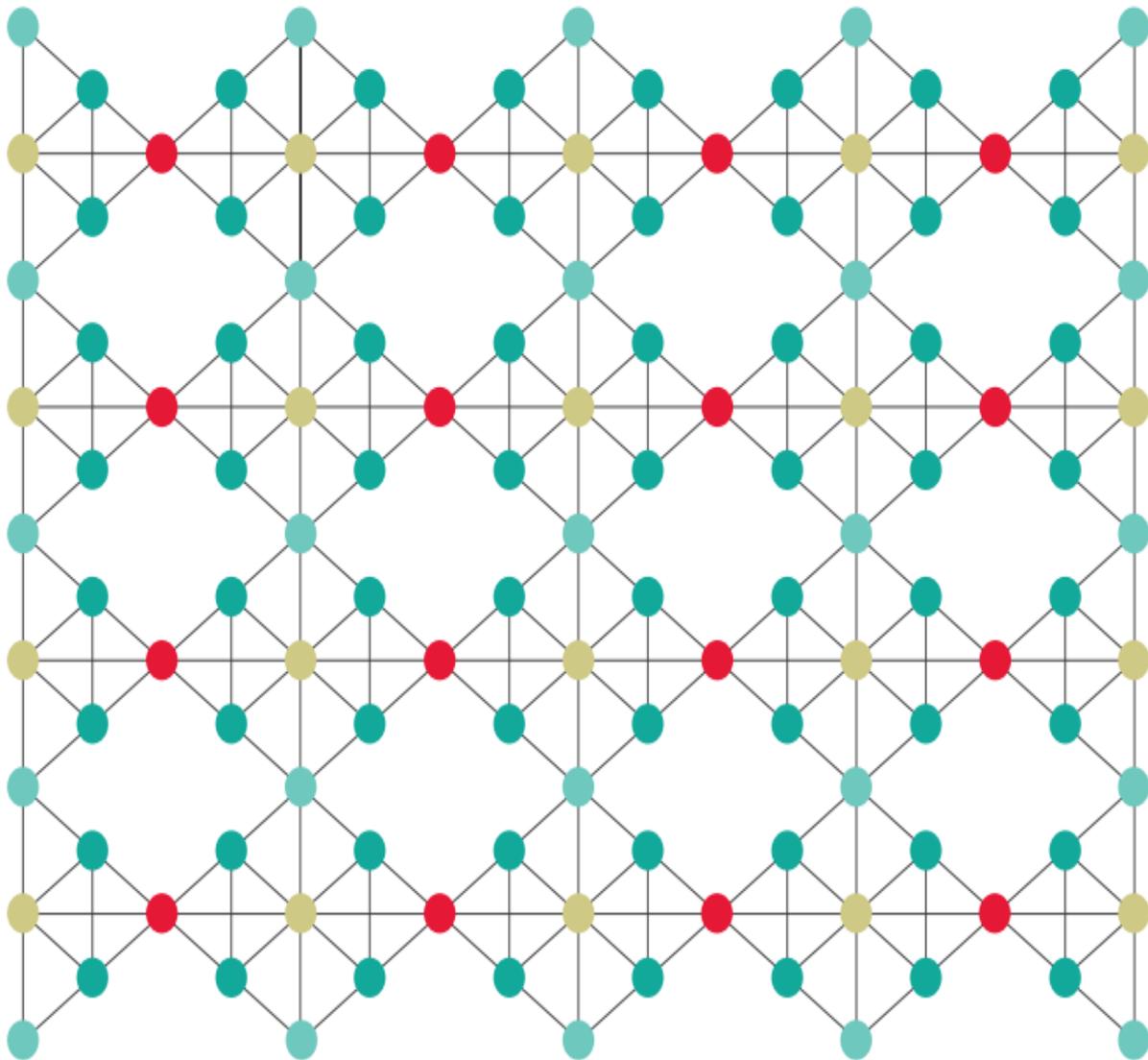


SCOPE CODA



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SCOPE CODA

To end the AIDS epidemic by 2030 and to transition to Universal Health Care (UHC), there is a need for more integrated service delivery platforms to expand, personalise and improve the efficiency and effectiveness of all health services, including HIV services. Digital technology has the potential to build capacity and strengthen health systems for UHC, including HIV services; while extending beyond facility-based service delivery to increasing participation of clients and communities in their own health. Digital technologies and platforms can catalyse multidimensional responses allowing greater ease for planning and responding collectively.

