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ANGOLA

WORK PLAN YEAR 2

**ANGOLA ESSENTIAL HEALTH SERVICES PROGRAM (SES)/ SERVIÇOS
ESSENCIAIS DE SAÚDE (SES)**

TASC2 Task Order Contract No. GHS-I-08-03-00025-00

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ACRONYMS

ABC	Abstinence, Being Faithful, Use Condoms
ADPP	Ajuda de Desenvolvimento de Povo para PovoAIDS Automated Directives System (USAID Regulations)
ART	Anti-retroviral therapy
BCC	Behavior Change Communication
CBO	Community-based organization
CDC	Center for Disease Control
CEC	Comité Empresarial contra SIDA (Business Alliance Against HIV/AIDS)
CHV	Community Health Volunteer
COE	Center of Excellence
COP	Chief of party
CSO	Civil society organization
CSSP	Civil Society Strengthening Program
CT	Counseling and Testing (HIV)
CUAMM	Collègues Universitaires Aspirants et Médecins Missionnaires
DNME	Direcção Nacional de Medicamento e Equipamento
DNSP	Direcção Nacional de Saúde Publica
DPS	Direcção Provincial de Saúde
DST	Diagnose, Stabilize, and Transfer
SES	Essential Health Services Program
EU PASS	European Union Health System Support Project
FP	Family planning
GOA	Government of Angola
HAMSET	HIV/AIDS, Malaria, STD, TB Control Project (World Bank)
HC	Health center
HF	Health Facility
HIV	Human Immuno-deficiency Virus
IEC	Information, Education, and Communication
IMAI	Integrated Management of Adolescent and Adult Illness
IMCI	Integrated Management of Childhood Illnesses
INLS	Instituto Nacional de Luta contra SIDA
IPT	Intermittent Prevention Treatment
IPMP	Instituto Portuguesa da Medicina Preventiva

IR	Intermediate result
KAP	Knowledge, attitude, and practice
KRA	Key result area
LLIN	Long Lasted Impregnated Nets
M&E	Monitoring and evaluation
MCH	Maternal and child health
MDP	Municipal Development Program
MOH	Ministry of Health
MOU	Memorandum of understanding
MT	Master Trainers
NGO	Nongovernmental organization
PIH	Pregnancy Induced Hypertension
PLWHA	People living with HIV/AIDS
PMP	Performance monitoring plan
PMR	Programa Multi-Sectorial de Reconstrução de Angola (World Bank)
PMTCT	Prevention of Mother to Child Transmission
PMU	Project management unit
RH	Reproductive health
RPM+	Rational Pharmaceutical Management Plus
SBM/R	Standard Based Management and Recognition
SES	Serviços Essenciais de Saúde
SME	Small to medium enterprises
SO	Strategic objective
STD	Sexually transmitted disease
STI	Sexually transmitted infection
TA	Technical assistance
TASC2 IQC	Population, Health, and Nutrition Technical Assistance and Support Indefinite Quantity Contract
TB	Tuberculosis
TBA	Traditional birth attendant
TIPS	Trial of Improved Practices Survey
USAID	United States Agency for International Development
USAID/Angola	United States Agency for International Development Mission in Angola
VCT	Voluntary Counseling and Testing

SECTION I. INTRODUCTION

The USAID/Angola Essential Health Program (SES as it is known locally) is a five-year effort to strengthen health sector governance at the national, provincial, and municipal levels through human capacity development and systemic reform efforts. SES has two main components, a Core Program to improve the quality, coverage, and community demand for integrated health services (including for tuberculosis, malaria, and reproductive health) in targeted provinces (see text box); and an HIV/AIDS Activity Option (HIVAC) to improve central and provincial capacity to address the AIDS epidemic, and to increase access to quality voluntary counseling and testing, including follow-up for HIV-positive individuals. The HIV/AIDS Option was started in Year 2. The base contract is for three years, with options for each component (a two-year option for the Core Program and two annual options for the HIVAC component). Options will be exercised based on successful implementation in the base period. SES is a task order under the TASC2 IQC.

SES Target Provinces

CORE: 16 municipalities in 3 provinces: Luanda, Huambo and Lunda Norte

HIV/AIDS: 7 provinces: Cabinda, Uige, Lunda Norte, Lunda Sul, Kuando Kubango, Cunene, Luanda.

The main focus of SES' CORE activities is to deliver a basic package of services to key service points in the Angolan health system: community, health posts, health centers and hospitals). For the HIV/AIDS component, the basic package of services will be developed for Voluntary Counseling and Testing (VCT) and Prevention of Mother to Child Transmission (PMTCT) outlets. Both components will support the creation and operations of municipal health committees (through which community knowledge and involvement in proper health behaviors will be strengthened). All activities will focus on strengthening the delivery of health services to the underserved and vulnerable populations of Angola.

The main activities to support the CORE activities are the following:

- Master trainer and support (clinical and community)
- Basic package (clinical and operational) delivery (quality)
- Behavior change communication (BCC)/community health volunteers (CHVs)
- Community-based organizations (CBO) and NGO capacity building through focus on municipal health committees
- Fund raising (private sector sources)
- Monitoring and evaluation/performance reporting

The SES HIV/AIDS component will focus on the prevention of the HIV/AIDS transmission, hence supporting the “Plano Estratégico Nacional para o Controle da Infecções de Transmissão Sexual, VIH e SIDA, 2007-2010” (2007- 2010 HIV/AIDS National Strategic Plan). This main activities include the following

- Capacity building of the Ministry of Health (MOH) staff to manage and provide the services and supervision at the provincial, municipal and health facilities.
- Expanding access to and demand for integrated PMTCT services in the health facilities that provide antenatal and delivery services.
- Expanding access to and demand for integrated HIV/AIDS counseling and testing services (VCT) in health facilities that provide antenatal and delivery services and other

care and treatment services: tuberculosis (TB), sexually transmitted infections (STIs), and reproductive health and family planning (RH/FP).

- Capacity building of local government and civil society organizations to promote and sustain risk reducing behavior change in the individuals and the communities.

While SES, per the contract, has seven intermediate results (IRs), given the similarity in scope and coverage of the IRs between the Core and HIV/AIDS components, we have used guidance from USAID to integrate the activities into three IRs per component, as follows:

- IR 1: Improved capacity of the health system in target provinces to plan, budget, deliver quality health care and services.
- IR 2: Increased individual and civil society knowledge, attitudes, practices of positive health behaviors related to tuberculosis, malaria, reproductive health, and HIV/AIDS.
- IR 3: Increased individual and civil society demand for and participation in improving quality and health services.

Building on lessons learned in Year 1, we are proposing a more streamlined, rational management approach that builds on what has worked, and creatively addresses identified implementation constraints.

All SES activities work toward achieving USAID/Angola's Strategic Objective (SO) 11, *Increased Provision of Essential Services by Local and National Institutions*. SO 11 is part of the integrated approach to address sources of fragility in Angola, which also includes activities in governance reform and economic development under SO 9 and SO 10. Combined, they contribute to the goal articulated in USAID's fragile state strategic framework for Africa: "Manage Crises and Promote Sustainability, Recovery and Democratic Reform."

The following document presents SES' work plan for Year 2. Work planning began in October 2007 upon award of the HIV/AIDS Activity Option, when the project and home offices prepared a draft work plan per the contract modification. The SES team then held a two-day work planning session in Huambo in November 2007 to develop a detailed operational plan for the Core and HIV/AIDS Option. The planning process was enriched by stakeholder discussions with key partners and USAID.

SECTION II: SES IMPLEMENTATION STRATEGY FOR 2008

SES' integrated implementation strategy supports USAID's and the Government of Angola's vision for rebuilding the country's health service delivery system. Specifically SES will help reform the Angolan health system to improve quality of delivery of health services at service points, to improve capacity of supporting institutions, and to develop a practical basic package of quality health services that can be replicated in all health facilities in the target 16 municipalities. This strategy will yield visible and verifiable results in a sustainable manner within the base contract period.

The SES team will use an **integrated functional health systems approach** as the overarching strategy for Year 2. Specifically, quality health services at the facility level require that all contributing elements are assured, i.e., proper diagnosis and treatment, availability of drugs and medical supplies, up-to-date patient records and tracking, proper,

appropriate, and cost-efficient referral among health facilities, and vibrant interface with the communities being served. The SES integrated functional approach will:

- Improve the quality of services throughout the health system
- Integrate vertical programs at service delivery points
- Management strengthening (pharmaceutical, procurement and municipal planning)
- Contribute to improve quality of services provided by the MOH, capacity building of NGOs, and the private sector to implement health related activities
- Achieve health sector integration through partnerships with other cooperating agencies, international donors, the public sector and the private sector
- Help communities be more informed, adopt good health practices and disease prevention strategies, and engage effectively with health service centers

Each of these elements is described in more detail below.

