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LIST OF ACRONYMS

AMC – Average Monthly Consumption
ANC – Antenatal Care
ANGOBFA – Associação Angolana para o Bem Estar da Família (Angolan Association for Family Welfare)
AFRO – World Health Organization Africa Regional Office
AO – Angola Office
AYSRH – Adolescent and Youth Sexual and Reproductive Health
CAJ – Centro de Apoio aos Jovens (Support Center for Youth)
CECOMA – Directorate of Medical and Equipment Procurement
C/FP – Contraception/Family Planning
CMT – Country Management Team
COP – Chief of Party
CPR – Contraceptive Prevalence Rate
CR – Country Representative
DNME – Drug and Medical Equipment Directorate
DNSP – National Directorate of Public Health
DPS Huila – Huila Province Directorate of Health
DPS Luanda – Luanda Provincial Directorate of Health
FP – Family Planning
FP/RH – Family Planning/Reproductive Health
GEPE – Ministry of Health Bureau of Research, Planning and Statistics
GNP – Gross National Product
GPSL – Bureau of Public Health of Luanda
HTSP – Healthy Timing and Spacing of Pregnancies
HIV – Human Immunodeficiency Virus
IBEP – Population Welfare Survey
IBP – Implementing Best Practices
ICC – Interagency Coordination Committee
INLS – HIV Prevention Institute
IPROCAC – Community Aid Promotion and Coordination
IUD – Intrauterine Device
KAP – Knowledge, Attitude and Practice
LAPM – Long-acting and Permanent Methods
LMIS – Logistics Management Information Systems
MCH – Maternal Child Healthcare
MoH – Ministry of Health
M&E – Monitoring and Evaluation
MFPF – Family Planning Training of Trainers Manual
MINFAMU – Ministry of Family and Women’s Affairs
MINJUD – Ministry of Youth and Sports
MIS – Management Information System
MJD – Ministry of Youth and Sports
MSH – Management Sciences for Health
NGO – Non-Governmental Organization
ODAA – Organization for the Development of Angola

PNDS – National Health Development Plan
PSU – Program Systems Unit
RH – Reproductive Health
RH/DNSP – Department of Reproductive Health at the National Directorate of Public Health
RHSC – Reproductive Health Supplies Coalition
RMU – Research and Metrics Unit
SASH – Strengthening Angolan Systems for Health
SDP – Service Delivery Points
SIAPS – Systems for Improved Access to Pharmaceuticals and Services
SMM – Strategy and Management Meeting
SO – Strategic Objective
SOP – Standard Operating Manual
SRH – Sexual and Reproductive Health
TA – Technical Assistance
TRaC – Knowledge, Attitude and Practice of FP survey
TRP – Training Resource Package
TSU – Technical Services Unit
TWG – Technical Working Group
UN – United Nations
UNFPA – United Nations Population Fund
USAID – United States Agency for International Development
WHO – World Health Organization
YFS – Youth Friendly Services

DEDICATION



This final progress report is dedicated to John Granda (*May 28, 1961- April 18, 2016*), Senior Technical Advisor, who led the technical development of this project.

EXECUTIVE SUMMARY

The USAID-funded project Healthy Families II/MUIJI WA DISANZE II in Angola was implemented between October 1, 2013 and February 15, 2016. During this period, Pathfinder successfully contributed to increasing contraceptive prevalence in Angola by strengthening the enabling environment for contraception/family planning (C/FP) as a fundamental government health priority. The technical interventions were designed to address the high pregnancy rate, particularly among adolescents, the large unmet need for adolescent and youth-friendly reproductive health (RH) and family planning (FP) services (AYSRH), high maternal and infant mortality and morbidity rates, and the low contraceptive prevalence rate (CPR). Adolescent and youth-friendly best practices were positioned to be implemented in the context of newly developed national FP & AYSRH health strategies. Sustainable practices that encouraged local leadership and coordination of health strategy response efforts relied on capacity building in contraceptive security and commodity management at the central level and in Luanda province. Those results have guided the analysis presented in this final programmatic report.