SCOPE CODA is an integrated information system that merges identity management to health service provision and transfer management to create electronic health records that register, track and improve nutrition and health service provision for the world's most vulnerable populations, including HIV testing, treatment and care services. It replaces paper-and-pen records, ration cards and reports in healthcare centres with a personalized smartcard linked to a highly secured electronic database, creating complete and timely records of service provision. Through tracking individuals, the system can ensure that patients receive necessary services, adhere to treatment, and have a secure, complete record of health services and treatments they received.

To reach UHC and to end the AIDS epidemic, UHC must be, by definition, truly universal, covering all populations including those living in humanitarian contexts and fragile states, Internally Displaced People (IDPs), refugees, and migrants. To meet the challenges of providing services in the world's most challenging environments for the world's most vulnerable populations, including complex emergencies and fragile emergencies, SCOPE CODA utilizes an offline-online hybrid of technology to work in such environments. SCOPE CODA operates offline to follow national protocols around testing, treatment and care, supporting frontline workers to provide high quality care and ensuring that they aren't dependent upon connectivity to provide essential treatment and care. Once connectivity is available, the devices sync to the cloud, providing analytics and access to the various stakeholders, from programme managers to national government ministries to donor organizations, whether through the SCOPE CODA platform or the existing national health management information system.

SCOPE CODA not only creates electronic health records for integrated services including HIV, but the system also supports transfer management to clients, both cash or in-kind transfers. The transfers can be conditional or non-conditional, depending upon government or stakeholder policy objectives. and can be provided directly by governments, organizations, or through third parties, such as banks.

Additionally, the system seeks to support clinical and public health decisions at all levels: from assisting frontline workers in providing treatment to supporting national governments and global stakeholders in resource allocation and protocol development. Through big data analytics, SCOPE CODA seeks to manage millions of cases, while still treating each person as an individual.

Finally, electronic health records can be used by national governments, research institutes, and international partners to generate invaluable evidence to accelerate progress towards the SDGs, while protecting patient confidentiality. The information gathered provides deep insights on service provision and utilization, illness burden, and treatment outcomes. Utilizing this information can help to re-develop protocols, strengthen service provision and ultimately improve client outcomes, supporting them to live a healthy and productive life.

To date, SCOPE CODA's case management technology has been utilized in malnutrition treatment programmes in South Sudan, Uganda, Tajikistan and Madagascar. As the system matures, WFP intends to piggyback on the existing functionality to extend the system to other services for an integrated nutrition and health service package that includes HIV testing, treatment and care services.

1. Why this initiative?

Globally, the transfer and deployment of digital technology to developing countries for addressing public health concerns is recognized as a key tool to meeting some of the greatest challenges and as a key strategy for the attainment of the Sustainable Development Goals and UHC. For HIV, digital technology interventions are emerging as a critical approach to support lifelong engagement in the HIV care continuum: linking and retaining patients in care, initiating ART and verifying adherence, and continual testing to provide enhance treatment and ensure viral suppression. Further, digital technology links various services, therefore ensuring a multidimensional approach to services and therefore breaking silos.

The project will focus on Eastern and Southern Africa, the regions with the highest HIV burden and which account for over 50% of people living with HIV globally. The UNAIDS Miles To Go report (2018) indicates that progress has been good in Eastern and southern Africa, but that sufficient resources are required to truly galvanize the response needed to reduce HIV infection rates in the region. The project will focus resources on where they are most needed to optimize impact.

In the first year, the project will focus on Uganda and Somalia: two countries where WFP has strong, existing operations and where the national government has expressed interest. Following testing in these countries, the system can be rolled out to other countries in these regions, at the behest of national governments. The project will prioritize countries with high HIV burdens and strong government and partner commitments to roll out the system. Roll out is dependent upon funding.