Improving the quality of services throughout the health system will be done by using the Standard Based Management and Recognition (SBM/R) approach, which:

- Sets standards of performance for a basic health services package that reflect evidence-based clinical and managerial best practices that lead to improved health outcomes
- Implements standards through a baseline assessment that allows the identification of performance gaps
- Develops improvement plans based on gaps, including identification of persons in charge, resources and technical assistance (TA) requirements needed
- Periodically tracks performance progress through measurements
- Exchanges improvement experiences
- Rewards progress and achievement of meaningful compliance with standards

The basic health services package will be set in consultation with the MOH and reflect a pragmatic and sustainable set of services.

Integrating vertical programs at service delivery points is critical from both the client and public health perspective: the client wants all his/her health needs met and the health system do not want to miss opportunities to address health needs. SES will make these important links between interventions functional. For example, as part of the HIV/AIDS component, there will be counseling and testing on HIV/AIDS including ABC counseling in health facilities; this counseling will be comprehensive and linked specifically with prenatal and delivery services and more general reproductive healthcare, i.e., family planning counseling, and reducing the rate of STIs.

Management strengthening (pharmaceutical, procurement and municipal planning): SES is working at health posts, health centers and hospitals. At all these levels SES will apply SBM/R tools including design and implementation of improvement plans. SES is also completing data collection and reporting activities, and collecting epidemiological surveillance data. SES has been playing a supportive role in training provincial officials on the use of the tools for budgeting and operational planning. The objective of this effort is to improve data quality, and reliability, allowing for timely decision making, as well as to forecast patients' and facility needs, and to ensure a more complete epidemiological profile.

Contribute to improve quality of services provided by the MOH, capacity building of NGOs, and the private sector to implement health related activities is part of our long-term sustainability strategy. SES will support the MOH in achieving an integrated functional health system in a sustainable manner by institutionalizing requisites for quality service delivery at all levels. Specifically, SES will strengthen procurement and logistics, data management, surveillance system, monitoring and supervision, and protocols and guidelines — by building both institutional and human capacity. To ensure the MOH is meaningfully engaged, that realistic targets and milestones are set in a consultative manner that reflect MOH goals, and to ensure SES enjoys MOH support during implementation, SES will strengthen its relationship with the MOH at every level: central, provincial, and municipal. We will create a **Steering Committee** with participation from the MOH, USAID, and others to be defined in consultation with our main stakeholders. This committee will serve as an advisory body providing the SES team with high-level guidance while ensuring the work supports MOH goals. In addition, SES will develop specific targets and milestones with each key technical department; and work with the Provincial Health Department (DPS) on operational planning, implementation, supervision, and monitoring and evaluation. SES will also build the capacity of NGOs through its grants program and the private sector through health programs in the workplace. All capacity-building efforts will make maximum use of cascade training along with proactive coaching and mentoring.

Achieving sector integration through partnerships with other cooperating agencies, international donors, the public sector and the private sector is also part of SES's sustainability strategy. SES will proactively explore collaboration between private providers and public health facilities in HIV/AIDS, malaria, TB and RH program areas. Private companies are increasingly interested in Corporate Social Responsibility from a bottom-line perspective; we will prioritize implementation of the Investment Plan developed in Year 1, collaboration with the *Comite Empresarial Contra o SIDA* (CEC), and outreach to donors. Our goal is to attract additional funds to support and leverage SES activities.

Helping communities to be more informed, adopt good health practices and disease prevention strategies, and engage effectively with health service centers, will ensure that communities are fully integrated in the health system. The delivery of services has to be centered in the care and self care of the individual, families and communities and not around care of “illnesses,” therefore SES will organize interventions toward a more informed individual, family, and community on how to bring about healthy development and healthy styles of living.

SES will coordinate with the civil society strengthening program (CSSP) and the municipal development program (MDP) and local NGOs to work with communities to provide them with knowledge that will help them adopt healthy practices around reproductive health, malaria, TB and HIV/AIDS, and, through effective demand, increase the quality of services at health centers. SES will promote the conformation of municipal health committees in all 11 municipalities, using a Champion Community approach, which engages communities in setting health targets in support of national objectives and in alliance with local health service centers, and then rewards them when targets and milestones are met. This approach, which motivates positive health practices by directly engaging communities and health centers and creating “friendly competition” among them, can have a dramatic effect on health indicators at the community level and on the responsiveness of health centers to community needs.

SECTION III: DETAILED WORK PLAN FOR YEAR 2

A. Introduction

In 2008, SES will focus on increasing the quality of care in a total of 11 municipalities in the provinces of Luanda, Huambo, Lunda Norte, and Cunene (HIV/AIDS only), and strengthen its engagement and collaboration with the MOH. The project will specifically aim to do six things this year:

1. Consolidate the basic package of services provided to each level of the health system, recognizing the health center is the critical nexus in this system. Once refined, this basic package of services will be replicated to a larger number of health facilities and the communities they serve. In 2008, all 153 health facilities in the 11 municipalities of the three provinces will be benefiting from the program. A total of 30 health facilities in Luanda (3 hospitals, 16 health centers, and 12 health posts); 102 health facilities in Huambo (6 hospitals, 29 health centers, and 68 health posts); and 20 health facilities in Lunda Norte (4 hospitals, 2 health centers and 14 health posts), will be served by the SES project.
2. Engage the municipality and higher levels of the MOH in the supervision and oversight of health center operations. A group of Master Trainers (selected by the DPS, DMS, and SES) will be trained as supervisors, and will be part of integrated supervision teams.
3. Aggressively promote community outreach activities, promoting a strong link between health services and the individuals they serve. Community Master Trainers will play a key role in the conformation of 11 municipal health committees. The committees will integrate members from different sectors, conduct a participative diagnosis, and prepare plans with specific targets, including the conformation of local committees (“bairros” and “aldeias”). Community Master Trainers will conduct training of CHVs, who will carry out health promotion and prevention activities. Thus, individuals will exercise an informed demand on health services provided by the health post and health centers. They will learn the alarm signs on TB, malaria, HIV/AIDS and pregnancy, and what to do for prevention and where to go for treatment.
4. Integrate HIV/AIDS prevention activities at all levels of programming in the Core Project target provinces of Luanda and Lunda Norte.
5. Integrate a minimum of three PMTCT centers into target health centers in Luanda, and six VCT centers in Luanda, Lunda Norte and Cunene to reduce transmission through early diagnosis and prevention. SES will coordinate with other players to extend PMTCT to all centers with labor delivery in Luanda (25 Health facilities).
6. Continue to coordinate with municipal, provincial, and national level MOH units, to identify and institutionalize best practices and replicate them throughout the Angolan health system.

SES is in the process of strengthening health services and has reached different levels of progress in the target provinces. In Year 1, SES in the Huambo province has implemented all project components in eight health centers, except in the HIV/AIDS activities. In Year 2, according to the new strategy, SES will extend activities to reach all health facilities in the targeted five municipalities in the Huambo province. In addition, SES is presenting a proposal to the DPS in Huambo to systemize and replicate SES interventions in all municipalities of Huambo Province.

With regard to Luanda, the project has emphasized the work to update protocols and guidelines to be used by all primary care health facilities in the country and particularly by Master Trainers (MTs). In Year 2, SES will continue working to improve data management systems and epidemiological surveillance analysis with the DPS and partners. SES will train and certify clinical MTs to work in improving quality services in all health facilities of the four municipalities of Luanda province. In Lunda Norte, SES will start with all components this year, reaching all facilities of the targeted two municipalities. This year, the HIV/AIDS component will be initiated in Luanda, Lunda Norte, and Cunene.

For ease of review, and also to be consistent with the contract, we have divided the major activities by component and by intermediate result (IR). Activities are further defined by key result area. SES recognizes the inter-relationship among the different activities by IR and by component, particularly in the area of strengthening capacity, behavior change communication (BCC) and community mobilization. Activities will be disaggregated by main client of the assistance (MOH/DPS, hospitals, health center or health post in the case of strengthening capacity in the communities in the case of BCC and community mobilization). While we recognize and will keep separate those activities implemented for the HIV/AIDS component, many of the implementation methodologies and beneficiary groups will be the same, and the technical assistance and training services will be delivered, in many instances, by the same individual or organization. This will ensure consistency and coherency in SES's implementation plan, and also allow SES to promote synergies with other donors, implementing partners, and private sector entities.

