AMENDMENT 0020

BROAD AGENCY ANNOUNCEMENT (BAA)
Number DHAPP-BAA-15-002

"FY15 – FY16 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 0020 is to incorporate the following:

NHRC/DHAPP is accepting "Concept Papers" for Mozambique as described below through 30 September 2016.

NOTE: 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.

E-mail address for submission of Concept Papers: usn.nhrc.dhapp@mail.mil

The full solicitation is available at: http://www.grants.gov/

Eligible Applicants are requested to submit **Concept Papers** following the guidelines and format provided in the DHAPP BAA-15-002, Section IV.

All respondents must demonstrate the active support of the in-country military and the DoD representative in the corresponding U.S. Embassy in the planning and execution of their proposals. The selected Grantee is the Implementing Partner and will be referred to as IP in this document.

***Forças Armadas de Defesa de Moçambique* Prevention Program Support**

	Phase 1	Phase 2	Phase 3	TOTAL
CIRC	$2,000,000	$2,000,000	$2,000,000	**$6,000,000**
HVCT	$250,000	$250,000	$250,000	**$750,000**
HVOP	$50,000	$50,000	$50,000	**$150,000**
TOTAL	**$2,300,000**	**$2,300,000**	**$2,300,000**	**$6,900,000**

Narrative

Proposals are requested to support the *Forças Armadas de Defesa de Moçambique* (FADM) to reduce the number of new HIV infections and other sexually transmitted diseases among members of the FADM, their families, and the civilian communities served by the FADM. The TBD partner will work directly with the FADM to support the military HIV/AIDS program to achieve 90-90-90 goals for HIV epidemic control over the life of this project. Department of Defense HIV/AIDS Prevention Program (DHAPP) programming to support the FADM will focus on the following technical areas: 1) Voluntary Medical Male Circumcision (VMMC); 2) HIV testing services (HTS); and, 3) non-clinical HIV prevention at FADM sites across the country.

The TBD partner's program should emphasize capacity building across all activities and technical areas. All proposals should detail how the partner will engage the FADM leadership as well as FADM personnel at all levels in this work; and, specifically how the partner will utilize the organizational structure of the military to strengthen the internal capacity of the FADM to conduct these activities. Within the proposal the partner will need to demonstrate transition of programmatic capabilities (where appropriate) and capacity to the military over the life of the grant.

All prevention activities, including the combination prevention campaign, should aim to create a unified, visible FADM HIV prevention program. This HIV prevention "brand" and its component services should be military-focused and military-owned. Advocacy for this HIV prevention program should focus on creating buy-in at all levels within the FADM; from leadership, to base commanders, to soldiers; to ensure maximum penetration and impact.

The partner must work in complete coordination with the FADM's HIV prevention and health services, as well as the DHAPP/DOD field staff based at the US Embassy in Mozambique and the DHAPP Headquarters Team. The Grantee is the Implementing Partner and will be referred to as IP in this document.

Voluntary Medical Male Circumcision

Technical Area Targets, Year 1			
Indicator	**Label**	**Military Only**	**Civilian**
VMMC_CIRC	# of males circumcised	6,255	13,135

The TBD partner will provide significant technical and operational support for FADM VMMC program. Specifically, the partner will: assist in providing continuous, rotating mobile VMMC services at FADM barracks and other sites identified by FADM leadership; facilitate monitoring of fixed VMMC sites staffed by FADM personnel; train FADM clinical staff in VMMC service provision; procure VMMC commodities for both static and mobile services as needed; and, support required data collection for all VMMC activities. FADM personnel should be the primary target for all VMMC service provision under this project. Military VMMC services should focus on achieving 80% circumcision coverage for men aged 18-29. Civilian VMMC services primarily target men aged 15-29 years of age. FADM staff should be trained and used, where feasible, in all components of VMMC service delivery. The TBD partner should explore efficiencies and innovative service delivery models to gradually reduce the cost per circumcision where possible. In addition, the TBD partner will support demand creation including the printing of materials, mass media efforts, peer educators, and other supportive communications activities to increase the uptake of FADM VMMC continuous services.

