ENHANCED OUTREACH APPROACH *(EOA)*

STRATEGY AND USER GUIDE

October, 2014

ACRONYMS

ART	Antiretroviral therapy
CBS	Community-based supporter
CoPC	Continuum of HIV prevention and care
CSOs	Civil society organization
DoLISA	Department of social affairs
EOA	Enhanced outreach approach
FSW	Female sex worker
GVN	Government of Vietnam
HTC	HIV testing and counseling
HHW	Hamlet health worker
ICT	Information communications technology
KP	Key populations
M&E	Monitoring & evaluation
MMT	Methadone maintenance treatment
MSM	Men who have sex with men
OPC	Outpatient clinic
PAC	Provincial AIDS Committee
PBI	Performance-based incentive
PDI	Peer-driven interventions
PEPFAR	The President's Emergency Plan for AIDS Relief
PLHIV	People living with HIV
SMS	Short message services
SoW	Scope of work
TA	Technical assistance
VAAC	Vietnam Administration of HIV/AIDS Control

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WHAT IS THE ENHANCED OUTREACH APPROACH (EOA)?

The EOA is a series of complementary and mutually reinforcing community-based HIV interventions that help government, civil society organizations (CSOs) and community groups reach, test, treat, and retain key populations (KP) in the HIV service system, using available resources (Figure 1). They constitute a menu of interventions and service enhancements across the Vietnam continuum of HIV prevention and care (CoPC) cascade that can be combined and adapted to meet local circumstances and needs.
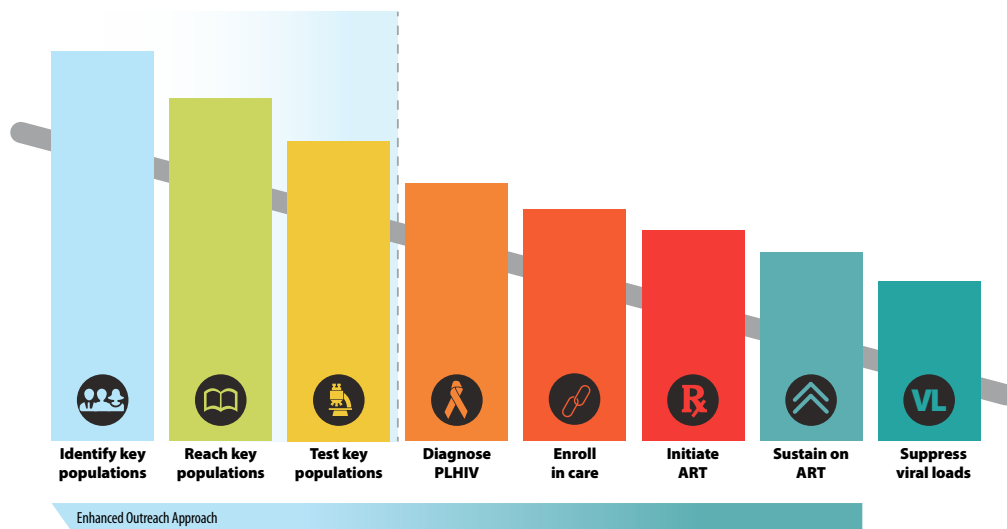

| Identify key populations | Reach key populations | Test key populations | Diagnose PLHIV | Enroll in care | Initiate ART | Sustain on ART | Suppress viral loads |

Enhanced Outreach Approach

Figure 1 : The EOA extends across the continuum of HIV prevention and care cascade

THE 5 EOA COMPONENTS

The EOA is characterized by five core components:

1. ***Community-based supporters (CBS)*** are tasked with reaching key populations and assisting these persons to test for HIV and to enroll and be retained in HIV care and treatment services (and other important health services) if they are HIV positive. These men and women work across the entire cascade of HIV services and can re-engage clients if they drop out of (or cannot access) the CoPC. Provincial and district authorities can take advantage of existing human resources to staff the CBS system, including peer educators, hamlet health workers (HHW), para-social case workers, ward/commune health staff, local mass organization representatives, ART/methadone patients, entertainment establishment owners, KP or people living with HIV (PLHIV) support group members, and CSOs.