B. Core Component Specific Activities by Intermediate Results

B1. Intermediate Result 1: Improved capacity of the health system in target provinces to plan, budget, deliver quality health care and services

B1a. Improved and Integrated Quality Health Service Delivery Standards

Task No. 1: Finalize protocol review, update and curriculum development

Clinical guidelines, based on MOH protocols, are the foundation for improving the quality of health services as they provide health practitioners with clear, easy-to-follow guidelines for the diagnosis, care, and treatment of diseases. In 2007, SES contributed to the first draft of 20 practical clinical guidelines as follows: malaria (1), TB (1) and reproductive health (18). As requested by the MOH, the draft guidelines were reviewed by a team composed of staff from health centers, the municipality and from DPS; their inputs have been incorporated. In the first quarter of Year 2, it is planned to submit the revised draft to USAID for comments and input. Once cleared by USAID, SES in collaboration with the MoH will accelerate the review and, a meeting of all partners will be organized to present the guidelines and to incorporate any final comments. The guidelines will then be submitted to the National Directorate for Public Health for approval. Once

Summary of Key Activities, IR 1:

- Finalize protocol review, update, and curriculum development
- Train core group of Master Trainers
- Implement norms and standards of quality service delivery at health facilities
- Select, train and define activities of CHVs
- Pilot a functional referral system
- Capacity strengthening of provincial and municipal staff in data analysis and reporting
- Strengthen capacity to develop and advocate budgets and operational plans for health at provincial level and municipal levels
- Strengthen pharmaceutical logistics system at the health center, municipal, and provincial levels
- Improve supervision of health center operations

cleared by all authorities, SES will publish the guidelines in a user-friendly format, and distribute to all health facilities. It is anticipated this will be done by the third quarter of 2008. In SES target health centers, the guidelines will be used for regular in-service training of health center and health post staff. (In HIVAC, IR 1, Task 1 and Task 7 establish development of one protocol, one manual and three guidelines.)

In addition to finalizing the clinical guidelines, SES technical staff will provide assistance, upon request by the MOH, in review and updating national protocols. In 2007, MOH requested SES only become involved in the review of protocols when the national program determined a review was necessary. Currently, SES is providing technical assistance and material support in the review of the standard case management protocol conducted by the National Malaria Control Program. The National TB Control Program is also planning a review of the TB treatment protocol, including the incorporation of a protocol for treating HIV-positive TB patients and TB drug resistant patients. SES has been requested to participate and support the review process. Also, SES has been requested to provide short-term technical assistance to design a TB/HIV information system for the National TB Control Program. This will be done in 2008.

The updated national protocols for malaria and TB, as well as the World Health Organization's (WHO) Manual on care of TB and HIV/AIDS positive patients, when finalized, will be the national protocol to be followed by all health facilities. SES (through short-term assistance) will support the provision of on-the-job orientation of the new standards, with particular attention to aspects of the protocols that may present new standards and best practices.

These above activities will be measured as part of the indicator tabulating number of policies drafted with U.S. government support. It will also support activities that will identify the number of registered TB patients tested for HIV through U.S. government-supported programs. The principal staff responsible for conducting these activities includes Chief of Party Margarita Gurdian, Technical Director Jhony Juarez, HIV/AIDS Coordinator Samson Nkonyani, and M&E Specialist Celso Mondlane.

B1b. Improved, Integrated Quality Services Offered

Task No. 1: Train core group of Master Trainers

Master Trainers (MTs) are central to SES' implementation strategy as they serve as the principal source for transmitting the SBM/R tool to health facilities. SBM/R helps to establish minimum performance standards for health facilities, promote the integrated provision of maternal and child health (MCH), RH/FP, malaria, TB, and HIV/AIDS services as part of one consolidated package. SBM/R also provides the tools whereby MTs can serve as technical advisors and quality supervisors to their respective health facilities.

Selection Criterion for MTs
<ul style="list-style-type: none"> • Previous adult training and mentoring experience • Previous knowledge or interest in basic clinical and subject matter, including quality standards • Ability to use information source and effective communication skills • Ability to work with and coordinate teams • Strong organizational skills, ability to multi-task • Strong representational and leadership skills • At least three years of previous experience working with health system, preferably at provincial and municipal level • Active participant in local professional groups or associations related to health

Two groups of MTs will be trained for each province – one group for clinical services and one group for community mobilization activities. Once trained, the MTs will return to their respective health facilities and provide in-service training to all staff in the health facilities in their assigned geographical area. The clinical MTs will supervise the activities of clinical staff so they conform to SBM/R standards. The community mobilization MTs will train staff in effective liaising with the community for improved health services. SES sees the MT program as both a training program and a comprehensive quality improvement program where the MT is the promoter of quality to ensure all staff incorporates quality standards as part of their job. In Luanda, SES will not be training community mobilization MTs; instead SES will participate in a DPS-managed CHV training program, charged with training 120 community agents.

The selection criterion to identify MTs is described in the above text box. Community mobilization MTs are primarily selected from the health facilities. Clinical MTs are selected from the DPS, municipal health offices and health facility staff. SES, working with the provincial health authorities (DPS), will train and certify a total of 120 MTs by the end of the base contract. To ensure we have this number, SES has identified an initial group of approximately 200 individuals to be trained as MTs. As of October 2007, 99 MTs (77 clinical and 22 community) have initiated training as part of the certification process, of those, 71 MTs (49 clinical and 22 community) in Huambo, and 28 clinical MTs in Luanda. In the case of Luanda, SES is working with the MOH to train 120 community agents; this process was initiated in October 2007 with an initial group of 48 community agents, which is now complete.

In 2008, SES will be training a new cadre of 100 MTs, broken down as follows:

- 25 MTs (15 clinical and 10 community mobilization) in Lunda Norte
- 45 MTs in Huambo (30 clinical and 15 community mobilization)
- 30 MTs in Luanda (all clinical)

In addition, SES will provide continuous follow-up supervision and mentoring to the 99 MTs trained in 2007, including preparing them for certification. See text box on previous page for specific activities. Each clinical MT will train a maximum of 16 health providers (8 in each health facility assigned), thus reaching a total of 1,224 health providers (153 health centers *8 providers).

The main curriculum for the clinical MTs is composed of 14 modules, as follows:

- Skills of an MT
- Selection criteria for trainers, development of a training plan, and required documentation
- Interpersonal communication, leadership and formation of teams, and conflict management
- Reproductive health
- Malaria
- TB
- HIV/AIDS
- Standards basic management/recognition tools
- Improving quality

- Seven-day strategy
- Statistics and management of statistical information
- Management of medicine supply
- Behavior change communication
- Preparing work plan

The main curriculum for the community mobilization MTs is composed of 11 modules, as follows:

- Development of a training curriculum
- Principal elements of Information, Education, and Communication (IEC) for community agents
- Principal determinants of good health
- Women's health issues
- Children's health issues
- Surveillance and health
- Tasks of community agent as monitor of health issues
- Local administration of social and economic development issues
- Monitoring, evaluation, and report of activities
- Behavior change communications
- Demand for improved quality of services

The alarm symptoms for malaria, TB, RP/FP, and HIV/AIDs are addressed as an integrated element of the health issues discussions.

The MTs identified in Year 1 should complete their training in 2008, including passing the final exam. Graduate MTs will begin the process of cascade training to other health care providers (not necessarily only with SES funds) in their respective health facilities. To ensure use of norms and standards of quality service at the facilities, and to assist the MTs in the cascade training, SES will play a coaching and supervisory role to the MTs in 2008, as described in the text box. After successfully completing the MT program, the MTs will continue to work with health center staff, providing updated information, continuing education and in-service assistance, and providing supervision to the health center staff. In Year 3, it is anticipated the MTs will train health center and other health facility staff in the municipality where they are assigned.

Master Trainers Coaching and Supervision

As the Year 1 MTs complete their course this year, SES will:

- Facilitate refresher sessions on complex topics (i.e., malaria in pregnancy, post-abortion management and family planning)
- Modify in-service and mentoring approaches ensuring that MTs have a solid skill set
- Administer pre-tests to MTs at the beginning of every training session to assess knowledge and amend course content and practices according to results
- Use activities and group work to promote practical skill development
- Administer post tests after each training session to ensure knowledge has been transferred
- Administer a final exam at the close of each training series to guarantee MTs have skills for success
- Develop checklist and score sheet to assess the performance of MTs in the transfer of knowledge and skills to other health workers
- With the DPS, address weaknesses through continued technical support and mentoring
- Conduct a final written evaluation of MT to confirm proficiency in requisite skills
- With provincial directors, institute a certification process for MTs
- Results from final written evaluation and observations during cascade sessions will be combined to give the MT a final score
- Those that meet standards will be certified
- Certificates awarded during a public ceremony

Table 1: Number of Health Facilities by Category in Target Provinces and Municipalities

PROVINCE	MUNICIPALITY	HEALTH FACILITIES			TOTAL
		Hospital	H. C.	H. P.	
LUANDA	Cazenga	1	7	2	10
	Rangel	0	3	3	6
	Ingombotas	1	4	1	6
	Samba	0	2	6	8
	Maianga	1			1
Sub-Total		3	16	12	31
HUAMBO	Huambo Sede	3	13	32	49
	Caala	1	6	12	18
	Tchicala	0	2	13	15
	Bailundo	1	4	7	11
	Londumbali	1	4	4	9
Sub-Total		6	29	68	102
LUNDA NORTE	Chitato	3	1	10	14
	Lucapa	1	1	4	6
Sub-Total		4	2	14	20
TOTAL		12	47	94	153

Note: Please see Annex B for facility names and locations

In Year 2 the maximum number of health facilities to be covered by each MT will be *two*, for an estimated total of 200 health facilities. As part of the Master Trainer Model, SES will focus on health centers that provide the full range of basic health services and have the most productive contact with the community – while health posts will serve as distribution points for the products of vertical programs, as explained in later sections SES interventions in hospitals will focus on training hospital staff on four main causes of maternal mortality.