Achievements included:

- Supported the MOH to develop and finalize a National AYSRH Strategy
- Supported the MOH to develop a Proposed National FP Strategy
- Empowered Angola's civil society with support to two local NGOs to develop, finalize, and begin to implement their Operational Plans to do Advocacy for AYSRH
- Assisted the MOH to reactivate a Reproductive Health Technical Working Group
- Provided technical assistance to the National Directorate of Public Health to improve their supply chain management of contraceptive commodities and prevent stock-outs
- Worked with the National Directorate of Public Health to finalize and print 1,000 "Contraceptive Cue Cards" which will serve as a job aid and increase informed choice for patients
- Coordinated an AYSRH Learning Exchange trip for seven people from Angola to observe best practices in Ethiopia
- Trained provincial health workers in Logistics Management Information Systems
- Supported yearly, evidence-based contraceptives forecasting since 2013
- Completed the multi-year contraceptive commodities forecasting for 2016-2018 to support the phase-out of international assistance, in coordination with Department of Reproductive Health at the National Directorate of Public Health (DNSP), Bureau of Public Health of Luanda (GPSL), United Nations Population Fund (UNFPA), and Strengthening Angolan Systems for Health (SASH)
- Provided inventory oversight at Luanda province warehouse (GPSL)
- Assisted with the preparation of an updated Standard Operating Manual for Logistics
- Implemented and trained in physical inventory monitoring at national warehouse (CECOMA)
- Trained warehouse staff and managers to monitor and request commodities *before* critical levels are reached and with sufficient lead time



BACKGROUND & PROJECT OVERVIEW

Pathfinder International is pleased to submit to USAID, the final progress report for the period of October 1, 2013 – February 15, 2016 for the project: *Healthy Families II/Muiji Wa Disanze II*. Pathfinder International received 2.3 million dollars to implement the above mentioned project in Luanda province and with the national government of Angola. During this two and a half year project, Healthy Families II successfully achieved five objectives that were established in alignment with the Government of Angola's national health priorities for reducing maternal and neonatal morbidity and mortality. With Angola's recognition of the high rate of adolescent pregnancy and commitment to provide Sexual and Reproductive Health (SRH) information and services to adolescents at all service delivery points in the country, Pathfinder International was able to focus on increasing the availability of family planning (FP) service through the following main objectives:

1. MOH supported to facilitate finalization and implementation of a national contraception/family planning (C/FP) strategy through preparation and dissemination of evidence-based policy and technical documents
2. MOH's capacity strengthened in Contraceptive Security and commodity management at the Central level and in Luanda Province
3. Increased commitment of stakeholders for the drafting of an adolescent and youth sexual reproductive health (AYSRH) strategy that is characterized by accessibility and quality of care
4. Increased commitment of MOH decision makers to prioritize the use of best practices for contraceptive security
5. Increased commitment of MOH decision makers to understand the need to allocate sufficient resources to reposition FP, AYSRH, and contraceptive security as national priorities



The project addressed each of these goals through its advocacy efforts to advance adolescent and youth sexual and reproductive health (AYSRH) and contraceptive commodity security priorities in Angola. These efforts encompassed close coordination with UNICEF, World Health Organization (WHO), UNFPA,

USAID and Management Sciences for Health/ Systems for Improved Access to Pharmaceuticals and Services (MSH/SIAPS) and timely responses to official requests from the DNSP for continued technical assistance and support.

The Pathfinder International Luanda-based team concluded its family planning advocacy activities; reinforced key stakeholder engagement with the Ministry of Health, DNSP and Bureau of Public Health of Luanda (GPSL) and other USAID implementing partners; promoted an increased focus on the new Family Planning Strategic Framework; and facilitated how best to advance efforts to meet the sexual and reproductive health SRH needs of adolescents and youth. Pathfinder conducted activities with two national NGOs to increase awareness and involvement thereof, as well as Angola's civil society, regarding the importance of promoting and implementing actions in support of AYSRH.

In addition, Pathfinder also developed tools to enable capacity building of MOH staff to prevent stock outs of contraceptives, strengthened monitoring systems, advocated for implementation of logistics best practices, and improved the quality of client services. Pathfinder's support during the project period improved management and distribution of contraceptives including accurate forecasting and planning of contraceptive needs, as well as proper management of the contraceptive supply chain through the central and provincial warehouse in Luanda. This resulted in the prevention of disruptions of contraceptive options at the level of health facilities, regular supplies through the distribution plans in both levels referenced above, as well as the forecasting of needs for next three years. Strengthening the enabling environment for Healthy Timing and Spacing of Pregnancies (HTSP) and C/FP as strategic interventions that reduce high-risk pregnancies and maternal and newborn/infant/child morbidity and mortality remain a high priority for the Government of Angola's MOH.