2. ***A performance-based incentive (PBI)*** structure removes direct service delivery reoccurring costs – such as monthly stipends and transportation expenses – and pays for results, e.g. helping KPs learn their HIV status, enrolling PLHIV in care and treatment services, and re-engaging PLHIV in care. PBIs also may be used to conduct client risk screening, achieve monthly testing targets, and to

support adherence and care and support needs for high needs PLHIV. PBIs may be delivered as cash payments, mobile phone airtime, program merchandise, prizes, or as non-monetary disbursements (e.g. certificates of recognition). As the HIV service delivery system improves across the CoPC, PBIs may subsequently decline, thereby reducing overall financing costs required to sustain high-impact interventions.

3. *Peer-driven interventions (PDI)* ensure that HIV messages, products and services cover hard-to-access or previously unexposed key population networks. PDI components and can be turned on or off to extend coverage across numerous "waves".

4. *Linkages between community- and facility-based HIV service delivery systems* are operationalized when CBS engage in active case finding or management, and facility-based service providers verify service uptake across PBI categories. Whenever possible, both Government of Vietnam (GVN) and private sector facilities are part of functioning HIV service referral networks.

5. *Cascade metrics* and other EOA indicators are used to measure and track programmatic outcomes, moving beyond traditional prevention indicators of reach and care and support indicators of coverage. Information communications technology (ICT) systems take advantage of ubiquitous mobile technologies to reduce data variance, improve cost efficiencies, and provide real-time programmatic information.

Find the listing of EOA indicators here

THE EOA SERVICE PACKAGE "MENU"

USAID/SMART TA has created an EOA Service Package TA "Menu" (Figure 2) for government and CSO personnel who develop, implement, manage and monitor community-based HIV services. Implementers can select either the complete EOA or the basic EOA, and add enhancements for greater impact, as per their needs and resources.
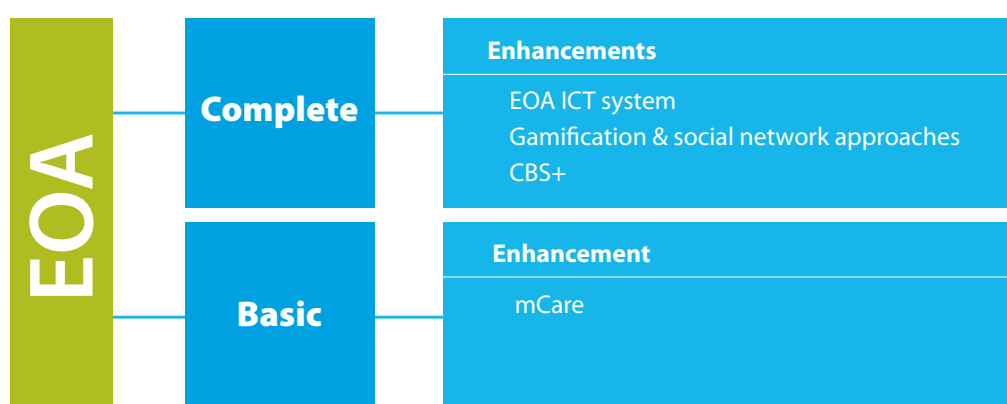

EOA	Complete	**Enhancements**
		EOA ICT system Gamification & social network approaches CBS+
	Basic	**Enhancement**
		mCare

Figure 2 : EOA Service Package Menu

COMPLETE EOA

Choose the complete EOA to strengthen existing HIV outreach programming and effectively manage clients across the CoPC

Features

The complete EOA replaces Vietnam's traditional outreach service delivery model(s) and focuses on the delivery of highest impact interventions. The complete EOA capitalizes on the existing outreach or peer educator workforce that typically has relationships with KP networks and often has prior HIV education/outreach expertise. These individuals become community-based supporters who are tasked with supporting KPs across the CoPC cascade. In particular, they can be quickly mobilized to:

The complete EOA operates with all five components in place:

✔ CBS (expanded SoW)
✔ PBI system
✔ PDI approach
✔ Facility-community linkages
✔ EOA/cascade indicators

- Refocus educational contacts towards more effective HIV service and product promotion and ongoing case management.
- Ensure that KP clients know their HIV status and take appropriate steps to remain HIV negative or enroll in care, if HIV positive.
- Follow up on HIV positive KP clients with the goal of supporting them to quickly initiate ART (as eligible) and to be retained in HIV care and treatment services.