Each MT will be part of the quality delivery system; SBM/R will be a critical and powerful tool used by the MT in assessing and ensuring quality healthcare delivery. First, it provides for the collection and/or development of technical protocols and guidelines for the use of health facility staff. These protocols and guidelines cover all technical areas of SES (TB, malaria, HIV/AIDS, RH) as well as logistics and procurement and data management. Second, SBM/R provides a methodology for assessing the status of individual health facilities relative to these protocols, and helps develop a tailor-made technical assistance program to improve quality. Finally, SBM/R provides for continuing supervision of health centers based on their technical assistance needs and targets, and also provides the means to evaluate their performance and recognizes them for actions taken and subsequent results.

Trainers will learn how to use evidence-based maternal and child health/reproductive health (MCH/RH) care practices, including the diagnosis and treatment of malaria and TB; and will be coached in practical steps to implement these standards at their facilities. As appropriate, they will also be provided basic tools for diagnosing and treating HIV/AIDS. The trainings will also include baseline and internal monitoring assessments, standards for supervision, management, accounting, reporting and data management, procurement/logistics, and community outreach.

The community mobilization MTs are basically facility-based staff and they will have the responsibility of liaising with other municipal and NGO agencies working in the communities to help create municipal health committees, and train CHVs. One of the most important goals

of SES is to create demand for clinical services, whether health post, health center, or referral hospital; the community mobilization MT will monitor this demand. A second important goal of community mobilization is engaging local groups in health advocacy and participation in health system management. The community mobilization MT will be the focal point at the health center for these activities.

The key indicator for this activity is the number of certified master trainers. The staff responsible for this activity includes Technical Director Jhony Juarez, Health Quality Assurance Specialist Nohra Villamil, BCC Coordinator Fernando Vicente, and Capacity Building Manager Zeferino Lucas and Provincial Coordinator (Luanda) Brito Paulo.

Task No. 2: Provide assistance to DPS to implement the basic health package.

The SES basic health package, described below, has presented to the DPS of Luanda, Huambo, and Lunda Norte. This basic package was developed based on the “Pacote Essencial de intervenções” presented by the Angolan Ministry of Health within the “*Plano Estratégico para a Redução Acelerada da Mortalidade Materno Infantil em Angola para o período 2004 – 2008.*” SES acknowledges the importance of this strategic document which is based on up-to-date and accepted national and international standards. SES will focus its efforts on implementing the basic package in all facilities in the target provinces. The basic package has been designed taking into account the different service levels and basic needs of each health facility: i.e., health post, health center, and Hospital.

Basic Package of Services at the Health Post Level

Child health:

- Growth monitoring
- Distribute of long-term treated nets (LLIN)
- Provide appropriate treatment of simple malaria cases, acute diarrhea (ORS), Slight acute respiratory infections and de-worming
- Identify alarm signals for seeking attention
- Achieve universal vaccination score
- Promote breastfeeding
- Integrated Management of Childhood Illnesses (IMCI)

Maternal health:

- Antenatal care
- Promote knowledge of symptoms and signs of alarm for malaria, TB
- Promote prevention of malaria, particularly in pregnancy.
- Provide IPT
- Provide anti-parasitic treatment for pregnant women
- Distribute and promote the use of LLIN
- Administer of Tetanus Toxoid Vaccine.
- Conduct health education on TB
- Conduct health education on HIV/AIDS prevention, and promotion of Abstinence, Being Faithful, Use Condoms (ABC), CT and PMTCT.
- Provide emergency delivery attention for imminent childbirth and newborn
- Promote exclusive breastfeeding
- Identify high obstetric risk and refer

- Provide Post-partum attention and care of newborn
- Diagnose, Stabilize and Transfer (DST) all obstetric or neonatal emergencies
- Birth spacing
- Family planning: counseling provision of barrier methods, hormonal methods, oral contraception, injectable, and refer for other methods

Community Outreach:

- Identify communities in the health post catchment area.
- Family census, pregnant census, children under five and under two census.
- Identify community leaders, *Sobas*, traditional birth attendants (TBAs), CSOs, and other community partners
- Promote broad based community health committees
- Identify and help train, and follow up CHVs
- Implement referral system, actively promoting referral and counter referral to the community.
- Participate in the community health committee
- Provide IEC on alarm signs during pregnancy and timely referral.
- Promote childbirth plan and Institutional delivery.
- Provide IEC on malaria, TB, Reproductive health/FP, and HIV/AIDS
- Provide IEC on IPT in pregnant women
- Promote use of LLIN for malaria prevention

Management:

- Apply SBM/R tools
- Implement improvement plans
- Conduct data collection and reporting, and epidemiological surveillance

Basic Package of Services at the Health Center

Child Health:

Same package of services as Health Post ***PLUS***,

- Treat severe malaria (DST), severe diarrhea (DST), and Severe respiratory infections (DST)

Maternal Health:

Same package of services as Health Post ***PLUS***,

- Voluntary counseling and testing for HIV/AIDS
- Prevention of mother to child transmission referral system
- Care of newborn
- Care of newborn with complications (resuscitation)
- Manage non-complicated retained placenta
- Examine childbirth canal
- Recognize complicated labor, delivery, dystocic childbirth (DST)
- Recognize and treat simple PIH and magnesium sulphate use.
- Identify several cases of PIH (DST)
- Recognize and treat uncomplicated hemorrhage; promote use of oxytocin in post-delivery and in severe cases or hypovolemic shock (DST)

- Treat Maternal and neonatal sepsis (DST)
- Post Abortion Care (PAC)
- Provide DST to all obstetrics and neonatal emergencies

Community Outreach:

Same package of services as Health Post **PLUS**,

- Follow up activities by CHV

Management:

Same package of services as Health Post

Basic Package of Services at the Hospitals

Antenatal care

Management of complicated labor, delivery, dystocic childbirth

Management of newborn with complications

Manual extraction of complicated retained placenta

Management of incomplete abortion

Management of moderate or severe HIE and eclampsia

Management of severe hemorrhage and hypovolemic shock

Management of sepsis

Caesarean section, laparotomy and abdominal hysterectomy

Management of non-complicated neonatal surgical pathology

Family planning: counseling, provision of all methods, including surgical methods

The key indicator for this activity is: Number of health facilities implementing the basic health package. The staff responsible include: Technical Director Jhony Juarez, Health Quality Assurance Specialist Nohra Villamil, BCC Coordinator Fernando Vicente, Capacity Building Manager Zeferino Lucas, Provincial Coordinator (Luanda) Brito Paulo, HIV/AIDS Technical Advisor Samson Ngonyani, Procurement and Logistics Specialist Jose Karymba, and M&E Specialist Celso Mondlane.

Task No. 3: Follow-up on implementation of norms and standards of quality service delivery at health centers and health posts.

One of the key tasks of the MTs is to serve as trainers for staff in their own facilities.

Training of staff — in best practices for diagnosis and treatment, in knowing their resources for information and how to access them, in service delivery quality standards, and in how to effectively working with the communities they serve — is critical to providing a high standard of patient care. To ensure MTs receive the support they need to be successful, SES will provide follow up coaching and mentoring assistance to ensure quality norms and standards of service delivery. Assistance will be provided in two main areas:

- Cascade training of health center staff by the MTs
- Supervision of activities at the health centers

Cascade Training

Clinical MTs: Building on what was started in 2007 each clinical MT will be assigned two health facilities to work with. The main focus will be the health centers, but feeder facilities,

such as health posts will also be served. Hospitals will have a cadre of specific MTs working in those facilities. With assistance from SES staff, MTs will develop a detailed training plan to guide their efforts in coaching the staff of their assigned facilities. It is anticipated each health facility will set aside a few hours each week for MTs to deliver training to all staff on SBM/R standards, community mobilization, and the data management and logistics protocols. Service delivery health workers will receive additional training from the MTs on best clinical practices and the use of the clinical guidelines and new malaria and TB protocols provided to each health center by SES. MTs may also be called upon by the DPS to provide training at other health centers in their respective municipalities. As mentioned above, in 2008 it is anticipated the Clinical MTs will reach 1,224 health workers in the target municipalities, (153 facilities X 8 staff/facility = 1,224). This constitutes the total population of health workers in SES target municipalities in 2008 (four municipalities in Luanda, five in Huambo, and two in Lunda Norte).

