AMENDMENT 0014

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 0014 is to incorporate the following:

NHRC/DHAPP is accepting "Concept Papers" for Burundi, Honduras, Dominican Republic, and Caribbean Regional: Trinidad & Tobago, Barbados, Antigua & Barbuda, Jamaica, St. Kitts & Nevis, and Suriname as described below through 09 April 2014 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.

Burundi

HVOP: $272,412
HVCT: $300,000
TOTAL: $572,412

HVOP ($272,412)
Continuing the successful collaboration with the BDF and the MOH, the applying partner will support BDF in its HVOP services for military personnel and their families through the five military regions. The applying partner will:

1. Promote prevention of HIV sexual transmission through free condom distribution. The partner will procure and distribute 1 million condoms to military personnel and their families living in the five military regions and military troops involved in the Peacekeeping Missions.

2. Conduct at least quarterly BCC interventions and ensure that voluntary HTC services are properly linked to these outreach sessions.
3. Adapt and disseminate IEC materials to include 1,000 posters, and 4,000 leaflets promoting HTC services during HTC awareness sessions. 1,000 additional appropriate logos will be provided for HTC counselors to identify them at outreach sessions (caps, polo shirts, etc.)
4. Train 250 peer educators and 80 military focal persons in HIV prevention messages, interpersonal communication (IPC) techniques, condom promotion, and management and distribution.
5. Assist with the installation and training on a monitoring system including appropriate monitoring tools.
6. Conduct quarterly supervision visits in the military camps.

HVCT ($300,000)

Building on the effective collaboration with the BDF and the MOH, the partner will continue supporting the BDF in its efforts to offer HTC services to military personnel and their families both at the fixed "Akabanga" testing center located in Bujumbura in the first military region, and through the four additional military regions. The applying partner will:

1. Link ALL voluntary HIV testing with HIV prevention BCC activities which will be conducted through outreach awareness sessions, and production and distribution of IEC printed materials.
2. Build BDF care providers' capacity by training 92 counselors and 10 lab technicians and by offering refresher training to 46 counselors and 10 lab technicians.
3. Test 12,300 clients for HIV.
    a. Provide HTC services to 1,500 military personnel and their families at the five military regions through 15 HTC sessions using three existing mobile video units.
    b. Provide HIV testing and counseling for 8,000 AMISOM peacekeepers prior to deployment.
4. Deliver tailored counseling messages on reproductive health with particular focus on family planning services as a standard part of HTC services for female peacekeepers.
5. Promote HIV testing for couples. The partner will collaborate with the National Institute of Public Health (INSP) and the military hospital to ensure quality of HIV tests, and proper referral and provision of care and support services for clients who test HIV positive.
6. Focus on strengthening the referral system from HTC services to providers' services for HIV positive clients.
7. Support HTC through BCC activities. This will include pre-post test counseling, condom demonstration, condom distribution, distribution of appropriate IEC materials, and referrals to HVOP and other clinical services as needed at each encounter.

8. Adapt, train, and implement a monitoring system in alignment with the existing national monitoring system defined by the PSNLS 2012-2016 and by the NDF HIV strategic plan.
9. Train care providers to correctly and consistently use existing monitoring and evaluation tools.
10. Collect monthly HTC reports and data.

Honduras:

HVOP: $80,000
HVCT: $45,000
TOTAL: $125,000

Proposals are requested to work with the Armed Forces of Honduras in the strategic and operational planning and implementation of HIV prevention activities for military personnel. The overall goal is to focus on the drivers of the epidemic specific to the military to decrease the number of new HIV infections through the implementation of combined HIV prevention, tailored to the epidemiologic situation of the epidemic in the country. Activities should target recruits, enlisted, officer groups, partners and other 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 comprehensive prevention strategies tailored to the country's needs. The intervention must include, but is not limited to: biomedical intervention strategies to reduce exposure, transmission and/or infection, behavioral intervention strategies to promote individual risk reduction, and social and cultural intervention strategies.

Biomedical interventions include: Male condom provision, appropriate and accessible HIV testing and counseling services, linkages and referrals to care, and STI screening and treatment. Behavioral interventions include: HIV and STI risk reduction counseling, behavior change communication to focus on risk reduction, uptake of HIV/STI testing and counseling, HIV education, interpersonal communication, including peer education, reducing gender-based discrimination and violence, and addressing the influence of mental health factors on risk behaviors and reducing stigma around HIV.

The TBD partner will work with the Armed Forces of Honduras and national health authorities to define the intervention and their implementation, in accordance with national guidelines to facilitate improvement in monitoring, collection and reporting of program data for continuous improvement and provision of healthcare services for military personnel.