HIV/AIDS Testing Services

Technical Area Targets, Year 1			
Indicator	**Label**	**Military Only**	**Civilian**
HTC_TST	# of individuals who received HTS services for HIV and received their test results	16,129	21,507

The IP will work closely with the FADM to aggressively scale-up HIV Testing Services in an effort to achieve the 1st 90 for military personnel: 90% of all FADM PLHIV know their status. Commonly, military PLHIV only access treatment at one of the three military ART facilities when they are symptomatic. In an effort to reach these men and women before they become symptomatic, HTS will focus primarily on outreach testing to larger, high HIV-burden military locations. Outreach testing should be closely linked to the mobile ART clinic schedule, ideally with both services provided concurrently to maximize linkage. Provider-Initiated Testing and Counseling (PITC) will continue in the fixed sites for both the military and civilian cohorts. Ensuring that any positives identified are linked to HIV care and treatment is essential to the success of the FADM program. The IP should work to achieve 90% linkage of HIV+ individuals identified through PITC and 85% of HIV+ individuals identified through

outreach testing to HIV clinical care and treatment. The IP will monitor HIV testing yield; modifying strategies or locations that are not identifying and/or linking significant numbers of HIV positive persons to HIV care and treatment.

The IP will be responsible for:

- Outreach HTS to military bases and facilities
  - Diagnosing 2,284 military PLHIV with 85% of those diagnosed linked to HIV care and treatment services
  - Index-case testing for family members and dependents of HIV-infected military personnel
  - Index-case testing for HIV-infected spouses and dependents of military personnel
  - Coordination of outreach HTS with mobile ART clinic activities
- Provider-Initiated testing and counseling within military health services for both military personnel and civilians with 90% of positives diagnosed through PITC linked to HIV care and treatment services
- Quality Improvement / Quality Assurance for all FADM HTS including continuous training and mentoring
- Tracking PLHIV from HTS to clinical care and treatment services

Non-Clinical HIV Prevention

The TBD partner should develop a marketing campaign that aligns with the combination prevention campaign around military camouflaged condoms (currently the Powa condom). The partner should explore updates to FADM condom design and packaging as required. The TBD partner will assist the FADM in the forecasting, procurement, and marketing of the condom brand. Condom demand creation and education activities should be a key component of the prevention program. The TBD partner will support demand creation including the printing of materials, mass media efforts, peer educators, and other supportive communications activities to increase uptake and use of the branded condoms, with a specific focus on linkage to services including VMMC, HTS, and HIV treatment.

WORK PLANS

Grantee must submit annual, programmatic and financial, work plans to DHAPP Program Manager and DHAPP HQ (Budget breakdown per activity and for program management is required). Work plans include activities implementation timeline, including the M&E ones.

REPORTING

- Grantee must present quarterly programmatic and financial reports to the DHAPP Program Manager in Country; Quarterly Reports are due on the 10th of the first month of the next quarter.
- Grantee must submit PEPFAR Semi Annual Progress Report and the Annual Progress Report to DHAPP Program Manager in Country A and DHAPP Headquarters – following the dates established by OGAC and the PEPFAR Team in Country;
- Reports will follow DHAPP Headquarters and Country A PEPFAR Team Templates

Forças Armadas de Defesa de Moçambique Treat All Study Support

	Phase 1- 36 months	TOTAL
HVSI	$2,000,000	**$2,000,000**
TOTAL	**$2,000,000**	**$2,000,000**

Proposals are requested to support the *Forças Armadas de Defesa de Moçambique* (FADM) to reduce the number of new HIV infections and other sexually transmitted diseases among members of the FADM, their families, and the civilian communities served by the FADM. The TBD partner will work directly with the FADM to evaluate the impact of implementing Treat All in the military context. The period of performance for this study is 36 months.

The Treat All approach first recommended in the September 2015 preliminary guidelines, and now fully detailed in the WHO's June 2016 comprehensive HIV treatment guidance, represents a significant shift from current Mozambique policy. Beginning in October 2016, Mozambique will begin piloting the Treat All approach in 12 districts. Treat All provides an opportunity not only to enable people living with HIV/AIDS (PLHIV) to live longer, healthier lives, but also to enable sustained viral suppression to reduce onward transmission of HIV.