Community Mobilization MTs: This group of MTs will be promoting the formation of the municipal health committees in all 11 municipalities, with local authorities, the municipal health director, community and religious leaders, representatives of NGOs and the private sector. The health committees will help identify community health volunteers (CHVs) who in turn will be trained by the community MTs to provide information on healthy living and best practices. The CHVs will also provide information on what kind of services are offered in the health facilities, the alarm signs and how to prevent and seek treatment on TB, malaria, HIV/AIDS and maternal health. CHVs will also be part of the referral system and patient monitoring program.

The community mobilization MTs will develop a plan to train the CHVs in the catchment areas of each health center. In Angola, the smallest unit of administrative division is the “*aldeia*, or *bairro*.” A group of “*aldeias* or *bairros*” will join together to form a sector. SES will be working at the sector level. SES uses the term *community* to refer to these sectors. The MT-led CHV training will be held in the sector headquarters. Details of the CHV selection and training are presented under Task 3.

MTs based in the DPS will also play a role in the cascade training. MTs at this level are expected to build the capacity of the entire DPS, and are in the unique position to extend the scope of cascade training to areas beyond SES target municipalities.

In 2008, SES will train 47 community MTs. Of those 47 MTs, 22 will complete the training which they started in 2007 (Huambo), and 25 new Community MTs (10 in Lunda Norte, and 15 in Huambo) will undergo the full process of training. Each community MT will train 20 CHVs, for a total of 940 CHVs. In addition, SES will be training 120 CHVs in collaboration with the DPS in Luanda, for a total of 1,060 CHVs trained by the end of 2008.

As a result of cascade training for clinical and community MTs, SES will train a total of 1,224 health providers in the basic package of services, and 1,060 community health volunteers (for a total of 2,284 people trained by the end of 2008).

Supervision of MT activities between health facilities and the community will ensure

Cascade Training Activities and NGOs

NGOs will be integrated into activities in Year 2, although they were not identified in SES' first year. They are key partners in SES' community mobilization activities and will work closely with the project and Community Mobilization Master Trainers in the sectors surrounding health facilities.

SES will identify & select partner NGOs from those organizations already trained in capacity building by CSSP. We believe that because they have received support from CSSP, these NGOs will possess valuable insights and sensitivity to community issues.

It is anticipated that NGOs will work principally with local CHVs and other groups in BCC, advocacy, and community-health facility collaboration, acting as the MTs critical link to the community.

quality is maintained in programming. SES, in consultation with the DPS, will form a supervisory team comprised of staff from the DPS, the DMS, SES project, and the MTs. The supervisory team will monitor the activities that take place in each health facility to implement the basic package using the SBM/R tools and supervision guide to assure that targets are met, identify gaps, provide technical assistance, and communicate further assistance needs to the appropriate SES or DPS authorities.

The supervision plan will also include general oversight of the health center. An updated checklist will be developed to review the protocols on diagnosis and treatment of malaria and TB, and reproductive health issues, as well as data management, logistics and procurement, and family planning counseling. This general oversight plan is outlined in detail further below. The check list will also determine if the SBM/R standards are being followed, if medical stocks are sufficient, if patient record keeping and tracking forms are utilized and up-to-date, and if the guidelines for referrals are being followed.

Representatives of the municipal health committees including selected NGOs and health center staff will develop a plan to supervise the community engagement activities. The plan will recommend the frequency of supervisory visits to the community.

Indicators for this task include: Number of people (health professionals, primary health care workers, community health workers, volunteers, non-health personnel) trained in FP/RH (including training in service delivery, communication, policy and systems, research, etc.)

The principal staff responsible are: Technical Director Jhony Juarez, Health Quality Assurance Specialist Nohra Villamil, Capacity Building Manager Zeferino Lucas, Procurement and Logistics Specialist Jose Karymba, and M&E Specialist Celso Mondlane.

Task No. 3: Selection, training and activities of CHVs

Engaging the community to promote informed decision-making for health care empowers individuals to take charge of their health, the health needs of their family and of their community. Community-based education and liaison workers or CHVs are a group of volunteers based in the community who have received training to provide health education and information to the community members. Community activities will be implemented by the health center staff led by the MT but most importantly by the municipal health committee.

In Huambo and Lunda Norte, the SES community mobilization manager, together with local NGOs and the municipal health committee will work with community mobilization MTs to:

- Refine CHV training program
- Conduct meetings with *Sobas*, or community leadership to explain program and gain their support
- Assist villages in identifying and selecting additional CHVs
- Conduct training of the CHVs at sector headquarters
- Ensure that CHVs implement BCC activities within the community

In Luanda, SES will work with the DPS community health trainers and the municipal health committee to:

- Identify and select community members to be trained as CHVs in the Cazenga HC area-Luanda
- Conduct training of CHV, utilizing program designed and developed by the DPS Luanda.

With the DPS, SES has agreed to train a total of 120 community agents in Luanda by the end of the contract base period. In November 2007, SES initiated a joint training program for 48 community agents. A second program will be conducted in March 2008 for another 48 agents, who are currently in the process of being selected. Those trained are receiving mentoring while they begin their activities

Each community will be asked to identify its CHVs, individuals who are reliable, well-respected, and capable of providing health education to people of all ages. It is critical to SES that the CHVs are credible members of the community. SES and the community mobilization MT will ensure that women and youth and other interest groups are represented, including traditional birth attendants (TBAs). TBAs are well respected health care providers within their communities and will be included in the CHV training when possible. The selection process for CHVs is outlined under IR 2.

CHVs will be trained in BCC/IEC methods, disease prevention for common diseases such as malaria and TB; family planning, vaccination, care of children, care of pregnant women, sanitation, and HIV/AIDS. They will also be trained in community referral. CHVs will be taught important health messages to be delivered to the community related to proper diagnosis, treatment and referral of malaria and TB patients, family planning, and HIV/AIDS.

While in principle SES will address all of the above issues, one of the first steps will be to prioritize interventions. CHVs will help implement action plans developed by each community health committee, which may focus on one or two priority issues facing their communities.

The key indicator is that 1060 CHVs will be trained in the three provinces. The key persons responsible are BCC Coordinator Fernando Vicente, Capacity Building Manager Zeferino Lucas and Provincial Coordinator (Luanda) Brito Paulo.

Other training in Laboratory diagnostic support : In collaboration with the National Public Health Institute (INSP), and in order to provide laboratory diagnostic support to benefit all Angolan provinces, SES will facilitate logistics for nationwide cascade training of lab technicians in malaria microscopy, and establishment of national laboratory Quality Control System. This will contribute to improve quality diagnosis of malaria, first cause of morbidity and mortality in Angola. Please see Annex C.

Task No. 4: Strengthening referral system

Referral of patients from a health center to higher level facilities, such as hospitals, is a fundamental element of quality health service delivery. Health care workers must know when to treat patients within their health facility and when to refer patients outside. A good functional referral system and improved quality of service delivery at health posts and centers will help address the bottle neck of patients in referral facilities, and will facilitate better treatment of patients. Referrals from communities to health centers, and from health centers to CHVs, are a key component of this process.

Taking into consideration guidance from the USAID Health Team, SES consulted again with the DPS on the possibility of strengthening the referral system in the whole province, rather than conducting a pilot in a selected municipality. The DPS embraced the suggestion and immediately formed a working technical group with SES as a member to prepare a proposal for the referral and counter referral system.

SES will assist the DPS of Huambo in establishing a technical working group to review the patient referral system currently in place in the Huambo province. The technical group will examine the referral network — from community to health post to health center to hospital back to community, i.e., at the municipal level. Based on this assessment, the technical group will incorporate new elements into the referral system and present first to USAID for review and approval; once cleared, it will then be submitted to the DPS. SES will assist the DPS to identify human and material resources to implement the proposed referral and counter-referral system in the Huambo province.

The technical group will also address communication issues with the health facilities, establishing linkages between CHVs and health workers. This process will facilitate the referral from the community to the health facility, and counter-referral from all levels of the health network to community for follow up.