A PBI system replaces monthly stipends: CBS implementing the complete EOA receive PBIs when they: (a) successfully achieve established client HIV testing service uptake standards; (b) identify HIV positive individuals; (c) enroll PLHIV in HIV care and treatment services; and (d) re-engage PLHIV in HIV care and treatment services.

To increase HIV programmatic coverage that reaches the "right people" (e.g. high needs and undiagnosed HIV positive men and women), the complete EOA incorporates a PDI approach across CBS "seeds" and activates two distinct outreach "waves." PBIs are accorded across waves – at different monetary levels – to mobilize KP networks and extend high impact interventions that ultimately reduce HIV transmission. USAID/SMART TA is also testing a team-based outreach approach – whereby CBS self-select and support a designated number of KP peers – who assist KPs to test for HIV, enroll and be re-engaged in care. CBS are accorded a base payment as per a requisite number of successful referrals across a team, and are rewarded additional incentives if the team exceeds this standard performance. Peer team members are rewarded as per the "wave" PBI scheme.

Criteria for use

Provinces, districts (sites) or organizations interested in implementing the complete EOA should meet five key criteria:

1. Capacity to mobilize a **KP outreach or peer educator workforce**[1], with established relationships with KP networks and more time/level of effort available to manage KP clients across the CoPC.

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[1] CBS criteria is further outlined in the complete EOA protocol and CBS Scope of Work

2. Implement interventions in areas with **large KP populations**, e.g. those typically found in urban or semi-urban settings, where it is feasible to activate peer-driven intervention components and motivate seed/wave individuals to engage in outreach efforts.

3. Have an established **outreach supervisory/management structure** that can mentor and support CBS; collect HIV service referral slips; implement the PBI system; activate and manage the PDI components; and aggregate/report on complete EOA service delivery data.

4. Support functioning **HIV service referral networks** whereby designated service providers collect EOA referral slips; verify service uptake; confirm newly diagnosed HIV positive individuals; and (ideally) provide CD4 counts for EOA PLHIV who enroll in care and treatment services.

5. Possess available **PBI and outreach resources** (through external funding, private sector partnerships, or local budgetary sources).

Readiness or willingness is an additional criterion for all persons or organizations implementing the complete EOA. It is important to accept that:

- CBS/wave motivation levels will fluctuate in the complete EOA as individuals will sometimes struggle to extend coverage and ensure service uptake and retention. This may require more substantial monitoring and mentoring support, more active recruitment strategies, and flexible PBI and PDI systems.

- The reporting burden at the data verification/aggregation levels in the complete EOA is more pronounced than in traditional outreach models, particularly when a paper-based reporting system is employed.

- The complete EOA is not a static initiative. Service delivery data should be shared regularly with all implementers associated with the complete EOA so that they "see" the results of their collective outreach efforts and engage in continual quality improvement or programmatic iterations as necessary.

Technical Assistance Strategy

1. **Complete EOA toolkit**
Implementers interested in trialing the complete outreach approach will receive the complete EOA service delivery package. This set of electronic resources outlines the programmatic approach and consists of (a) CBS scope of work: (b) paper-based job aides and client communications messaging/materials; (c) the EOA monitoring tool kit (including paper-based monitoring forms and data collection protocols); (d) PBI scheme and verification procedures; (e) PDI activation and tracking strategy; and (e) training materials for CBS, health referral network providers, and project management.

Access resources in the complete EOA toolkit here

2. **Complete EOA capacity building and financial support**
A network of 55 government and CSO EOA master trainers across nine provinces provides implementers with routine capacity building, mentoring and monitoring support. USAID/SMART TA provides TA for the strategic approach, and time-bound financial assistance for EOA set up, PBI, and capacity building components.