One of the greatest challenges in the expansion of antiretroviral therapy (ART) continues to be increasing the number of men enrolled and adherent on treatment. Ambassador Deborah Birx of the Office of the Global AIDS Coordinator (OGAC) in Washington, DC has challenged the President's Emergency Plan for AIDS Relief (PEPFAR) to explore innovative, evidence-based efforts to reach men with ART in the hopes that sustained viral suppression will significantly reduce onward HIV transmission.

To date, the effects of implementing a Treat All approach in a military setting have not been evaluated. The TBD partner will work with DHAPP and the FADM to conduct a multi-year study to help answer this important question. The additional funding and technical support that this study provides should enable the FADM to accelerate the expansion of ART beyond the current pace of the FADM program.

At FADM bases with high HIV prevalence, DoD will rapidly achieve 90-90-90 goals for FADM PLHIV. The FADM will implement an "Opt-Out" HIV testing approach at study sites, seeking to diagnose 90% of FADM PLHIV at study bases over a short time period. The FADM mobile ART program that begins implementation in FY16Q4 will offer treatment to all FADM PLHIV at study bases immediately upon diagnosis. Assuming high retention and adherence amongst study participants, sustained, high levels of viral suppression at the study sites should virtually eliminate the base as a "viral reservoir" and onward transmission of HIV to sexually active women aged 18-35 in surrounding communities. A series of cross-sectional surveys and HIV testing of sexually active women aged 18-35 in the communities surrounding study sites will be completed. For all HIV+ sexually active women aged 18-35 found during cross-sectional surveys, DoD will complete LAG-avidity assays for HIV

incidence. In addition, DoD will complete phylogenetic analysis of military PLHIV, HIV+ sexually active women aged 18-35 (through cross-sectional surveys), and HIV+ civilian men in the communities to better understand HIV transmission dynamics between the three populations. Study sites will include high prevalence military bases in both DREAMS and non-DREAMS districts in Mozambique to help control for DREAMS as a confounder of reduced HIV incidence in sexually active women aged 18-35.

In partnership with the FADM HIV Care and Treatment Program, DoD expects to achieve 90-90-90 goals for military PLHIV at study bases within 6 months of study implementation following IRB approval. Three community cross-sectional surveys will be conducted over a 2 year period while viral suppression amongst military PLHIV is sustained. Data from surveys and biologic testing will be analyzed and available following the completion of each cross-sectional survey. Changes in incidence for sexually active women aged 18-35 and the proportion of military PLHIV virally suppressed from baseline will be available following the 2 year study implementation.

Study implementation is intended to

The IP will be responsible for:

- Conducting multiple cross-sectional surveys of civilian women in communities surrounding study bases including:
    - Recruitment
    - Enrollment
    - HIV testing and counseling
    - Survey data collection
    - Biologic specimen collection and transport as required by study protocol
- Additional study procedures for all military personnel in study bases including:
    - Recruitment
    - Enrollment
    - Annual HIV testing and counseling
    - Survey data collection
    - Biologic specimen collection and transport as required by the study protocol
- Data collection for all study indicators and surveys
- Logistics and training for all study personnel
- Coordination with other PEPFAR Agencies and IPs serving the communities around study sites
- Subcontracting (as required) for advanced biologic testing and analytics

For the military component, the activities under this grant will cover any sample collection, survey, or other service delivery requirements that are above and beyond the standard of care being currently rolled-out in the FADM treatment expansion. Key study costs for the military component include: viral load, phylogenetic analysis, resistance testing, and any costs associated with additional data collection or surveys. Key study costs for the community component include cross-sectional surveys and HIV testing, phylogenetic testing and analysis, and LAG-avidity assays. Given the frequency of testing required at study sites

to keep the level of ART saturation high enough to impact sexually active women aged 18-35 HIV incidence, additional study funding will supplement current programmatic HTS costs.

The per patient cost of expanded treatment services are covered by the current FADM Care and Treatment program; and those cost should not be included in this SOW.

The TBD partner's program should emphasize capacity building across all activities and technical areas. All proposals should detail how the partner will engage the FADM leadership as well as FADM personnel at all levels in this work; and, specifically how the partner will utilize the organizational structure of the military to strengthen the internal capacity of the FADM to conduct these activities. Within the proposal the partner will need to demonstrate transition of programmatic capabilities (where appropriate) and capacity to the military over the life of the grant.