Key persons responsible: Health Quality Assurance Specialist Nohra Villamil, BCC Coordinator Fernando Vicente, Capacity-Building Manager Supervisor Zeferino Lucas, Technical Director Jhony Juarez, and M&E Specialist Celso Mondlane.

B1c. Data collected, managed and utilized in program planning

Task No. 1: Building capacity of provincial and municipal staff in data analysis and reporting

The MOH has developed a database to improve data management. This central database will link the health information system at all levels, including primary health network. SES was requested to provide technical assistance to improve data collection and analysis in the provinces where it is working. Data management will include service statistics (such as number of patients visiting a health facility, number of children seen at pediatric outpatients' consultation) and epidemiological data. This activity will improve data quality, and reliability, allowing for timely decision making, forecast patients' and facility needs, and for a good epidemiological profile. Data collected at the health facility level will be aggregated into municipal data collection tools (EU-PASS) that will be used for municipal planning and budgeting. In 2007, the DPSs and municipal staff were trained in Huambo and Luanda on the use of databases, and to conduct basic analysis of data, using the CDC's Epi-Info computer software. This tool is user friendly, and is easy to convert into different analytical tools. Health facility staff working with data also received training in data collection, use of MOH's forms, and basic concepts to avoid data errors. In order to have standardized quality data, DPS has asked SES to provide training to all data collection technicians in the whole province, including health facilities in municipalities not targeted by SES. This activity will be continued in 2008 in Luanda and Huambo provinces, and will be initiated in Lunda Norte.

In 2008, SES will assist the DPS to carry out supervision of data collection technicians, providing them with on-the-job training to improve their skills and quality of data. SES' monitoring and evaluation specialist Celso Mondlane will work with the DPS Luanda to

develop a data collection manual for use by the health center staff, who will also receive on-the-job training (from MTs) on the correct use of data collection tools such as clinic registers and report forms. Where possible, an electronic data management system with a link to the municipal system will be put into place.

Regarding the development of patient forms and registers, many have been developed by the MOH/DPS and are already in use in the health centers. At the request of the DPS, SES will assist the DNSP to improve and produce an antenatal clinic register that will include information on the administration of malaria prophylaxis treatment during pregnancy, as well as HIV testing conducted during pregnancy.

Additionally, the Luanda DPS produces a biannual epidemiological bulletin that shows the diseases treated during the period and provides general information regarding the status of health in the Luanda province. In the past, the bulletin only contained raw data, without any analysis or discussion of the data. In 2007, SES helped redesign the bulletin to make the information presented more meaningful. In 2008, SES will provide technical assistance to Luanda DPS in writing the bulletin and in supporting the DPS in the analysis and synthesis of the data to allow its presentation in an easily digestible form.

The key indicator for this activity is the Number of MOH, provincial, municipal, and health facility staff trained in data management. The key person responsible is M&E Specialist Celso Mondlane.

Task No. 2: Set sentinel surveillance site system for Malaria in Angola in collaboration with PMI funded NGOs.

SES will provide standardization technical leadership, and oversight for the PMI sentinel surveillance system in collaboration with PMI-funded partner NGOs in five provinces: Africare in Kwanza Sul; World Vision in Kwanza Norte; Consaúde in Malange; Mentor in Huambo and Zaire. Please see Annex D.

B1d. Improved planning and budgeting at municipal and provincial levels

Task No. 1: Strengthening capacity to develop and advocate budgets and operational plans for health at provincial level and municipal levels

Strengthening the capacity to plan and budget for health operations at the municipal and provincial levels will have a positive impact on all parts of the system, including at the health center level. It will also allow for improvements in systems and the more efficient and effective use of financial and human resources. EU PASS has been working for several years with the MOH on the development of tools and providing assistance to the provincial and municipal officials to develop operational plans. In 2007, SES played a supporting role in the process by participating in two of the sessions to train the provincial officials on the use of the tools for budgeting and operational planning at the provincial level. In the first quarter of 2008, SES will sign an agreement with EU PASS to use their adapted training module to train health workers at the municipal level on the use of data in preparation for their 2009 operational and budget planning. In that agreement, EU PASS will provide training to partners on the methodology of the budgeting process. In April (following the EU PASS sponsored training) SES will train 30 municipal officers in Luanda (Ingombota, Rangel, and Samba), 20 in Huambo (Caala and Huambo), and 10 in Lunda Norte (Lukapa) in budgeting

and planning tools. The training will be attended by municipal health directors, administrators, and heads of health programs.

The key indicator for this activity is the number of MOH, provincial, municipal, and health facility staff trained in operational and budget planning. The key persons responsible for this activity are M&E Specialist Celso Mondlane and Chief of Party Margarita Gurdian.

B1e. Improved logistics and procurement management

Task No. 1: Strengthening the pharmaceutical logistics system at the health center, municipal, and provincial level.

The National Essential Drug Program is in the process of restructuring the National Pharmaceutical System with support from EU-PASS, HAMSET, and the PMR (*Programa Multi-Sectorial de Reconstrução de Angola*, funded by the World Bank). The National Pharmaceutical Policy has been approved by the council of ministers. At this time, the aforementioned entities are organizing the procurement and logistics for all of Angola. SES Logistic and Procurement management staff will work in conjunction with the National Program for Essential Drugs (PNME) to ensure the country's pharmaceutical logistics system is improved at the health center and municipal levels.

A recent situational analysis showed that the weakest link in the pharmaceutical logistics system is at the health center and municipal levels, with a critical constraint being improper record keeping. When drug disbursements are not correctly recorded, it is difficult to forecast needs for the coming quarter, resulting in late orders and stock-outs. The current procurement of drugs is done at the national level. The drugs are brought in three pre-packed kits, with set types and quantities of drugs, though it is possible for the provinces to buy limited drugs directly without going through the national procurement system. Each kit is meant to serve 1,000 patients per month, and generally the health center receives one kit per month, though deliveries are often unreliable. In situations where more than 1,000 patients are served, there may be a stock-out before the next kit arrives.

Procurement requests are sent from the health center to the municipality to the province and finally to the National Essential Drug Program for processing and filling. It is unclear what the timeframes are for this process, and what other logistical issues, such as transport, may affect these timeframes. To address this, SES will actively participate in the National Program of Essential Drugs and RPM+ conducted workshop to update the "Manual de Procedimentos de Gestão de Medicamentos" (Drug Management and Procedures Manual – one version for the trainer and another for the trainee). The procedures describe ways of assuring rational use of drugs by reviewing of prescription forms, daily drug consumption, weekly balances, stock forms, forecasting and requesting drugs and materials to assist the health center to accurately order and stock drugs to avoid stock-outs. Improvements in procurement data collection at the health center level, including the more accurate reporting of pharmaceutical demand, will eventually result in improved efficiency at the provincial and national level. In this workshop SES will contribute to organize a training plan for 90 priority municipalities in 2008 to managers. SES will later conduct training using updated manuals in target municipalities.

Through data collected and analyzed at the health facility level, SES will be able to determine the usual lag time between the request submission and the receipt of the drug supply at the

health center. This will assist health centers in timing their requests to avoid drug outages. SES will train health facility staff to develop mechanisms to ensure accurate tracking of the ordering and dispensing of drugs at the health center. This data will be stored so that it can be easily retrieved and analyzed, and reports on consumption and number of patients served during the period can be generated. Daily, monthly, and quarterly consumption forms will be properly recorded, and will assist in the accuracy of forecasting mechanisms to determine quarterly health facility drug requirements.

Elements of an operational forecasting system include good patient records (addressed in 3.1.3, Task 1), as well as knowledge of epidemiology and seasonal changes in pharmaceutical demand, including factors such as the rainy season rise in incidents of malaria and cholera. To assist in improved drug stocking at the health center, a forecasting system will be developed using manual tabulation due to the fact that the majority of health facilities lack energy and computers. In those facilities where possible, excel spreadsheets will be used to simulate different scenarios of consumption and patient visits. This simplified mechanism will be instituted in all of SES target health facilities. SES and DPS will jointly monitor the progress of the system and make adjustments as needed. The system will be extended to other targeted health facilities, municipalities, and provinces in Year 3. An orientation/training course will be given to municipal and provincial authorities in forecasting during 2008, to prepare for the expansion of the program in 2009, the final base contract year. The training will target municipal health office staff and DPS staff.

SES procurement and logistics staff will conduct coaching of health facilities in Luanda and Huambo. Supervisory visits by the DPS to the municipalities are not done on a regular basis. SES staff will facilitate visits from part of the supervisory team and use the opportunity to provide technical assistance in ensuring that the supervision is conducted regularly. Also, SES will provide technical assistance in developing the necessary supervision tools.