View the current EOA master trainer list here

Programmatic Challenges

Baseline complete EOA figures highlight key programmatic challenges that exist now, or are expected to occur in the coming months of implementation. These challenges are framed as overarching questions, since USAID/ SMART TA adopts an inquiry-based approach to help us generate solutions to programmatic barriers:

1. *How can we expand EOA coverage that targets the most at risk/vulnerable?* Lower-than-expected HIV positivity rates during the 6 month baseline period suggests that, at least in some areas, implementers are not reaching enough of the "right" people to achieve high impact. Yield is likely limited by CBS composition and saturated KP network reach. Implementers are slow to activate the PDI elements of the complete EOA, which is a key mechanism by which to extend targeted reach and access KP networks that have limited exposure to traditional outreach interventions.

2. *How can we continually mobilize and motivate complete EOA implementers and KP networks as we strengthen and sustain community-based outreach programming?* PBI schemes can easily demotivate individuals when individual results (and therefore payments) are no longer constant each month. The current paper-based PDI activation strategy, which relies on expressed "intention" of individuals to become Wave 1 or 2 participants, may be limiting participation, particularly if perceived benefits for participation are low. Adoption of case management and CoPC social marketing approaches also can be limited among CBS seeds – many of whom have been implementing traditional outreach methodologies for years now.

3. *How can we reduce the data collection, reporting and dissemination burden in EOA programming?* The elements of the complete EOA – particularly the PBI and PDI components – require sophisticated data verification and payment procedures. A paper-based M&E system, combined with Microsoft Excel or Access data entry and storage, ultimately will not reduce the workload of complete EOA management staff, nor will it easily facilitate quality improvement (QI) efforts that can lead to higher programmatic impact.

USAID/SMART TA has developed complete EOA enhancements to respond to these programmatic challenges. We expect that enhancements will be modified, expanded and/or added to as we move forward on complete EOA programming.

COMPLETE EOA ENHANCEMENTS

Choose enhancements to the complete EOA to increase coverage, impact and/or efficiency of community-based programming

Enhancements are designed to help the complete EOA be more impactful and efficient. Enhancements may be:

- Interventions or programmatic additions that activate the PDI elements of the complete EOA, extend reach, or better target services.
- Augmentations that extend the case management roles and responsibilities of the CBS.
- System changes that modify how data is recorded, reported, and shared.

These enhancements can be time-bound or permanent solutions. For the complete EOA, USAID/SMART TA currently proposes 3 enhancements that can be selected by EOA implementers based on their needs, resources and readiness.

1. Gamification approaches
2. CBS+
3. Complete EOA ICT system

1. Gamification

Features

Gamification is the use of game thinking and game mechanics in non-game contexts. Gamification has been applied in business, non-profit and community contexts to engage and entertain participants; extend participant involvement; increase data flow, quality and timeliness; and improve the ease of use of information systems. In the complete EOA, we support targeted, low-tech and time-bound KP gamification initiatives that strive to:

- Extend reach that targets those most at risk/vulnerable
- Quickly activate PDI elements
- Mobilize KP individuals and networks to test for HIV and/or enroll in care, thereby reducing reliance on the outreach workforce
- Make the complete EOA more efficient (e.g. more affordable)
- Take advantage of ubiquitous technologies/platforms that KPs use to connect and network (e.g. mobile telephones, social media)

USAID/SMART TA currently has developed two gamification initiatives[2] that are being tested or applied among different KP sub-populations:

1. **The Fansipan Challenge** (all KPs) – Using Vietnam's tallest mountain as the "call to action" metaphor, Fansipan capitalizes a network-based outreach approach to increase HIV testing and enrollment in care among hard-to-reach KP populations. Here, unpaid expedition team leaders – typically non-CBS persons – contact high needs KP individuals within their social networks and build their "teams" with each successive contact. When these individuals test for HIV, or enroll in care, the team earns points that move them higher up the mountain. Teams that accumulate 3143 points reach the Fansipan summit and win the game. All points are captured and tracked through mobile technologies and web-based platforms; ICT linkages with the national HIV testing database verify testing results. Teams are brought together during "rest stop" events where they can be linked to complete EOA services or PDI systems. While complete EOA incentives are typically not provided in gamification approaches, prizes may be awarded to leaders and team members who achieve designated results throughout the game duration (which is typically 3-6 months).