The partner must work in complete coordination with the FADM's HIV prevention and health services, as well as the DHAPP/DOD field staff based at the US Embassy in Mozambique and the DHAPP Headquarters Team. The Grantee is the Implementing Partner and will be referred to as IP in this document.

WORK PLANS

Grantee must submit annual, programmatic and financial, work plans to DHAPP Program Manager and DHAPP HQ (Budget breakdown per activity and for program management is required). Work plans include activities implementation timeline, including the M&E ones.

REPORTING

- Grantee must present quarterly programmatic and financial reports to the DHAPP Program Manager in Country; Quarterly Reports are due on the 10th of the first month of the next quarter.
- Grantee must submit PEPFAR Semi Annual Progress Report and the Annual Progress Report to DHAPP Program Manager in Mozambique and DHAPP Headquarters – following the dates established by OGAC and the PEPFAR Team in Country;
- Reports will follow DHAPP Headquarters and Mozambique PEPFAR Team Templates

Forças Armadas de Defesa de Moçambique Treatment Program Support

	Phase 1	Phase 2	Phase 3	Phase 4	TOTAL
HTXS	$2,200,000	$2,200,000	$2,200,000	$2,200,000	**$8,800,000**
TOTAL	**$2,200,000**	**$2,200,000**	**$2,200,000**	**$2,200,000**	**$8,800,000**

Proposals are requested to support the *Forças Armadas de Defesa de Moçambique* (FADM) to reduce the number of new HIV infections and other sexually transmitted diseases among members of the FADM, their families, and the civilian communities served by the FADM. The TBD partner will work directly with the FADM to aggressively scale-up the military ART program to achieve 90-90-90 goals for HIV epidemic control within the military over the life of this project. Department of Defense HIV/AIDS Prevention Program (DHAPP) programming to support the FADM will focus on the following technical areas: 1) HIV/AIDS Care and Treatment; 2) Tuberculosis Diagnostics and Treatment amongst HIV co-infected individuals; 4) Prevention of Mother-to-Child Transmission (PMTCT); 4) Clinical Laboratory Support; and, 5) HIV Clinical Monitoring Systems.

The TBD partner's program should emphasize capacity building across all activities and technical areas. All proposals should detail how the partner will engage the FADM leadership as well as FADM personnel at all levels in this work; and, specifically how the partner will utilize the organizational structure of the military to strengthen the internal capacity of the FADM to conduct these activities. Within the proposal the partner will need to demonstrate transition of programmatic capabilities (where appropriate) and capacity to the military over the life of the grant.

The partner must work in complete coordination with the FADM's HIV prevention and health services, as well as the DHAPP/DOD field staff based at the US Embassy in Mozambique and the DHAPP Headquarters Team. The Grantee is the Implementing Partner and will be referred to as IP in this document.

Costs for the following program components should be covered within the HTXS budget: 1) HIV/AIDS Care and Treatment; 2) Tuberculosis Diagnostics and Treatment amongst HIV co-infected individuals; 4) Prevention of Mother-to-Child Transmission (PMTCT); 4) Clinical Laboratory Support; 5) HIV Clinical Monitoring Systems.

HIV/AIDS Care and Treatment

Technical Area Targets, Year 1			
Indicator	**Label**	**Military Only**	**Civilian**
TX_NEW	# of adults and children newly enrolled on ART	2,278	1,196
TX_CURR	# of adults and children currently receiving ART	4,144	7,574
TX_RET	% of adults and children known to be alive and on treatment 12 months after initiation of ART	85%	85%

The IP will work closely with the FADM to aggressively scale-up ART coverage in an effort to achieve 90-90-90 goals for military personnel. Targets for HIV/AIDS care and treatment will focus on generating significant progress towards the 2nd and 3rd 90s: initiation of 90% of HIV-infected military personnel on ART and 90% viral suppression amongst military personnel taking ART.

The FADM currently provides HIV/AIDS care and treatment services from three military hospitals in Maputo City, Beira, and Nampula. At present, these three clinical sites provide care and treatment services for a very limited number of FADM personnel. The vast majority of clients seen in these facilities are civilian patients living in the surrounding communities. In order to expand ART coverage to outlying military bases where HIV-infected soldiers cannot reasonably reach one of the 3 existing military ART facilities, the current FADM treatment program is working to expand ART access using a mobile ART approach. The IP will work directly with the FADM at the three fixed sites in addition to supporting the expansion and implementation of mobile ART services to achieve the military HIV care and treatment targets.