The key indicators for this activity include: Number of MOH, provincial, municipal, health facility staff and cooperating partners trained on assuring a coordinated implementation strategy for procurement and logistics planning and management and the number of health facilities without a stock out in RHFP supplies in the last three months in the targeted areas. The key person responsible for this activity is Procurement and Logistics Specialist Jose Karymba.

B1f. Improved capacity to monitor and supervise the quality of health service delivery

Task No. 1: Improved supervision of health center operations

Currently, DPS and municipal health offices provide supervision to the health facilities on an ad hoc basis. Though the MOH has developed a supervisory tool, it is not used consistently during supervisory visits. In 2008, SES will collaborate with the DPS in Luanda, Huambo, and Lunda Norte to develop an integrated supervision plan to maximize the effectiveness of the MT program. The integrated supervisory plan will ensure there is oversight of all aspects of the basic health care package provision and management in the HC and other facilities. The supervisory team will be composed of people from different programs at the DPS, trained MTs, municipal health staff and SES project staff. MTs will be included in supervisory teams to monitor both the activities of other MTs and the performance of the Health facility staff in service delivery. The team will use the Integrated Supervision guide

and SBM/R checklist to assess the quality of services at the health facility. The Integrated Supervision Guide is being reviewed by the DPS of Huambo with support from SES. The guide will evaluate the provision of clinical services with an emphasis on the diagnosis and treatment of malaria, TB, reproductive health, and family planning. The supervisory team will conduct interviews to the health facility director, heads of programs, as well as carry out observations during clinical service delivery.

The integrated supervision guide will also include data management, staff service delivery performance, environmental cleanliness, client satisfaction interviews, drug availability and forecasting, and frequency of stock-outs. A full-day quarterly supervision plan will be developed for each health center, and a monthly supervision plan will be put into place in order to ensure the health center is visited regularly and necessary follow up is completed. The plan will include the date for each planned supervision visit, the format for writing supervisory reports, and steps to resolve problems encountered during the visit.

Each health facility enrolled in the SBM/R initiative will be visited bi-annually to assess quality improvement as outlined in the SBM/R standards. Facilities reaching 80 percent of all standards, and maintaining or increasing for more than three months will be considered for recognition by the DPS and the DMS.

The key persons responsible for this activity in the clinical area include eHealth Quality Assurance Specialist Nohra Villamil, Technical Director Jhony Juarez, and HIV/AIDS Coordinator Samson Ngonyani. The key persons responsible for this activity in the Community level include BCC Coordinator Fernando Vicente and Capacity Building Manager Zeferino Lucas.

B2. Intermediate Result 2: Increased individual and civil society knowledge, attitudes, practices related to TB, malaria, reproductive health, and HIV/AIDS

Task No. 1: Review of health information materials

Printed educational materials are an effective way to reach a large number of people with important health messages. Various health education materials on malaria, TB, reproductive health, family planning, and HIV/AIDS have been produced in Angola. Some of these materials are no longer available at health facilities, and others, when available, are not updated with the latest information on new treatments or prevention strategies.

In 2007, SES initiated a formal review of the content and availability of educational materials. A working group comprised of health education officers and program coordinators from the Luanda DPS, together with SES staff, collected all available health education materials to determine those that need to be updated and/or reproduced, particularly to ensure that messages are appropriate, clear and properly being received by the intended audience. This review committee) has recommended the

- | Summary of Key Activities, IR 2: |
|--|
| <ul style="list-style-type: none"> • Distribute health information materials reviewed by the committee (DPS) and recommended for production including info. on health services delivered by health centers and information on preventive and therapeutic procedures of TB, Malaria, RH/PF end VIH/SIDA • Contribute to develop new health information materials • Strengthen capacity of health care workers for effective and systematic use of community-based volunteers • Deliver technical assistance and training on proven methods of IEC for Angolan companies to introduce workplace health programs • Conduct follow-up client-customer satisfaction survey |

production of materials providing information on health services delivered by health centers and information on preventive and therapeutic procedures of TB, malaria, RH/PF and HIV/AIDS.

The Department of Health Education (DNSP) has requested that SES reproduce an updated manual for the CHVs to distribute nationally. In order to improve quality health service delivery at health facilities, the DPS has asked SES to produce antenatal care booklets and registers. The DNSP, with support from SES, will review and include contents on TB, malaria, reproductive health and HIV/AIDS. SES will help distributing the produced materials in target provinces.

SES has conducted 42 focus groups (18 in Luanda and 24 in Huambo) to collect qualitative data on knowledge, attitudes and practices. SES will conduct 16 additional focus groups, 8 in Lunda Norte and 8 in Cunene. The results of these focus groups will be used to produce health materials. The materials will be designed, pretested, and submitted for approval to USAID and to the DNSP. Following their production, SES will work with the DPS to distribute the educational material to the target health facilities. The materials will also be distributed to the communities through the CHVs and the CBOs/NGOs that provide education within the communities. These health education materials will also be distributed through the private companies, small and medium enterprises participating in workplace health programs and other members of CEC. In this way, more health information will be available within the communities to promote BCC in relation to malaria, TB, reproductive health, and HIV/AIDS.

Key indicator: Percentage of client population that can name at least three services provided through the public health facilities (malaria, TB, RH/FP, and HIV/AIDS)

Key indicator: Percentage of client population that can name at least one prevention or treatment procedure for the key diseases of malaria, TB, RH/FP, and HIV/AIDS. Number of materials produced.

Key persons responsible: Chief of Party Margarita Gurdian, BCC Coordinator Fernando Vicente, Capacity Building Manager Zeferino Lucas and Provincial Coordinator (Luanda) Brito Paulo.

Task No. 2: Development of new health information materials.

SES will work with the DNSP to determine critical information requirements that could be addressed in 2008. For example, a key need for CHVs is to have an information kit, which helps them ensure consistency in the delivery of information and health messages to the community. Another need that has been identified is to update and reprint 5,000 copies of the Community Agent Guide (Manual do Mobilizador). SES will also work with World Health Organization (WHO) to secure permission to distribute their TB-HIV/AIDS diagnosis and care manual. SES will also identify sources of alternative funding for the production of such educational materials.

The persons responsible for implementing the activity include Chief of Party Margarita Gurdian, BCC Coordinator Fernando Vicente, Capacity Building Manager Zeferino Lucas and Provincial Coordinator (Luanda) Brito Paulo.

Task No. 3: Strengthening capacity of health care workers for effective and systematic use of community health volunteers

The MOH in conjunction with the provincial governments are implementing the policy of creating networks of community health volunteers to maximize the public health benefits through outreach activities. To provide direction and oversight in the community work, SES will identify and train MTs for community mobilization. These MTs, in turn, will develop a plan to train a) health facility staff that work with the community, based on the curriculum developed by the MOH entitled *Manual de Formadores de Mobilizadores Comunitarios*; and b) CHVs identified and selected by the municipal health committees. In the selection of CHVs special attention will be given to women's groups, TBAs, youth groups and other vulnerable groups. It is anticipated that each health center will train 10-15 CHVs in each of their catchment areas. As part of the training, the first task of the CHVs is to do a mapping of the whole catchment area in order to determine the number of families. Each catchment area may have one or more sectors (each sector is a group of "bairros") or one or more "aldeias" in the rural area. While the total number of CHVs needed to be trained will depend on the population of the catchment areas served by the participating health facilities, this year SES will be training 940 CHVs (740 in Huambo and 200 in Lunda Norte), while in Luanda the DPS has asked SES to train this year 120 CHVs out of 3,500 that they plan to train. The total of CHVs trained by SES for this year is 1,060. SES is contributing to reach the norm established by the DPS that each volunteer would be responsible for a maximum of a 100 families.

MTs will work with health facility staff to ensure the facilities CHVs are properly supported. The SES Community Mobilization Officer Fernando Vicente is tasked with ensuring the training is done according to the approved methodology and content. The community mobilization MTs and the municipal health committee, together with selected local NGOs, will work with the CHVs to develop a plan for delivering health education messages to their communities. These activities will focus on interpersonal health education methods which may include but are not limited to town hall meetings, community workshops or seminars, school assembly health events, community health fairs, and school break health camps for kids and teens. CHVs will be encouraged to give at least two health education talks to the community per month and visit at least four families per month. Home visits serve the purpose of providing individualized health education to community members. During the visit, the CHV will observe the home environment and counsel the family on specific hygiene issues which may affect their health. This is also an opportunity to identify patients in need of referral.

As stated under IR 1, local NGOs will provide regular supervision to the CHVs, while the SES staff and the DPS will supervise the community mobilization MTs to monitor the progress of activities within their catchment areas. MTs and local health facility staff will identify and conduct initial meetings with *sobas* to engage them in community outreach activities, coordination, advocacy, and to participate in health committees.