> **Fansipan Challenge is highlighted as an important public health app in the ASEAN region. Access the article here**

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2. ***Dress for Success (for an AIDS-free Vietnam)*** (hard to reach FSWs; could be adapted for MSM) – Like Fansipan, Dress for Success uses the same methodologies to mobilize KP networks to test for HIV and/or be linked to and re-engaged in care. Here, the "call to action" metaphor is the assembling of a designated number of virtual outfits, with teams awarded points for positive behaviors that are equivalent to wardrobe pieces. The first team(s) to assemble a full outfit set win(s) the game.

Criteria for use

Provinces, districts (sites) or organizations interested in implementing gamification initiatives will meet the following criteria (in addition to criteria outlined in the complete EOA):

- ***Have implemented the complete EOA*** for at least 3-months to establish baseline data and identify key coverage gaps OR would like to ***"kick off"*** the complete EOA in a targeted area
- Are having ***difficulties activating the PDI*** elements of the complete EOA
- Have (or have access) to a server
- Demonstrate ***high commitment*** in identifying/orienting seeds, managing the initiative, and monitoring all results
- Show ***some cost share*** (e.g. partnerships for prizes; staff time; ICT hardware: etc)

Technical Assistance Strategy

USAID/SMART TA supplies implementers with all gamification tools, including the communications approach and materials; points system and suggested prizes; training package; ICT system; and M&E documentation. Local EOA master trainers co-lead gamification training and mentoring sessions, together with USAID/SMART TA technical personnel. Day-to-day management and routine reporting of gamification approaches is done directly by provincial or district implementers.

Access the Fansipan Challenge and Dress for Success resources here

2. CBS+

Features

CBS+ is an enhancement to the complete EOA whereby particular segments of the CBS workforce are supported to carry out additional care and support duties for high needs PLHIV. In prioritized districts, the SoW of these designated CBS will be expanded to incorporate simple clinical care, links to other key services (e.g. TB), and adherence support for high needs PLHIV. Targeted PLHIV will be identified by outpatient clinic personnel – particularly nurse case managers – and include pre-ART clients, PLHIV who are newly initiating ART, outpatient clinic (OPC) clients who have missed appointments, PLHIV with TB, and PLHIV with clinical symptoms. CBS+ individuals will be provided PBIs for each supported case, either for a time-bound period or as per established performance criteria.

Criteria for use

Provinces, districts (sites) or organizations interested in implementing the CBS+ approach should demonstrate:

- *Categorization of high needs PLHIV*, as per the criteria established by USAID/SMART TA.
- Identification of the volume (proportion) of clients in targeted facilities that require additional assistance.
- *Functioning partnerships* between outpatient clinics and community-based programs. In the CBS+, OPC staff will identify high needs PLHIV and secure their informed consent to participate in the CBS+ initiative. OPC representatives also must meet with CBS+ implementers on a regular basis to provide mentoring support; triage current and future high needs clients; and discuss ongoing PLHIV client care.
- Capacity to *manage a two-tier PBI system and CBS+ workforce*. Here the community-based programming management and/or TA structure must be able (either independently or with USAID/SMART TA support) to support the selection, training and day-to-day monitoring of CBS+ implementers. They must also establish processes and procedures to transparently implement a two-tier PBI system.
- Possession of available *PBI resources* (through external funding, private sector partnerships, or local budgetary sources).

Technical Assistance Strategy

Like other components of the complete EOA, USAID/SMART TA supplies CBS+ implementing partners with the CBS+ toolkit, including the PBI protocol, CBS+ training materials, behavioral communications, and M&E materials. We also conduct ToT training and ongoing mentoring to members of the EOA TA network (the network may be expanded to include individuals with care and support expertise, as needed) who are charged with the day-to-day implementation, management and monitoring of the CBS+ approach.

3. EOA Information Communications Technology System

Features

The EOA ICT system[3] is an open source, mobile and web-based platform designed by USAID/SMART TA to help complete EOA implementers:

- ***Register unique EOA clients on mobile and the web.*** At each outreach contact, CBS can use their feature or smart phones to guide the outreach session and record client information, risk assessment outcomes, service referrals, and PDI activation results. This information is directly transmitted over a cellular data network to the EOA server housed at each Provincial AIDS Committee (PAC) office, or alternatively at the Vietnam Administration of HIV/AIDS Control (VAAC). When connectivity is unavailable, CBS operate offline and all data collection is unaffected. Data is saved on the phone and can be sent automatically when the phone regains connectivity. CBS who do not (yet) have feature or smart phone devices can complete outreach forms using current paper-based tools and provide these materials to the district-level outreach supervisor for data entry via computers housed at each district outreach office. Health educators and/or outreach supervisors can similarly input health service uptake information following the collection of service referral slips from HIV testing and counseling (HTC), methadone maintenance treatment (MMT) and HIV care and treatment facilities.

