AMENDMENT 0002

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 0002 is to incorporate the following:

NHRC/DHAPP is accepting "Concept Papers" for Belize and Dominican Republic as described below through 14 January 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.

Belize:

HVOP: $130,000
HVSI: $100,000

Proposals are requested to work with the Belize Defence Force (BDF) in the strategic and operational planning and implementation of HIV prevention activities with military members through the implementation and evaluation of an enhanced HIV post test counseling, harm reduction intervention and Prevention with Positives (PwP) program. The overall goal of the interventions desired will focus on the drivers of the epidemic specific to the military and address knowledge, attitudes and practices related to HIV, other STI and associated risk behaviors utilizing data from focus groups, formative assessments and results from the completed FY10 biobehavioral survey.

Proposals are requested that address:

1) 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.

2) The development of a pilot BDF specific harm reduction intervention which addresses both risk behavior and mental health in the context of the larger structural issues in the BDF and Belizean social environment, with the goal of decreasing risk behaviors and in turn, ideally result in decreased sexual risk behaviors and HIV/STI transmission potential among affected personnel. The (sub) population to be targeted for the intervention will be decided upon with the BDF.

3) 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
The TBD partner should 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.

Dominican Republic:

HVTB: $600,000.00

Proposals are requested to work with the Dominican Republic Armed Forces in the strengthening and development of TB, MDR-TB and HIV-TB care. Dominican Republic has one of the highest rates of TB drug resistance in the Western Hemisphere and multidrug-resistant (MDR)-TB has remained a persistent challenge to TB control over time. Diagnostic testing for TB/MDRTB includes considerations of speed of diagnosis, cost and feasibility. Implementation in resource constrained settings with limited laboratory infrastructure, limited access to conventional microscopy, culture, safeguards for bio-safety and DST are important factors to weigh in the decision process. The Dominican Republic also has a serious HIV/AIDS problem, with a general adult HIV seroprevalence rate of 1.1 percent.

Collaboration between TB and HIV programs is essential to ensure the strategies for controlling TB are coordinated and have greater efficacy and impact. New data on the magnitude of MDRTB is urgently needed and surveillance efforts need to be strengthened. There still remains limited access to sputum smear microscopy, routine TB culture or rapid tests in FFAA installations. TB/MDRTB diagnostic capability to FFAA locations is critical to ensuring the military and their catchment population receives proper screening, diagnosis

and treatment/linkage to care. Initial training in TB microscopy, TB culture and TB infection control was carried out to a limited number of laboratorians from DR in Oct 2012 with plans for training reinforcement in the participants' home institutions.

- TBD partner will strengthen TB, MDR-TB and HIV-TB care in the Dominican Armed Forces (FFAA) through capacity building to sustainably enhance TB, MDR-TB diagnostics and improve case finding in HIV patients and hospitalized individuals in the Hospital Central and Hospital Ramon de Lara initially, with consideration for screening measures in outlying sites at a future date.

- TBD partner will choose an appropriate method of testing and procure the best-suited equipment to achieve screening and diagnosis goals.

- Laboratory TB and MDR TB improvements for diagnosis are needed to provide the Central Military Hospital and Air Force Hospital capability for quality, practical and safe testing of sputa for TB. TBD partner will implement such diagnostics, with on-site training necessary to the specific diagnostics and procedures they introduce, and supervision of service implementation.

- Physical requirements for diagnosis should be included in the proposal, leveraging FFAA institutional assets where feasible. Evaluation of outputs and outcomes throughout the lab strengthening process should also be included. TBD partner will enhance/institute TB case finding in HIV positive individuals receiving care at FFAA health facilities and hospitalized patients in the two FFAA hospitals. Evaluation of screening tools to inform future screening protocols should be included with an outcome assessment of the program, as well as provision of data on the number of individuals diagnosed with TB, MDR TB, related symptoms and diagnostic findings should be included. Improved capacity in HIV health providers and ancillary personnel involved in the multidisciplinary care of HIV patients and hospitalized patients is high priority and should also be incorporated.