OBJECTIVE RESULTS

1. MOH supported to facilitate finalization and implementation of a national C/FP strategy



Through preparation and dissemination of evidence-based policy and technical documents, Pathfinder successfully promoted C/FP and HTSP best practices in Angola. Advocacy forums and dissemination events on FP were effectively supported by evidence-based technical documents developed by Pathfinder such as a technical brief on advocacy efforts in AYSRH entitled *Advancing Advocacy Efforts to Meet the Sexual and Reproductive Health Needs of Youth in Angola* (Annex 1 & 2) and *Contraceptive Security, Advancing Contraceptive Security in Angola* (Annex 3 &4), as well as the *Situational Analysis of Key Reproductive Health Services in Angola* (Annex 5 & 6.)

Two additional documents which were fundamental to advancing FP effectiveness and impact in Angola were:

- The *Situational Analysis on Quality of FP Services* (Annex 7), which made the case that improving quality of services can contribute to increased utilization of services by fostering continued method use, helping to attract additional clients, and reducing unintended pregnancies among FP clients; and
- The *Situational Analysis on Long-Acting and Permanent Methods (LAPM)* (Annex 8), which made the case that increasing the use of IUDs and implants, and introducing tubal ligation and vasectomy to the method mix, can help better meet the needs of people who want to space their pregnancies by many months or years, or who already have their desired number of children; reduce undesired pregnancies among FP clients; improve program efficiency; and reduce overall cost of services.

The *Assessment Brief: Individual Counseling for FP Clients* (Annex 9) addressed individual FP counseling, a critical issue to improving availability and use of FP services in Angola. Individual counseling is a core element of quality FP services; however, counseling was not a standard component of regular FP services in Angola. Given the misunderstanding among many health workers and even program managers that group information sessions constitute quality counseling, the brief emphasizes the need for individual and personalized counseling for each client.

The brief also described the different counseling approaches for new clients, depending on whether they already have a particular method in mind or not, and for continuing clients, depending on whether or not they are encountering side effects or other difficulties with their current method. The brief suggested action steps to make individual and personalized counseling a standard component of FP services in Angola, including:

- Updating service delivery norms;
- Capacity building for clinicians, supervisors, and managers;
- Special efforts to build a cadre of health workers with the knowledge and skills to counsel adolescents; and
- Furnishing service delivery points with updated tools for client counseling.

Partly in response to the joint advocacy effort of Pathfinder, USAID, WHO, and UNFPA, DNSP initiated the development of a policy strategy for adolescents' sexual and reproductive health observing the need to strengthen FP/RH services for adolescents and youth, and the need to build a sustainable capacity building system. Pathfinder also provided technical guidance on the strengthening of other systems such

as Management Information System (MIS) and M&E, and in preparation for a deposition on population and development to the Parliament of Angola. Finally, as a member of the logistics subcommittee of the Interagency Coordination Committee (ICC), Pathfinder worked with the National Directorate of Pharmaceuticals (DNME) to provide input for the new version of the list of essential medicines.

Pathfinder provided technical guidance to the government of Angola in the general area of reproductive health (RH), family planning (FP), and in management of its supply chain of contraceptives. Emphasizing the need to invest in increasing availability of youth-friendly FP and RH services, Pathfinder supported the preparation of the Proposed National FP Strategy (Annex 10 & 11) by providing technical guidance to DNSP, directly responsible for implementing the FP Strategy, extensive advocacy and close collaboration with the WHO, UNFPA, GPSL, Huila Province Directorate of Health (DPS Huila), and Organization for the Development of Angola (ODAA).

2. MOH's capacity strengthened in Contraceptive Security and commodity management at the Central level and in Luanda Province.

Pathfinder provided technical guidance and support to the MOH to advocate for and facilitate implementation of best practices in the management of the supply chain of contraceptive commodities. The focus of Pathfinder's technical assistance (TA) was evidence-based planning and decision making to ensure availability of contraceptives. These forecasts were shared with USAID and UNFPA, and informed their procurement decisions. Pathfinder supported the DNSP to strengthen the Management Information System (MIS) of contraceptives to ensure that complete and accurate data on consumption and stock levels were available at the Central level in a timely manner. As a result, the DNSP follows up with provincial directorates and provides them with regular, specific feedback when their data are incomplete or inaccurate so these problems can be minimized in the future.

In order to achieve an effective integrated system of all RH services and activities, Pathfinder led several workshops for all provincial RH focal points with approximately 130 people from various units including antenatal care, maternity services, and MCH. At the end of these workshops all participants stated they understood that in order for contraceptives to be available at the service delivery points (SDP), field-level staff must report their consumption and stock levels to their respective municipalities. One immediate change which was implemented was that SDPs would regularly submit contraceptive commodity reports.