- ***Use multimedia to engage KP clients.*** When KP clients provide their mobile telephone numbers to a CBS, they can continue to be engaged in the EOA, even when there is little, or no, ongoing face-to-face contact. The EOA ICT system provides targeted short message services (SMS) to KP clients to promote HIV (or other health) products and services; provides ongoing adherence support; or activates PDI waves. Using a special 8100 code, KP clients can directly input their HIV testing behaviors into the EOA ICT system. Audio and video capabilities may also be incorporated into the EOA ICT system, as we continually update the platform to best respond to the needs of different KP sub-populations.

- ***Track unique EOA clients and key indicators across the CoPC cascade.*** All data collected by CBS, health educators/outreach supervisors, and in some cases by KP clients themselves, is transmitted to the central server where it can be viewed – by designated personnel only – in easy to read reports and visual interfaces. All client data is kept confidential through the use of unique identifier codes; contributions by different funded programs can also be distinguished in provinces with numerous implementing organizations or funders. EOA management personnel at the district, provincial and national levels can use the system to (a) understand whether EOA clients are receiving the services they need (or conversely are being over-reached in outreach efforts); (b) aggregate data across key cascade, PEPFAR and national D28 indicators; and (c) facilitate continuous programmatic quality or performance improvement by enabling data access, interpretation, follow up and tracking.

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[3]   Detailed information on USAID/SMART TA's ICT strategy is found in our accompanying ICT strategy document.

- *Remotely manage the CBS workforce and the PBI system.* The EOA ICT system tracks the performance of each CBS (and subsequent wave individuals), and generates automatic PBI reports every month, which substantially reduces the data verification burden on the EOA management structure and facilitates timely payments to CBS.

- *Link to other databases or platforms.* The EOA ICT system is designed to link to other electronic reporting systems, such as the HTC database. Inter-operability allows designated implementers to easily verify service uptake data across service system components, and to reduce the data collection and reporting burden for those involved in community-based programming.

The EOA ICT system can operate in conjunction with the paper-based EOA M&E system, or can be used as a replacement to the paper-based M&E system.

Criteria for use

Provinces, districts (sites) or organizations interested in trialing the EOA ICT system should demonstrate:

- At least 50% of the CBS workforce in the targeted area(s) has *feature or smart phone devices*. USAID/SMART TA will not purchase mobile devices for the implementation of the EOA ICT system.
- Have *web-enabled computer(s)* at the district/provincial outreach office(s); possess or can purchase a hub/router (approximately $200 USD); have (or have access) to a central server.
- Possess available resources to support (now or in a designated time frame) monthly *internet connection expenses* for desktop computer(s) *and mobile data plans* for CBS individuals.
- Capacity to coordinate the *day-to-day operations* of the EOA ICT system. Here, capacity refers to the ability to train individuals on utilization of the system; skills associated with data inputting, interpretation and analysis; and data extraction and reporting.

Technical Assistance Strategy

USAID/SMART TA provides implementers with access and use of the ICT system. We also train implementers on the day-to-day use of the system and are supporting provincial AIDS representatives to provide oversight and troubleshooting support. USAID/SMART TA is developing an ICT strategy that outlines how the GVN can best capitalize, integrate, utilize and ultimately sustain ICT solutions at the individual, site, provincial and national levels.

BASIC EOA

Choose the __basic EOA__ to identify PLHIV and link or retain them in HIV services, using an existing GVN or private sector workforce.