The IP will be responsible for:

- Enrollment into HIV clinical care and treatment
  - Aggressive enrollment of HIV-infected military personnel into clinical care and treatment at either the current fixed sites or through mobile ART outreach
  - Passive enrollment of HIV-infected civilians and dependents into clinical care and treatment at the three military ART sites in Maputo City, Beira, and Nampula.
- Ongoing clinical support for all Pre-ART and ART patients
  - Clinical monitoring of all HIV+ positive patients according to PEPFAR Mozambique and Mozambique National Guidelines.
  - Positive Health, Dignity, and Prevention (PHDP) services including STI screening and treatment, prevention of unintended pregnancies among women living with HIV, Nutritional assessment Counseling Support (NACS) of HIV+ patients, cervical cancer screening, etc.

        - Cotrimoxazole prophylaxis for HIV positive patients, fluconazole prophylaxis for asymptomatic cryptococcal antigenemia with CD4<100 cells/uL, Isonizaid Preventive Therapy, etc.
        - Universal TB screening using standard TB questionnaire at least every 6 months for 100% of HIV-infected individuals in care and use of Cephid GeneXpert platform when clinically indicated.
        - Close coordination with FADM to track down and follow enrolled patients that are deployed, to ensure they have their meds and continue to receive regular CD4 and other required lab checks.
        - Retention support including treatment literacy, active tracing and peer support for HIV+ patients, and other evidence-based retention interventions for adults, children, and pregnant women on ART
        - Expansion of viral load testing for FADM ART sites in coordination with current national efforts and the PEPFAR Viral Load Scale-Up Initiative.
        - Support for the implementation of Treat All in FADM ART sites as well as for military personnel accessing ART through mobile services
        - Support for multi-month drug scripting for stable ART patients
- Coordination of HIV clinical care and treatment services
    - Planning, logistics, and use of mobile ART clinics to reach military ART targets
    - Ensuring best use of the vehicles to be purchased to support the ART mobile activity
    - Linking FADM personnel, including clinical staff, to other local HIV clinical care and treatment resources provided by the MOH, PEPFAR IPs, or other relevant entities.
    - Promoting ongoing communication and collaboration between FADM clinical services and other district/provincial/national level care and treatment programs and/or government entities
    - Ensuring the availability of essential HIV clinical commodities through support for forecasting, responsible use, stock management, and other activities critical to ensuring a secure supply
    - Ensuring HIV+ patients exhibiting immunologic failure on first-line ART are screened for adherence and switched to appropriate second-line therapy (based on available population-level genotypic resistance data) when indicated
    - Referral for hospital admission when clinically indicated
- In future years, as viral load capacity is developed, will support and participate in viral load testing through both fixed facilities and mobile ART services per current WHO and national guidelines, with reporting on:
    - TX_VIRAL: Percentage of ART patients with a viral load result documented in the medical record within the past 12 months
    - TX_UNDETECT: Proportion of viral load tests with an undetectable viral load (<1000 copies/ml)

Tuberculosis Diagnostics and Treatment

Technical Area Targets, Year 1		
Indicator	**Label**	**Target**
TB_STAT	# of registered new and relapsed TB cases with documented HIV status	669
TB_SCREEN	# of PLHIV in HIV clinical care who were screened for TB symptoms at the last clinical visit	3,515
TB_ART	# of registered new and relapse TB cases with documented HIV+ status who are on ART during TB treatment	335

The IP will work closely with the FADM to ensure that all patients with presumptive TB or TB disease receive HIV testing and provide immediate access to ART for patients, with the goal of providing universal ART coverage among HIV-infected TB patients and universal TB screening for all HIV-infected individuals.

The IP will be responsible for:

- HIV testing of all patients with presumptive TB or TB disease with linkage to ART for TB/HIV co-infected patients
- Support integration of TB/HIV care and treatment to ensure linkage and retention; ensure appropriate TB treatment if separate TB clinical services are not locally available
- Implement universal TB screening among PLHIV using standard four-question questionnaire
- Support the provision of isoniazid preventive therapy (IPT) for 100% of PLHIV in care who do not have active TB disease
- Support the use, maintenance, and commodities required for GeneXpert MTB/RIF assays at the three fixed ART sites with appropriate specimen referral for mycobacterial sensitivity testing for suspected multi-drug resistant cases
- Support referral of household TB contacts for screening.

