SMART TA

PROJECT DESCRIPTION

The USAID Sustainable Management of the HIV/AIDS Response and Transition to Technical Assistance Project – or "SMART TA" – is a five-year, \$45 million initiative managed by FHI 360 that strives to ensure the provision of quality, comprehensive and sustainable HIV services through a strengthened national response. It is designed to contribute directly to the targets identified in the National Strategy on HIV/AIDS Prevention and Control in Vietnam and the Partnership Framework between the Government of the United States of America and the Government of the Socialist Republic of Vietnam for HIV/AIDS Prevention and Control. SMART TA also prioritizes programming that is aligned to PEPFAR's five key agendas – impact, efficiency, sustainability, partnership and human rights – to move us towards an AIDS-free generation.



A confirmation message sent by mCare system to a hamlet health worker's phone in Tien Phong commune, Que Phong province, Nghe An.

Strategic objectives

- 1. Deliver quality HIV services within the continuum of HIV prevention and care cascade (CoPC)
- 2. Strengthen GVN and CSO technical capacity to sustain quality CoPC services.
- 3. Transition financial, administrative and technical ownership of CoPC services

RESULTS

- Adapting the CoPC cascade for Vietnam. Vietnam's CoPC cascade is now gaining national and provincial acceptance, and being used both within and outside Vietnam by international organizations such as the GFATM.
- Fostering a sustainable national TA system, through the identification and support of CoPC TA networks/institutions, the identification of TA priorities, and the monitoring of push and pull TA delivery and impact.
- Leading TA efforts in the rapid scale up of MMT. Vietnam is moving towards a full country ownership status of the MMT response. Currently, the MMT program provides technical support to 98 clinics serving almost 18,000 clients nationwide.





- Introducing new ways to deliver community-based outreach across the CoPC. The Enhanced Outreach Approach (EOA) incorporates performance-based incentive structures and peer-driven intervention approaches that can be delivered through a variety of community-based workforces, including traditional peer educators and hamlet health workers. Enhancements to the EOA – such as the Fansipan Challenge – show a 50% reduction in programmatic unit costs, combined with significant increases in testing uptake and HIV yield among underserved key populations. Preliminary data further suggest that PLHIV identified through Fansipan have higher CD4 levels (average 287.5 cells/mm3) and will thereby have better treatment outcomes than those who initiate treatment when they are severely immuno-compromised.
- Developing Information Communication Technology (ICT) systems, such as mCare. mCARE is Vietnam's first automated information system that uses mobile technologies to strengthen community-facility linkages and to track HIV positive clients across the entire HIV continuum of care cascade.
- Providing training/TA for laboratory quality assurance, certification and performance standards in support of planned decentralization of HIV counselling and testing services in mountainous provinces.
- Providing TA for high HIV prevalence provinces/cities in order to collaboratively develop MMT master plans that include GVN funding and personnel commitments and transition of TA responsibilities to local TA providers.
- Supporting CoPC service provision including HTC/ART services in closed settings in Vietnam.
- Improving effectiveness of linkages and referral procedures between HIV/TB systems in Vietnam including assuring routine, effective TB screening in HIV OPCs, HIV testing in TB clinics, and pilot testing TB treatment services integrated into HIV service settings.
- Applying SMART TA Monitoring approach/HIV Qual across all SMART TA supported and selected GF sites
- Carrying out targeted and impactful operational research to inform and strengthen programming across the HIV cascade, including the pre-ART viral load assessment, the ART cascade completion study, and loss to follow up/mortality analyses.
- Conducting CoPC expenditure analyses that provide unit cost data and inform transitioning strategies across priority provinces. Expenditure analyses are used in conjunction with SMART technical monitoring tools to indicate, track and measure transition readiness.
- Successfully transitioning SMART TA-supported staff to the GVN and reducing overall ROCs by 481,088 USD, or 31%.

GVN Counterparts Ministry of Health

Duration 2011-2016

Planned Budget: \$45million

Prime Implementer: FHI 360

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