Guidance on the collection, submission, processing, and analysis of data on consumption and stock levels of contraceptives (Logistics MIS) was one of the core areas of Pathfinder's TA. Pathfinder was responsible for all TA for logistics of contraceptives at the central level (DNSP), and for Luanda province (DPSL). At the same time, MSH/SIAPS was responsible for overall TA to the Directorate of Medical and Equipment Procurement (CECOMA), including coordination with DNSP for procurement procedures. Força Saúde provided TA to DPSL and DNSP in FP and HIV. In order to build the capacity of MOH personnel to improve management of contraceptive commodities and minimize stock-outs of contraceptives, Pathfinder developed and distributed evidence-based tools which are outlined in more detail below, including a FP Guide for Public Health Providers (Annex 12). Pathfinder successfully advocated for updating and revising the outdated Standard Operating Logistics Procedures Manual for management of pharmaceutical products. There was significant buy-in to develop an updated, user-friendly manual which was implemented for use in Luanda province.



Pathfinder functioned as secretariat for preparation of the manual and provided TA which included:

- Created mechanisms to facilitate and compel provincial directorates of health to send their logistics data to DNSP;
- Instructed on the utilization of available data for decision making;
- Changed the system from a “push” mode, to a “pull” mode in which providers, municipal officers, and provincial logistics officers are now responsible for monitoring the quantities of contraceptives needed and when they need them, and act accordingly by requesting them from the next higher-up level.

Pathfinder also supported the National Directorate of Medicines (DNME) to update and revise the Manual for Management and Control of Pharmaceuticals in collaboration with the DNSP, GPSL (RH program managers, warehouse managers, and other warehouse technical staff), and MSH/SIAPS.

Under the Healthy Families II project, Pathfinder facilitated identification of solutions, including modification to some forms (stock card, requisition form) to address the effectiveness of contraceptive supply chain management. These changes were incorporated into the manual, and the Luanda warehouse was the first place where these changes were implemented. This was important as the Luanda province not only had the highest number of FP users in the country, but also showed a fast

increase in use of FP.¹ Reliable availability of contraceptives at service delivery points was a proven necessity to support this trend.

At the Central level, Pathfinder provided TA to DNSP to facilitate the in-country availability of sufficient supply of contraceptives to meet the national need. Pathfinder initially provided support to DNSP for preparation of the contraceptive needs forecast for 2015. It was stressed that forecasts are the basis for procurement decisions by the government which also inform any requests DNSP submits to its donors. Furthermore, Pathfinder's advocacy contributed to agreement from the DNSP to host and participate in the process to develop a multiyear forecast of national contraceptive needs, 2016-2018 (explained in more detail below.) Pathfinder coordinated and facilitated communication between DNSP and donors (USAID and UNFPA) regarding quantities of contraceptives to be donated to the government. With Pathfinder TA, DNSP prepared the national forecast for the incoming year. This forecast was shared with USAID and UNFPA to determine the amounts of each contraceptive to be purchased by each donor, ultimately optimizing the utilization of donors' fixed budgets for contraceptive commodities.



A main goal of Pathfinder's collaboration with DNSP and CECOMA was to improve their communication and facilitate timely shipment of contraceptives from the central warehouse to provincial warehouses, as per the distribution plans. One result of this advocacy and TA to DPSL staff included a significant awareness by provincial HQ staff, of their roles and responsibilities, regarding the preparation of provincial distribution plans and its importance in keeping municipalities and service delivery points (SDPs) stocked with contraceptives. This awareness has led to more diligence in analyzing LMIS data

¹ According to IBEP, 48% of all FP users in the country live in Luanda. Data from 2008-09 (IBEP) showed a modern method CPR of 24% in Luanda province; the 2012 TRaC survey showed a 59% CPR.

received from municipalities, preparing provincial forecasts, requesting commodities from DNSP, and as a prompt for distribution of these contraceptives to the service delivery points throughout the province.

Pathfinder worked with managers of the Luanda provincial warehouse, building capacity in the area of inventory, internal MIS, and proper storage of contraceptives. Key outcomes of these field visits include an agreement between the RH Program and warehouse managers on coordination mechanisms for future distributions of contraceptives to municipalities and agreement by provincial supervisors on the need to train municipal staff in logistics MIS.