Prevention of Mother-to-Child Transmission

Technical Area Targets, Year 1		
Indicator	**Label**	**Target**
PMTCT_STAT	# of pregnant women with known status (includes women who were tested for HIV and received their results)	2,767
PMTCT_ART	# of HIV+ pregnant women who received ART to reduce risk for mother-to-child-transmission during pregnancy	111
PMTCT_EID	# of infants born to HIV-positive women who had a virologic HIV test done within 2 months of birth	124

The IP will support the three FADM ART sites to ensure that 1) all pregnant women are aware of their HIV status; and 2) all HIV+ pregnant women are initiated and retained on ART to reduce risk for mother-to-child transmission during pregnancy.

The IP will be responsible for:

- Supporting FADM clinical services to screen all pregnant women attending military health services for HIV
- Initiating all HIV+ pregnant women on ART; with a focus on adherence and retention during pregnancy and post-partum
- Quality Assurance / Quality Improvement of FADM PMTCT services
- Ensuring post-partum neonatal ART prophylaxis per existing Option B/B+ guidelines
- Routine Early Infant Diagnosis of exposed infants based on existing WHO guidelines to include EID virological testing at 4-6 weeks of age and serologic testing at 9 months of age
- Support PMTCT counseling and ancillary support to include breastfeeding
- Partner HIV testing for pregnant women to identify HIV serodiscordant couples

Clinical Laboratory Support

Clinical laboratories for HIV care and treatment are present in all three FADM ART facilities. However, the capacity of the laboratories, including equipment, physical infrastructure, and personnel, vary greatly between the three sites. The IP will work with FADM clinical and laboratory staff in support of all HIV laboratory services.

The IP will be responsible for:

- Procurement of necessary laboratory equipment, aligned with the national and international laboratory standards and guidelines as well as consumable point-of-care test devices such as serum cryptococcal semi-quantitative lateral flow assays

- Inventory control, forecasting, and procurement of laboratory reagents to ensure that laboratory services are uninterrupted
- Installation of equipment, procurement of service maintenance contracts (when applicable), and training of the laboratory staff on the use of the equipment
- Monitoring laboratory quality and adherence to quality systems guidelines through routine visits to each of the labs to assess achievements, review/evaluate activities, and provide recommendations with the development of improvement plans to resolve any identified problems.
- Linking FADM laboratory services to other laboratory resources at the district, provincial, and national levels.

HIV Clinical Monitoring Systems

Successful tracking of patient level data is critical to the success of the FADM clinical care and treatment program's ability to monitor progress towards epidemic control. The IP will work with the FADM to support the collection of patient-level data, the clinical and programmatic use of data, and the reporting of site-level data to DHAPP HQ and the FADM leadership. In addition, the IP should be prepared to disaggregate all programmatic indicators by military personnel and civilian clients. All data collection, reporting, analysis, and use should be coordinated and aligned with PEPFAR, MOH/MOD, clinical staff requirements, and national/international standards where they exist. The IP should indicate any systems they intend to use for HIV clinical care and treatment; how the data collected will be accessed by the FADM clinical staff and leadership; and, how the IP will responsibly protect military data from dissemination outside of FADM and DHAPP.

The IP will be responsible for:

- Staffing support and mentoring of existing FADM staff for data entry, information technology assistance, data managers, etc. to fill any gaps where the FADM is unable to provide sufficient staff
- Procurement of necessary hardware and software, aligned with the national and international laboratory standards and guidelines
- Training and on-the-job mentorship of FADM clinical staff on the use of any clinical monitoring system at site and national/program levels
- Ensuring confidentiality and security of data, in line with MOD, MOH, and national guidelines
- Quality Assurance / Quality Improvement for all data collection, reporting, and use.
- Timely, accurate reporting of all indicators required by the FADM, DHAPP, and PEPFAR
- Securing all patient-level and site-level data from dissemination outside of FADM and DHAPP without prior approval from FADM
- Support for data entry, cleaning, reporting, and use
- Implementation of clinical monitoring system, including maintenance of network infrastructure (if necessary)

WORK PLANS

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REPORTING

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