Features

Some Vietnamese districts and provinces – particularly rural, mountainous and/or remote geographic settings – have widely dispersed KP sub-populations in which vulnerable individuals have difficulties accessing HIV services and products. Traditional, centralized outreach delivery models also may be difficult to manage and sustain. The Vietnamese government in these areas can mobilize other workforces to identify KPs, and support these individuals to test for HIV, and enroll and be retained in care if they are HIV positive. These workforces – including hamlet health workers, Department of Social Affairs (DoLISA) case workers, mass organization personnel, and key gatekeepers (e.g. entertainment establishment owners) – may have less exposure to KPs, less time to devote to community-based HIV programming, and less knowledge of HIV. They are primarily utilized as PLHIV case finders, supporters and/or navigators across the CoPC cascade.

The basic EOA operates with four key components in place:

✔ CBS (simplified SoW)
✔ PBI system (modified)
✘ PDI approach
✔ Facility-community linkages
✔ EOA/cascade indicators

The basic EOA service package consists of simplified KP risk screening procedures and service referral processes, and a modified PBI system that focuses exclusively on case finding and (re) engagement in the HIV service system. The PDI element is not included within the basic EOA approach.

The basic EOA is designed to:

- Make it easier for the GVN to integrate community-based programming into the existing, but over-burdened, health system
- Increase affordability and sustainability of outreach services
- Focus on key elements of the EOA that are most likely to generate impact

Both the complete and basic EOA approaches can be implemented concurrently in the same province – albeit in different geographic areas – to enhance the HIV response.

Criteria for use

Provinces, districts (sites) or organizations interested in implementing the basic EOA should meet these criteria:

- Mobilize (or be able to mobilize) an existing **GVN or private sector workforce** whose SoW can be modified to include key CBS tasks.

- Have an established ***outreach supervisory/management structure*** that can mentor and support CBS; collect HIV service referral slips; implement the PBI system; and aggregate/report on basic EOA service delivery data.
- Support functioning ***HIV service referral networks*** whereby designated service providers collect basic EOA referral slips; verify service uptake; confirm newly positive individuals; and (ideally) provide CD4 counts for EOA PLHIV who newly initiate ART.
- Possess available ***PBI and outreach resources*** (through external funding, private sector partnerships, or local budgetary sources).

Technical Assistance Strategy

USAID/SMART TA provides implementers with the strategies, tools, materials and TA needed to implement the basic EOA. Local EOA TA networks provide day-to-day capacity building, monitoring and oversight.

BASIC EOA ENHANCEMENTS

*Choose enhancements to the **basic EOA** to link facility and community-based interventions and increase the efficiency of community-based programming*

Enhancements are designed to help the basic EOA be more impactful and efficient. For the basic EOA, USAID/ SMART TA currently proposes an automated ICT system called mCare to enhance the effectiveness of the basic EOA.

1. mCare

Features

mCare is a an open source client and performance management system designed by USAID/SMART TA. It the first automated information system in Vietnam to use mobile technologies to strengthen community-facility linkages and to track and support HIV positive clients across the *entire* HIV continuum of prevention to care cascade. With mCare, implementers can:

- Create and manage a high needs client registry, across the CoPC cascade
- Provide case management services (appointment and retention monitoring follow up and re-engagement)
- Track HHW performance-based incentives
- Offer behavioral communications and referral messaging
- Provide automated adherence support
- Monitor interventions in real-time