At the central level, Pathfinder trained and supported DNSP, CECOMA and DPSL personnel in contraceptive commodity management through frequent on-the-job mentoring to the DNSP logistics officer and to the DPSL logistician and RH program managers, particularly on utilization of data from the provinces and how to prepare contraceptive needs forecasts and distribution plans. Pathfinder collaborated with DNSP in the development of several MIS forms, including the following:

- Monthly FP MIS form (Annex 13 & 14), used at the municipal and provincial levels to register all incoming and outgoing shipments of contraceptive commodities. The data is consolidated at each level. The data enables DNSP to calculate the average monthly consumption and the stock levels (national and by province respectively).
- Monthly Contraceptive Tracking form (Annex 15 & 16), used at the SDP, municipal, and provincial level to register new and continuing FP users by method. It is consolidated at each level. This information is complementary to the above commodity tracking data.
- Antenatal Care MIS form (Annex 17 & 18), to register the number of ANV visits, broken down by age, gestational age, number of antenatal care (ANC) visits by client, and services received by the client (HIV testing and counseling, malaria prophylaxis, and immunization).
- Births MIS form (Annex 19), to register the number of institutional births and other data such as low-birth weight babies, HIV+ mothers, and women receiving ARV or oxytocin.
- Maternal Death MIS form (Annex 20 & 21), to register maternal deaths broken down by direct and indirect causes. This is the basis to calculate the institutional maternal mortality rate.

All these forms were transferred to DNSP and are now being utilized in all 18 provinces.

3. Increased commitment of stakeholders for the design and implementation of youth-friendly policies, strategies and programs



Pathfinder supported the DNSP, functioning as a resource for TA on strategic, programmatic, and technical issues related to FP/RH. Pathfinder emphasized the importance of meeting the SRH needs of adolescents and youth as a priority health issue and as a key approach for socioeconomic development in Angola. In addition to TA and support for contraceptive security, Pathfinder's placed a strong emphasis on strategic planning and systems strengthening, including preparation for the design of a policy for SRH of adolescents, the appropriate utilization of the national logistics management information system (LMIS), and improvement on the management of the supply chain of contraceptive commodities, as a way to enhance FP programming sustainability.

There was active follow-up with GPSL for dissemination and discussion of AYSRH concepts with key program and technical staff from provincial headquarters and municipalities. In collaboration with UNICEF, UNFPA and WHO, Pathfinder responded to the request from DNSP for TA to prepare a National AYSRH Health Strategy (Annex 22). The collaboration between Pathfinder and the United Nations agencies reflects the important nature of partnerships to achieve a shared outcome that will support the MOH. The National AYSRH Strategy under coordination from MOH, was finalized and validated through the national consensus workshop at the beginning of December 2015. Technical support was provided in large part by Pathfinder International and included assistance by UNFPA and UNICEF.

Pathfinder also worked closely with two NGOs, Associação Angolana para o Bem Estar da Família Angolana (ANGOBEFA) and Centro de Apoio aos Jovens (CAJ). Objectives of this effort included:

- Identifying specific topics within AYSRH which CAJ and ANGOBEFA consider important and relevant to their respective institutional goals and agendas;
- Assisting the NGOs in developing advocacy work plans, including activities that they could carry out;
- Strengthening the NGOs institutional capacity to design and conduct advocacy work plans.

The result of this advocacy work with Angola’s civil society organizations was the development and finalization of the Operational Plans for next three years for each NGO to support the AYSRH activities. The Pathfinder team joined both the CAJ and ANGOBEFA teams at their sites and at the Pathfinder office to share their work plans, budgets, and NGO assessments. A total of six productive working sessions were held with CAJ and ANGOBEFA to support their planning of AYSRH advocacy activities for the period of July to December 2015.



Workshop with CAJ

Pathfinder remained steadfast and persistent in its advocacy efforts to advance AYSRH and contraceptive commodity security priorities in Angola. These efforts encompassed close coordination with UNICEF and UNFPA, and timely responses to official requests from DNSP for technical assistance and support for the advancement of an Adolescent Health Strategy. The main goal was to sensitize key program managers and increase their awareness and commitment to meet the SRH needs of adolescents and youth in the province. During the visit, there were important presentations from Pathfinder Ethiopia staff, related to program, mHealth and gender; the technical working group also met with the local MOH and visited the field sites to observe youth friendly services (YFS). The feedback from participants was very positive and the team left with specific ideas of how to improve youth friendly services in Angola.

An outcome of this advocacy is the participation of DNSP and GPSL participants on the Pathfinder-facilitated AYSRH Learning Exchange: Angola to Ethiopia July 6-10, 2015. Follow-up to the Pathfinder organized and facilitated AYSRH workshop included on-going collaborations with the DNSP, GPSL, USAID, UNICEF, UNFPA, MINJUDE (Ministry of Youth and Sports), and the two local Angolan NGOs, CAJ and ANGOBEFA.