The TBD partner will incorporate a capacity building model to reflect the gradual transition from direct service delivery to technical assistance, and focuses on increased ownership of the program by the Armed Forces of Honduras. The TBD partner will be responsible for providing training in: peer counseling, education, HIV/STI testing and counseling, HIV/STI screening and treatment, strategic planning, surveillance and program

monitoring, and quality assurance. The TBD partner will need to visit the military sites once a quarter for TA visits.

Dominican Republic:

HVOP: $200,000
HVCT: $140,000
TOTAL: $340,000

Proposals are requested to work with the Armed Forces of the Dominican Republic in the strategic and operational planning and 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. Activities for HIV prevention and risk reduction 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 and culturally appropriate biomedical and behavioral interventions. The main purpose of each intervention must be the reduction in risk of exposure or infection with HIV to the military population and/or individual military personnel.

Biomedical interventions include: Male condom provision, appropriate and accessible HIV testing and counseling services, linkages and referrals to care.

Behavioral interventions include: HIV and STI risk reduction counseling, behavior change communication to promote partner reduction as well as correct and consistent condom usage, uptake of HIV/STI testing and counseling, adaptation of available HIV education materials for incorporation into personnel training curricula, interpersonal communication, including peer education, reducing gender-based discrimination and violence, and addressing the influence of mental health factors on risk behaviors and reducing stigma around HIV.

The TBD partner will incorporate a capacity building model of measurable increased military ownership and program sustainability over time, demonstrate program monitoring and evaluation (M&E) throughout implementation, and clearly align activities according to the Dominican HIV/AIDS Partnership Framework. The TBD partner will be responsible for providing training in: peer counseling, education, HIV/STI testing and counseling, strategic planning, surveillance and program monitoring, and quality assurance.

The TBD partner will work with the DRAF and national health authorities to define the intervention and their implementation, in accordance with national guidelines to facilitate improvement in monitoring, collection and reporting of program data for continuous improvement and provision of healthcare services for military personnel. The TBD partner will need to visit each implementation site at least once per quarter.

Caribbean Regional: Trinidad & Tobago, Barbados, Antigua & Barbuda, Jamaica, St. Kitts & Nevis, and Suriname

HVOP:	**$735,000**
HLAB:	**$83,750**
HVSI:	**$100,000**
OHSS:	**$306,250**
TOTAL:	**$1,225,000**

Proposals are requested to work with select Caribbean Defence Forces in the strategic and operational planning and implementation of HIV prevention activities with military members. The overall goal is to focus on the drivers of the epidemic specific to the military using combination prevention to address knowledge, attitudes and practices related to HIV prevention and stigma as well as incorporating results from other sources of information (e.g. focus groups, qualitative interviews, etc.). The TBD partner will utilize methods for combination prevention to include, but not limited to, prevention campaigns and trainings integrated into the military institutions, distribution of behavior change communication (BCC) inclusive of addressing gender equality, development of information, education and communication (IEC) materials, sensitization on the importance of partner reduction and correct and consistent use of condoms and activities that promote responsible behaviors among military personnel in all countries listed above. The TBD partner will need to visit each military once a quarter for TA visits. HIV prevention and risk reduction activities should target recruits, enlisted, officer groups and their dependents. Some countries have existing behavioral data and it should be considered for prevention programming so that efforts are targeted towards priority populations. Priority populations can include STI patients, new recruits and deploying members (to be done during pre-deployment). In Suriname, prevention activities with key populations which include sex workers will be supported. These efforts will be done in coordination with DHAPP and the Ministry of Health.

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 activities will also promote partner reduction by communicating the risks associated with overlapping or concurrent sexual partnerships and address environmental factors that may contribute to risky behaviors.

The TBD partner will support and strengthen the provision of confidential HIV testing and counseling activities in Trinidad & Tobago, Jamaica and Suriname as applicable 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.

The TBD partner will support lab efforts in Jamaica and Suriname. These efforts should include improving quality assurance, increased capabilities for screening of STIs and progress towards lab accreditation (Jamaica only). Some equipment procurement may be provided but the majority of these efforts are for technical assistance in lab functionality.

The TBD partner will incorporate a capacity building model of increased military ownership over time towards sustainability and overall health systems strengthening, demonstrate and support program monitoring and evaluation (M&E), and clearly align activities according to the Caribbean Regional HIV/AIDS Partnership Framework and relevant PEPFAR performance indicators. The TBD partner will also conduct a behavioral survey in Suriname among the military that examines knowledge, attitudes and practices. In addition, the TBD partner will identify and implement strategies and models of good practice and successful approaches to sustainable HIV programming, engage in strategic dialogues to build military program management and leadership skills and engage in cost effective methods of procurement and training.

The TBD partner will incorporate a capacity building model to reflect the gradual transition from direct service delivery to technical assistance, and focuses on increased ownership of the program by the Caribbean militaries. The TBD partner will be responsible for providing training in: peer counseling, education, HIV/STI testing and counseling, HIV/STI screening and treatment, strategic planning, surveillance and program monitoring, and quality assurance.