2. What aspects make this project unique?

The project is unique due to the ability to bring advanced technology to improve the continuum of care for HIV and individual health results for the world's most vulnerable at a scale previously impossible. This is possible through leveraging the unique skills and talents of the collaborating organizations to harness the full power of technology and big data.

Partnering with WHO, UNICEF and the national governments, the project can design systems to match and augment existing paper-based systems, from data collection to report generation. WFP brings its extensive experience and skills in building and supporting IT systems in the world's most challenging environments to reach the world's most vulnerable populations. Additionally, WFP's known capabilities in analytics, supply chain management and transfer management allows us to adequately manage and analyze large data while building national capacity to manage. Conversely, the partnerships with WHO, UNICEF and national governments will bring the other technical skills to build systems that are truly integral and sustainable systems.

3. Collaboration

SCOPE CODA is a system that is built on collaboration and allows partners to use it from design to implementation to analytics and reporting. To date, SCOPE CODA has co-created as a common system and has been tested by multiple stakeholders and cooperating partners, including the Ministry of Health in Uganda, South Sudan, Tajikistan and Madagascar, UNICEF, WHO, Action Against Hunger, Medair, and local NGOs.

To do this, WFP builds a system for the end-user's experience, whether that be a frontline worker, clinic manager, district health official, NGO or UN manager, or Ministry of Health officials. SCOPE CODA works to provide each user with the information s/he needs to do his/her work properly, improve service provision and nutritional and health outcomes. For the frontline workers (health, community and clinic manager) the system focuses on assisting the workers to reach those in need, providing improved information and services to clients, and supporting clinic management of patient reporting. For managers, the system analytics and reporting focus on providing disaggregated, detailed information for programme management, allowing them to tactically target clinics and areas to enhance performance through improved patient care. For national government, international organizations and donors, the system can help to prioritize interventions, allocate funding and support executive decision-makers. SCOPE CODA integrates with existing health information systems and provides an accessible advanced analytics platform for deeper exploration of service provision performance and health outcomes.

Working with organizations and institutions, including academics, the data created from the system can be utilized to generate evidence around the testing, treatment, adherence and health outcomes to add to global knowledge, improve protocol, improve treatment and ultimately help persons living with HIV to live a healthy life and reduce the spread of the infection.

In addition to users, the project works across various partners to synergize technical expertise to improve health and nutrition outcomes for the world's most vulnerable.

4. The project approach and timeline

SCOPE CODA was developed as a single data system for integrated malnutrition treatment programmers for better partner coordination, integrated data management, improved communication, and reduced loss at referral. The pilots in South Sudan and Uganda started in early 2018 and project scale-up has started in both countries. In addition, the project expanded into Tajikistan in November 2018 and to Madagascar in May 2019.

Since the start of the project, there have been requests from national governments using SCOPE CODA to expand the systems functionality from malnutrition treatment to include Maternal and Child Health, malaria, and HIV and TB. To undertake this, WFP is proposing a 2 -year seed funding project. The first year will integrate HIV into SCOPE CODA in two countries, Uganda and Somalia, as a proof of concept. This will allow us to manage, test and improve the application over the first year. In the second year, the project will be expanded within the countries to prepare for national scale. A general list of activities and timeframe is included below.

- *Re-Adaption Of Application:*

The first stage is to work with the national stakeholders in both countries to adapt the existing protocol to the digital format. This includes gathering system requirements and

- *Integration with HMIS*

This requires ensuring the system meets the national health management information system requirements. This includes the gathering system requirements, integration and documentation for

- *Staffing*

Staff to be hired to support the implementation, service delivery and maintenance of information system.

- *Planning and Procurement*

This phase builds the information plan and purchases, delivers and readies IT equipment for implementation.

- *Testing and revision*

Stress testing of the application and internal logic ensures the application meets national protocol and standards. This allows a period of testing and revision of application before implementation

- *Implementation of test sites*

Implementation at test sites includes training of personnel on the system and managed deployment of system at the initial test sites.