Workshop with ANGOBEFA

Under the Healthy Families II project, Pathfinder finalized the 20-page Contraceptive Cue Cards jobaid (Annex 23) that outlines details of all the contraceptive methods available to patients. With funding from this project, 1,000 copies of the Cue Cards were printed. This tool for fact sharing about contraceptive options was distributed at health facilities by the DNSP and will serve as a useful resource guide for health care workers, resulting in more informed choices and better quality services for patients.

4. Increased commitment of MOH decision makers to prioritize the use of best practices for contraceptive security

Pathfinder advocated and provided TA to DNSP and DPSL to facilitate implementation of best practices in the management of the supply chain of contraceptive commodities. Pathfinder provided TA on contraceptive commodity security at the central level to DNSP, with an emphasis on sustainability, consolidating improvements achieved in the past three years. Pathfinder also provided TA to DPSL to improve management of the supply chain of contraceptives within Luanda province, with an emphasis on local capacity building and systems strengthening.



Key responsibilities included participating in capacity building activities for technical staff of GPSL and Luanda municipalities, particularly follow-up visits at the municipality and service delivery point (SDP) level to reinforce what is covered during training workshops and provide support so health workers can put their new skills into practice. Capacity building, monitoring visits, and meetings with DNSP staff to support implementation of logistics and LMIS were instrumental in assuring best practices in record keeping, physical storage and handling of contraceptives in warehouses. In recognition of Pathfinder's effectiveness in the RH commodities arena and ability to share information, DNSP requested that Pathfinder implement a similar system to provide training to staff responsible for statistics of Children and Adolescents and of Nutrition, by updating books, forms, and tools to collect information from the field.

During staff turnover, Pathfinder also provided additional support to DNSP in two ways: temporarily assisting with processing of some data and contraceptive supply management, and offering to train other members of DNSP/RH staff in order for them to begin taking over logistics and MIS duties as soon as possible. This included:

- Intense follow-up to receive approval of the national distribution plan for the first semester of 2015 by the Director of DNSP, and to then forwarding the plan to CECOMA for shipment of contraceptives to the provinces. Pathfinder delivered the distribution plan to the CECOMA warehouse and worked with managers to avoid further delays in the shipments to the provinces;
- Follow-up with provincial directorates to request overdue monthly reports, which included quantities of contraceptives consumed in each province and were the basis for preparation of

procurement and distribution plans and follow-up with the head of DNSP/RH to leverage DNSP's influence to secure these monthly reports; and

- Processing of available data on provincial consumption of contraceptives.

Pathfinder's continuous advocacy supported the decision to update the Standard Operating Manual for Logistics. The MOH/DNME agreed to take the lead in updating the Logistics Manual, modeled after the one developed by the Deliver Project.

Pathfinder also facilitated capacity building workshops for DPSL staff, including logisticians, warehouse managers, provincial program managers and supervisors, and municipal supervisors. The main goals of the workshops were to build workers' skills in MIS and improve coordination between the municipalities and provincial headquarters for the collection and submission of reports and different aspects of contraceptive security. Topics covered during capacity building activities included:

- Use of LMIS data to prepare forecasts of contraceptive needs
- Preparation of periodic distribution plans
- Preparation of reports (warehouse and municipal)
- Standard warehousing practices, including inventories.

Areas emphasized during follow up meetings and visits included accurate recording and processing of data, and the importance of follow up to requests for information, submission of data, and requests for contraceptives.

At the local level, Pathfinder organized five capacity building workshops for 156 health workers (service providers, supervisors, and municipal persons point) from four municipalities in Luanda. The workshops were facilitated by staff from GPSL, Pathfinder, and Strengthening Angolan Systems for Health (SASH.) The main goals of the workshops were building workers' skills in LMIS and improving coordination between the municipalities and provincial headquarters for the collection and submission of reports. Topics covered during each of the workshops included better processing of data for the monthly report and actual preparation of the report in order to have accuracy in the reproductive health indicators. This TA included advising on quality of FP services, assisting in the preparation and distribution of the quarterly contraceptive plan, making corrections on their monthly reports, and providing them with feedback to improve services.



Contraceptive Forecast

Based on data received by DNSP from all 18 provinces on their monthly consumption of contraceptives and number of acceptors and input from UNFPA and SIAPS, Pathfinder assisted the Department of RH at the DNSP in finalizing the forecast of contraceptive needs for Angola in 2015. This information supported the national contraceptive distribution plan for all 18 provinces. A key element for timely distribution of contraceptives to the provinces was regular follow-up by DNSP and by the provincial DPS's to CECOMA to ensure actual shipment to each province. The distribution plan included Pills (Microgynon), Pills (Microlut), Injectable (Depo-provera), Emergency Contraceptive (Unipill), IUD (TCu380A), Implant (Jadelle), Progesterone (vials) to be used in the maternity ward, and gloves to be used by family planning service providers.