mCare is designed for functionality, as per the realities in the field. Data enters the system in three ways: via SMS; through a mobile application that runs on low-cost, Java-enabled mobile telephones linked to a central server; or by manually entering the data through a web interface. The mCare data flow is illustrated in Figure 3.
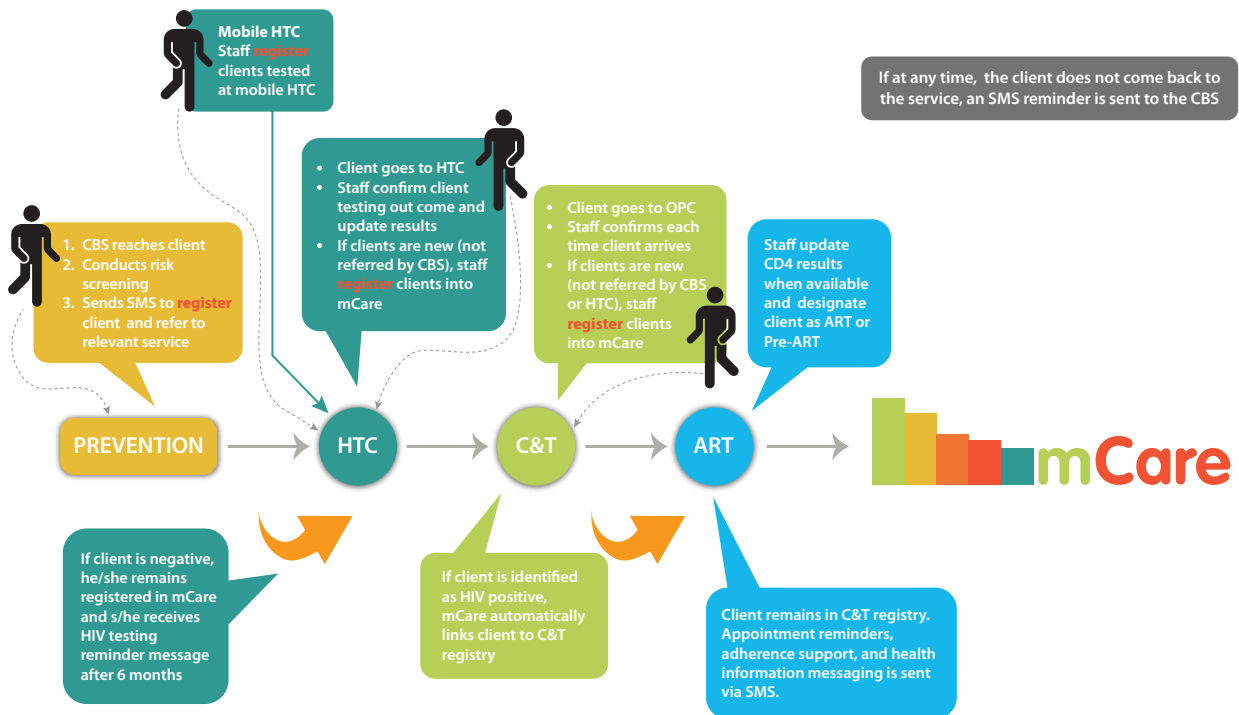
Figure 3 : mCare data flow

Criteria for use

Provinces, districts (sites) or organizations interested in utilizing mCare should meet these criteria:

- At least 70% of the CBS workforce in the targeted area(s) has *basic, feature or smart phone devices.* USAID/SMART TA will not purchase mobile devices for the implementation of the mCare system.
- Have *web-enabled computer(s)* at the district/provincial outreach office(s) and targeted facilities; possess or can purchase a hub/router (approximately $200 USD); have (or have access) to a central server.
- Possess available resources to support (now or in a designated time frame) monthly *internet connection expenses* for desktop computer(s), mobile data plans for CBS (HHW), and *fingerprint machines* (approximately $100 USD) for participating health facilities.
- Capacity to coordinate the day-to-day operations of the mCare system. Here, capacity refers to the ability to train individuals on utilization of the system; skills associated with data inputting, interpretation and analysis; and data extraction and reporting.

Technical Assistance Strategy

USAID/SMART TA will support PACs, district-level implementers, commune health staff and CBS to deploy the mCare system to (a) manage and track CBS PBIs; (b) support and monitor clients across the CoPC cascade; (c) provide SMS adherence and service promotional messaging to PLHIV and KPs; and (d) identify clients in need of targeted assistance. mCare will be managed by each PAC, with technical assistance from USAID/SMART TA for trouble shooting, system modification, data analysis/reporting, and ICT capacity building. USAID/SMART TA may also suggest ways that mCare may be repurposed to address other public health priorities, including TB, immunizations, etc.

SUMMARY

The information contained in this EOA guide is supplemented by other key strategic documents, including but not limited to:

1. USAID/SMART TA transition strategy (September 2014)
2. USAID/SMART TA ICT strategy (in development)
3. USAID/SMART TA EOA smart technical monitoring toolkit (October 2014)

We envision the EOA guide to be a dynamic document, and have provided hyperlinks to the most-up-to-date tools and resources to assist those interested in implementing or learning more about this approach.

For more information about the EOA, please contact FHI 360 Vietnam's Deputy Country Director, Caroline Francis at **CFrancis@fhi360.org** or Associate Director for HIV Prevention, Ban Le Thi, at **Leban@fhi360.org**