- *Stabilization and revision*

Test sites and then second stage sites require the management and adaption of the software and hardware to ensure the system is working optimally. This process is an ongoing process that throughout the lifecycle of the system, including updates, bug fixes, etc. This is the process of IT systems management.

- *Implementation of second stage sites*

The initial test sites ensure the robustness of the software and hardware system in the field and ensure to match frontline worker user needs. The second stage sites build upon this to determine the resource needs for scale.

- *Planning for Scale*

Working with governments and stakeholders, the stage of planning for scale is to synthesize the learnings for the project and develop a sustainable plan around the scaling and capacity building to maintain the system.

Activities	Year 1				Year 2			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Adaption of Application	XX	XX						
Integration with HMIS	XX	XX	XX					
Staffing	XX	XX		XX	XX			
Planning and procurement	XX	XX						
Testing		XX	XX					
Implementation of test sites			XX					
Stabilization and revision of system				XX	XX	XX	XX	XX
Implementation of second stage sites						XX		
Planning for scale						XX	XX	XX
Monitoring and Evaluation		XX	XX	XX	XX	XX	XX	XX

5. Indicators: How will we measure success?

How will this help us end AIDS by 2030?

SCOPE CODA seeks to utilize data to provide the frontline workers with the knowledge, skills and decision-making to provide personalized care and improve health and nutrition outcomes of the world's most vulnerable populations. Additionally, the client records provide a deep pool of information for research around treatment and health lifecycle of clients, to add to the evidence base while protecting patient confidentiality.

SCOPE CODA measures its success through a matrix of indicators that measure the scale of deployment, the data quality, the effect on service utilization and then ultimately in the health outcomes of individuals; these match international frameworks and indicators for HIV testing, treatment and care programmes. The scale of deployment is measured through the number of sites and clients managed through the systems. Measurements of service utilization and health and nutrition outcomes come directly from client treatment records. Ultimately, effective treatment allows those most in need to live healthy, fulfilling lives.

In addition to high level individual and system indicators, the project utilizes the meta-data produced by the technology to monitor system quality and functioning. This allows us to understand when each device syncs, spot problems early and then find operational solutions. This helps us not only meet the objectives of providing better services and obtaining better outcomes but allows us to monitor data quality and build a sustainable technological infrastructure for the nation,

6. Questions and Answers

<p>How many people will be reached?</p>	<p>The project plans for 20,000 individuals with HIV in the first year with an exhaustive learning agenda and feedback mechanism to better design and develop the system for future roll out to other countries. An additional 20,000 individuals will be added in the second year.</p>
<p>How will my money be used exactly?</p>	<p>The money will be used for a mixture of technology adaption, hardware purchase, and staffing for managing the information system. This will allow the project to build not only staffing in the operations countries but it will also build international capacity that can be utilized for scaling in more countries.</p>
<p>How will you ensure people will stay on treatment?</p>	<p>The system tracks clients within treatment to monitor adherence and their individual results. If a client fails to show up, alerts are created to notify frontline worker and/or SMS/Voice Messages are sent to the client. Through tracking individual's identities, we have the ability to follow and contact clients to draw them back into services</p>
<p>How will success be monitored? What are the indicators?</p>	<p>Success is monitored through scope of deployment, followed by the increase in service utilization and finished by nutritional and health outcomes such as increased adherence to HIV treatment protocol. In addition to high level indicators, the project utilizes technology meta-data to monitor implementation and IT device management. This helps us not only meet the objectives of providing better services and obtaining better outcomes but allows us to better build a sustainable technological infrastructure,</p>
<p>Who are the contributing partners?</p>	<p>National Governments, UNICEF, WHO and cooperating, implementing partners</p>

7. The budget

The cost for the project to develop a proof of concept and transition to prepare for scale is 2.2 million USD. While we are seeking funding to accelerate the project and support ending the epidemic of AIDS, WFP is also dedicating its own internal resources, both funding and staffing for this project. Internally, WFP is directly supporting the development of software. The costs included in this project only represent adaptation and some basic maintenance costs. Additionally, though personnel costs are the most significant costs in the project, the project utilizes existing personnel & IT infrastructure (especially in Uganda), which reduced the overall cost by approximately 30%.