At the local level, Luanda became the first province in the country to prepare its own forecast and distribution plan. With support from the Healthy Families II project, DPSL statisticians, logistician and RH managers developed the forecast in order to 1) calculate the quantities of contraceptives to be requested from DNSP, and 2) calculate the quantities to be shipped to SDPs within the provinces for the rest of the year. Provincial RH program managers and supervisors commented that they were better able to plan activities, including distribution of contraceptives, because they can rely on data being received from the municipalities. Additionally, TA allowed provincial statisticians to improve and expedite processing and analysis of the data.

One of the most important outputs in the final quarters of this project was the preparation of a Multi-year Contraceptive Forecast for 2016 – 2018 (Annex 24) to be included in the next annual budget of the Angolan government. Given the phase-out of UNFPA and USAID, these forecasts will allow all

stakeholders involved in contraceptive security to improve the future procurements and allocations. This multi-year plan was included in the UNFPA and USAID transitional plans.

5. Increased commitment of MOH decision makers to allocate sufficient resources to reposition AYSRH and contraceptive security as national priorities.

AYSRH and contraceptive security documents were shared with decision makers in the Government of Angola in AYSRH workshops. The purpose of sharing these manuals was to provide an opportunity for key stakeholders vested in the development of an Adolescent Health Strategy in Angola to learn more about how international best practices for adolescent health are being applied in other countries. Pathfinder shared available data and other evidence to advocate for investments in AYSRH and in contraceptive security.

All participants in the AYSRH workshop received copies of several manuals, including:

- Geração Biz Training Manual for Activists (Ethical Guidelines)
- Geração Biz Program Trainers' Manual (Methodological Guidelines)
- Geração Biz Program Trainers' Manual (Conceptual Guidelines)
- Diretrizes Nacionais para a Atenção Integral á Saúde do Adolescente e Jovem na Promoção, Proteção e Recuperação da Saúde. MOH Brazil, 2010
- Recomendações para a Atenção Integral a Adolescente e Joven Vivendo com HIV/AIDS. MOH Brazil, 2013.
- Diminuindo Diferenças: A Prática das Políticas Sobre Determinantes Sociais de Saúde.
- O Conceito de Saúde e a Vigilância Sanitaria: Notas para a Compreensao de un Conjunto Organizado de Praticas de Saúde.



In regards to contraceptive security, Pathfinder prepared and distributed the Situational Analysis on Sustainable Financing of Contraceptive Commodities in Angola (Annex 25). The situational analysis discusses quantities of contraceptives bought by external donors (USAID, UNFPA) and by the government of Angola in the past three years, and the projected need of contraceptives for the next three years, in the context of the worldwide trend of countries increasingly using local resources to buy all or most of their contraceptives. The document pointed out that many of these countries, including several in Africa, have gross national products significantly smaller than Angola's, and the quantities of contraceptives they need are significantly larger than for Angola. The situational analysis also pointed out that the cost of the contraceptives through 2017 is well within the US\$6 million allocated in the 2014 national budget for reproductive health and pregnancy spacing, and recommended that the country assume a greater responsibility in financing its contraceptives.

At the end of Healthy Families II, USAID, MSH, and Pathfinder International met on contraceptive security in order to organize a transition plan, under their SIAPS project. MSH committed to providing continuous technical assistance to the DNSP and GPSL regarding matters of contraceptive security in Angola at the national and Luanda provincial level. The SIAPS project now supports and provides technical assistance in logistics issues, including support to CECOMA and to USAID with distribution of contraceptives in Angola.

FORECASTED CHALLENGES

Although the work of Pathfinder, its partners, and the Angolan government has been extensive in the areas of family planning, adolescent and youth sexual and reproductive health, and contraceptive security, there is still much work to be done. For example, the National AYSRH Strategy was completed before the end of the project, but the accompanying Operational Plan was not. There may also be a lack of committed funds to implement it. This also holds true with the validation and distribution of the National FP Strategy.

The template for the Contraceptive Cue Cards was created, and 1,000 copies printed using Healthy Families, II funds. The template was transferred, however it is not clear that logistical and financial resources will be made available to continue with distribution to remaining health facilities.

There is a high turnover of personnel at family planning services, and regular and ongoing training of reproductive health providers about updating of protocols, standards and guidelines, to RH services users is needed.

Despite all the work done, there is still not enough evidence-based forecasting for contraceptive commodities, and there is insufficient training done in contraceptive management. There is a lack of distribution plans and monitoring at national and provincial levels, and frequent stock outs at the municipal level still persist.

