medicine competence.
    - Identifying area(s) and degrees of knowledge decay.
    - Linking knowledge loss with training strategies to guide learning processes.
    - Automated training scheduler that recommends specific courses or content or related actions based on measures of knowledge decay.

2. Provide access to open access medical references –
    - Peer-reviewed journal articles.
    - Practice training scenarios.
    - Focusing on high-risk HIV Prevention, Care and Treatment cases.

3. Technical Platform –
    - Electronic library of standard cases that can be used on a variety of devices (desktop computer, laptop, tablet, netbook, phone).
    - Enable team-based interactions such as a journal club, case reporting, or grand round sessions.
    - Provide an automated user feedback mechanism.

Nigeria:

HBHC:	**$35,000**
HLAB:	**$515,000**
OHSS:	**$690,000**
HTXD:	**$240,000**
HTXS:	**$780,000**
HVCT:	**$200,000**
HVSI:	**$490,000**

The DoD PEPFAR Program (DHAPP) through Walter Reed's Military HIV Research Program (MHRP) in Nigeria (WRP-N) works with the Nigeria Ministry of Defence (NMOD) through the Emergency Plan Implementation Committee (NMOD - EPIC) and the with the National Agency for the Control of AIDS (NACA) to provide prevention, treatment, care and monitoring for military members, the communities surrounding military treatment facilities and their beneficiaries. The TBD partner will work closely with DOD staff and partners to address the following requirements:

- **Basic Health Care and Support (HBHC, $35,000)** – Proposals are requested to (1) optimize linkage and entry into care and to support timely initiation and maintenance on ART; (2) prevention and treatment of OIs including malaria, diarrhea and Cryptococcal disease; and (3) provision of health related commodities and provide support through counseling and testing.

- **Laboratory Infrastructure (HLAB, $515,000)** – Proposals are requested to (1) provide technical assistance to the military in the maintenance of lab equipment and the monitoring of bio-clinical assays 2) procure equipment as needed; and (3) review and update standard operating procedures 4) increase number of trained lab personnel per NMOD direction and leadership.

- **Health Systems Strengthening (OHSS, $690,000)** - Proposals are requested to (1) strengthen the institutional capacity of the Nigeria Ministry of Defence to develop effective HIV-related policies and a framework to support HIV program implementation; (2) provide training to build HIV-related capacity of the NMOD leadership, HIV steering committee, peer educators and pharmacy personnel; and (3) continue roll-out of HIV-related stigma and discrimination reduction, male norms and gender trainings.

- **ARV Drugs (HTXD, $240,000)** – Proposals are requested for (1) delivery of ARV drugs for adult and pediatric treatment and PMTCT; (2) distribution and pharmaceutical management and related systems strengthening; and (3) forecasting costs for antiretroviral and IO treatment.

- **Adult Treatment (HTXS - $780,000)** - Proposals are requested to (1) support a comprehensive package of HIV services at 2 military treatment centers; and (2) provide technical assistance, training, monitoring and evaluation of services to include provision of ARVs, adherence, counseling, pharmaceutical services, Positive Health, Dignity and Prevention.

- **HIV Testing and Counseling (HVCT - $200,000)** - Proposals are requested to (1) provide training on HIV rapid tests, along with monitoring and evaluation in voluntary testing, counseling and provider-initiated testing and PMTCT sites; (2) support mobile and outreach HTC; and (3) procure HIV testing kits and supplies and provide technical support for routine and special promotion HTC events.

- **Strategic Information (HVSI - $490,000)** - Proposals are requested to (1) provide technical assistance to NMOD to develop organizational capacity for behavioral and biological surveillance, facility surveys, monitoring program results, reporting results, supporting health information systems, contribution to national systems and related analyses and date dissemination activities; and (2) provide staff training, and the maintenance and review of data collected.

Ethiopia:

HBHC: $400,000

Proposals are requested to expand current activities in prevention with people living with HIV (PLHIV) in the Ethiopia National Defense Force (ENDF) and implement, evaluate and disseminate an evidence-based health maintenance program with ENDF that is delivered by trained HIV+ Peer Educators and supports optimal ARV adherence and safer sexual behavior among military PLWHA at military healthcare facilities in Ethiopia.

The health maintenance program should focus on:

- Health literacy classes that educate HIV+ patients preparing to start ART medications and patients referred by healthcare staff about how HIV and ART impact the body, ART adherence, safer sex, HIV disclosure, and other aspects of healthy living.

- Implement group health education sessions discussing different topics relevant to HIV and healthy living.

- One-on-one counseling sessions in which Peer Educators have tailored discussions with HIV+ patients and address any challenges they are facing with respect to ART adherence, safer sex, and living with HIV.

Dissemination of the program to healthcare facilities throughout the ENDF will occur via Master Trainers, or soldiers who have been trained in how to train other soldiers in the program.

The TBD partner will work closely with and seek input from DHAPP country team and technical staff, DOD program manager at the Embassy, ENDF stakeholders, other USG PEPFAR partners, and other in-country stakeholders.

Countries: **Central America region (which includes El Salvador, Nicaragua, Guatemala, Honduras) and the Dominican Republic**

HVOP: $220,000
HVCT: $200,000

Proposals are requested to work with the militaries in the Central America region and the Dominican Republic in the implementation and evaluation of an enhanced HIV post test counseling and Prevention with Positive (PwP) program.

Military populations are characterized as at increased risk for HIV and other STIs. DoD/PEPFAR and its partners support militaries in the Central America region and the Dominican Republic through capacity building for prevention integration into routine military training, access to quality HIV testing and counseling, quality care for people living with HIV (PLHIV) and use of data to inform and implement evidence based programming

Proposals are requested to address:

1) The development of an interface to ease, enhance, and ensure delivery of the standard package of prevention for HIV positive clients with monitoring and systems to track the delivery of Prevention with Positive (PwP) and an evaluation to test its efficacy.

2) The development of an interface to improve the provision of quality posttest counseling, to capture behavioral data that will assist in the development of individualized risk reduction plans, quality assurance strategies to evaluate client-centered experiences, a monitoring system to track delivery of post test counseling and an evaluation to test its efficacy.

TBD partner will incorporate a capacity building model that will enable partner militaries to implement, monitor and evaluate and sustain activities as a result of these interventions and utilize data for decision making.