RECOMMENDATIONS AND LESSONS LEARNED

To continue and build on the achievements of the Healthy Families II project, we recommend:

- The Central level to prepare the national Operational Plan for the next two to three years, based on the National AYSRH and FP strategies



- The reintroduction and implementation of AYSRH services at the health facilities level, based on the National AYSRH Strategic Plan and Provincial Operational Plans (including the Luanda Province)
- The two NGOs (CAJ and ANGOBEFA), will likely need additional financial support to organize and carry out operations in advocacy and promotion activities on AYSRH at the level of civil society and government, and implement their Operational Plans
- Use of the Contraceptive Cue Cards at the health facilities in the BCC activities and interpersonal counseling with FP users
- Evidence-based forecasting to be done with stakeholder's participation, especially donors such as UNFPA, USAID and others partners working in supply chain management (SCM)
- Distribution plans to be prepared regularly (quarterly or semester) avoiding delays in SCM
- The "pull" distribution system is preferred, especially in order to empower FP providers
- Complete physical inventories to be done at the end of each month, especially before to preparation of distribution plans

MAIN CONCLUSIONS AND LEGACY

The Healthy Families II project ended on February 15, 2016, and with it, Pathfinder International's presence in Angola. In the last few months of the project transitional activities took place. All staff ended employment by February, 2016. Project inventory and assets were successfully transferred to local partners, and the Pathfinder Angola project office closed and was returned to the landlord on February 15, 2016.

Even though Pathfinder no longer has a physical presence in Angola, many of the deliverables worked on under the Healthy Families II project will continue to have a positive impact on C/FP and AYSRH in the country for years to come. Pathfinder's contribution in supporting the two local NGOs, CAJ and ANGOBEFA, will have a lasting impact in the promotion and advocacy on AYSRH activities. Both NGOs have finalized their operational plans under the guidance of Pathfinder.

With Pathfinder's support, the Angolan government finalized both the National AYSRH Strategy and the Proposed National FP Strategy. These documents will serve as strategic guidance on SRH assistance of adolescents and youth, and FP services. In addition, the finalization, printing and distribution of 1,000 Contraceptive Cue Cards will be used in facilities as an important tool to facilitate FP users' awareness and voluntary choice of FP methods.

In the area of Contraceptive Security, several achievements will have a lasting benefit beyond Pathfinder's time in Angola. The forecasted commodities plan for 2016-2018 will allow the government to plan for the reduction of foreign assistance, and prioritize C/FP commodities using their own funds. The preparation of regular, evidence based distribution plans, the use of "pull" distribution system, and the regular monitoring and feedback of the monthly reports from provinces, all serve to empower to service providers, prevent stock outs, and ensure contraceptive security in Angola.

Pathfinder is grateful to have had the opportunity to positively affect the lives of adolescents, women, men, and families in Angola, with the support and funding of USAID.





ANNEXES

1. Advancing Advocacy Efforts to Meet the Sexual and Reproductive Health Needs of Youth in Angola (EN)
2. Avançando nos Esforços de Advocacia para Atender(PT)
3. Advancing Contraceptive Security in Angola (EN)
4. Promoção da Segurança Contraceptiva em Angola (PT)
5. Situational Analyses of Key Reproductive Health Services in Angola (EN)
6. Análise da Situação dos Serviços Essenciais de Saúde Reprodutiva em Angola (PT)
7. The Situational Analysis on Quality of FP Services (EN)
8. The Situational Analysis on Long-Acting and Permanent Methods (LAPM)(EN)
9. Assessment Brief: Individual Counseling for FP Clients(EN)*
10. Proposed National FP Strategy (EN)
11. Proposta de Estratégia de Planeamento Familiar (PT)
12. Guia de Bolso de Planeamento Familiar Para Trabalhadores da Saude(PT)
13. Monthly FP MIS form (1)(PT)
14. Monthly FP MIS form (2)(PT)
15. Monthly contraceptive tracking form (1)(PT)
16. Monthly contraceptive tracking form (2)(PT)
17. Antenatal Care Form(1)(PT)
18. Antenatal Care Form(2)(PT)
19. Births MIS Form (PT)
20. Maternal death MIS form (1)(PT)
21. Maternal death MIS form (2)(PT)
22. National AYSRH Strategy/Estrategia de Atenção Integral a Saude de Adolescentes e Jovens (PT)
23. Contraceptive Cue Cards (PT)
24. Contraceptives Distribution Forecast 2016-2018
25. Situational Analysis: Sustainable Financing of Contraceptive Commodities in Angola(EN)