The key persons responsible for this activity include Chief of Party Margarita Gurdian, BCC Coordinator Fernando Vicente, Capacity Building Manager Zeferino Lucas and Provincial Coordinator (Luanda) Brito Paulo.

Task No. 4: Technical assistance and training on proven methods of IEC for Angolan companies to introduce workplace health programs

The implementation of workplace health programming provides a unique and important opportunity to deliver health promotion messages to the wider community and to promote a safer, more productive work environment for employees. Engaging the private sector to help steward positive messages in the workplace requires practical reasoning and technical skills. In 2007, SES engaged with the private sector through the CEC. In 2008, SES will approach other small-scale enterprises (SMEs) who are not members of CEC to promote alliances between the private sector and its closest health facility. The link between SMEs and Health Facilities will ensure sustainability in win-win relationships, where HF staff will provide technical assistance and training to workplace health programs, reducing absenteeism, and promoting a healthy environment in the workplace. The private sector could support some health activities in the surrounding communities or small maintenance interventions to improve service delivery, including funding a rehabilitation fund to improve the physical infrastructure of health facilities. MOUs will be signed with the participating companies to define the specific technical assistance required to deliver a workplace health program.

Types of assistance to be provided include:

- Providing technical assistance in developing health education messages for the workplace, which will initially cover topics such as workplace accidents and injuries, fires and fire prevention. These messages will be placed at strategic places within the company. Important health topics such as malaria, TB, reproductive health, family planning will also be addressed.
- Training company staff on prevention of HIV/AIDS transmission, stigma reduction and promotion of CT
- Providing IEC materials
- Promotion of ABC strategy
- Rehabilitation funds for health facilities (as part of corporate social responsibility initiatives)

SES will build on the workplace programming experiences of such large organizations as Total, Odebrecht, Chevron, Toyota, Coca-Cola, and Esso. SES will organize visits to these large organizations so that new participants can learn directly from their experience in an informal exchange program. Additionally, SES will provide capacity building assistance to CEC.

In Year 1, an investment plan was developed in order to raise funds from private organizations. SES will start its implementation in Year 2. SES will prepare proposals to be presented to companies to help fund activities to improve health service delivery system in target municipalities.

The key indicator for this activity is the number of new SMEs' workplace programs. The key persons responsible include Chief of Party Margarita Gurdian, BCC Coordinator Fernando Vicente, and Office Manager Emanuel Damiao.

B2b. Increased uptake of positive health behaviors

Task No. 1: Follow-up through client-customer satisfaction survey. (TIPS)

Trials of Improved Practices (TIPs) is a formative research tool developed to help program planners select and pre-test the actual practices a program will promote, while providing information on quality of services. SES promotes various BCC messages within the community related to malaria, TB, reproductive health and HIV/AIDS. Therefore, SES will use TIPS to improve the content and acceptability of these messages. SES will conduct focus groups in selected communities with mothers with children under the age of five years, women in childbearing age, youth, and men, among others, to determine the acceptability of the messages and to inform necessary revisions.

In addition to testing health messages, the TIPs approach is an excellent tool for health authorities and program planners in NGOs and the private sector to get feedback on the obstacles users face in improving their health and their level of motivation for trying new health behaviors. SES will train CSOs and CBOs in the use of TIPS methodology to help inform them how IEC/BCC materials can be further refined to reach more community members and create more client demand, while informing future program design.

The key indicator for this activity includes the percentage of clients reporting satisfaction with services offered at assisted health facilities; the key persons responsible include Chief of Party Margarita Gurdian, BCC Coordinator Fernando Vicente, Capacity Building Manager Zeferino Lucas and Provincial Coordinator (Luanda) Brito Paulo.

B3. Intermediate Result 3: Increased individual and civil society’s demand for and participation in improving quality and health services

Task No. 1: Design community outreach guidelines for use at health centers and health posts.

Most health facilities have staff dedicated to work with communities but there is no consistent approach to community outreach and mobilization. In IR1 and IR2 SES has outlined programs to train community mobilization MTs that in turn will train health center staff and CHVs. In 2008, SES will work with the community mobilization MTs and health center staff to develop guidelines to expand the reach of the health center into the community.

Summary of Key Activities, IR 3:
<ul style="list-style-type: none"> • Design and approval of community outreach guidelines for use at health centers and health posts. • Develop NGO-health facility partnerships • Provide technical assistance to CSOs and NGOs in IEC to access grants • Implement Champion Community Initiative

SES will work with DMS and MTs to promote the formation of municipal health committees in the 11 municipalities of Luanda, Lunda Norte and Huambo. Each health committee will be comprised of up to 15 people representing different sectors, such as the local governmental authority, traditional authorities (sobas), religious leaders, representation from women groups, youth groups, NGO staff, and health center staff. The Municipal Health Committee (MHC) will make a health diagnosis of the municipality, identifying the main health problems that affect the population. After the assessment they will prepare a work plan with short and medium term achievable targets. The main function of the municipal health committee will be to engage community members to participate and integrate local Community Health Committees (CHC). Each community will carry out activities such as improving sanitation and hygiene practices, encouraging community members to visit the health facilities, assisting in referrals, and establishing a mechanism for transporting very ill patients to the health facility. The CHC will also advocate local administrative authorities for the improvement of services at their health center and to monitor the progress of the health committees through regular visits conducted by the MTs.

The community mobilization MT will be involved in orienting, training and providing general support to the MHCs. The MTs through the CHVs will provide basic information to the MHCs on malaria and TB prevention, alarm signs of health conditions that may require transfer, RH and family planning, and specifying what services there are and where these services are available. In IR1 the strengthening of the referral system takes into account the critical role of the community health volunteers in the community referral and counter referral. CHVs will make efforts to conduct follow up visits to patients within the area of activity.

The key persons responsible for this activity include: BCC Coordinator Fernando Vicente, Capacity Building Manager Zeferino Lucas, Provincial Coordinator (Luanda) Brito Paulo, and Chief of Party Margarita Gurdian.

Task No. 2: Develop NGO health facility partnerships

Local NGOs are working in the communities being served by SES target health facilities. To the greatest extent possible, SES, with the collaboration of CSSP, will identify these NGOs and will leverage the skills of these existing organizations to work with the communities in health programming, the development and dissemination of BCC messages, and on working with volunteers. This is part of SES' effort to build the capacity of local NGOs and to promote sustainability. In 2008, SES proposes to form a minimum of two partnerships in Huambo between NGOs and targeted health facilities. The partnership will include technical support to the health facility in supervising community health activities.

SES will first discuss the partnership possibilities with the provincial health authorities and the local NGOs. Once they have agreed to work together, SES would promote the signature of MOUs between the health facility and the local NGO. SES' role will be to bring the partners together, provide strategic technical assistance to the NGO so they can effectively support the health facility, and monitor and document the experience through regular visits. SES will conduct an informal evaluation after six months to determine how the process is going, and what changes need to be made.

The key persons responsible for this activity include Chief of Party Margarita Gurdian, BCC Coordinator Fernando Vicente, Capacity Building Manager Zeferino Lucas and Provincial Coordinator (Luanda) Brito Paulo.

Task No. 3: Provide technical assistance to CSOs and NGOs on IEC to access grants

CSOs and local NGOs work within communities to provide health education messages. These messages, when properly communicated, help foster community responsibility for their overall health needs. Frequently, however, the messages are not properly developed and can result in confusion, misinformation and no action. In 2008 SES will identify those CSOs and NGOs participating in community based activities and develop a grant program to enhance their ability to provide community IEC. Training on how to develop quality grant proposals and budgets will be provided by SES staff, including the preparation of a "how to guide/checklist" for grant proposals. The guide/checklist will be shared with other USAID-funded projects.

After the training, the participating organizations will develop proposals on community based IEC and BCC activities focusing on malaria prevention and treatment, TB, reproductive health

and family planning, and HIV/AIDS. SES will provide limited funding to jump start the activity while additional funding is sought from other organizations. SES will be proactive in establishing contacts with other international organizations and donor agencies to link the NGOs to these agencies that have funds reserved for similar purposes.

SES' involvement in the grant development and implementation monitoring could address any concerns the funding agencies may have in supporting such activities, particularly if they are not familiar with or have not worked with the NGO previously. SES can provide regular supervision and defined technical assistance to these organizations to ensure quality services. Additionally, the SES accountant and grant supervisor will modify SES' internal grant manual to share with the participating NGOs to help them manage their grants. The accountant will provide quarterly supervision to the NGOs to ensure sound financial management and record keeping thereby ensuring the efficient use of grant funds.

The key indicators to monitor this activity include: Number of CSO/NGO staff trained in grant proposal development and Number of grant proposals made to USAID projects or other sources by project trained CSO/NGOs. The key persons responsible for this activity include Chief of Party Margarita Gurdian, BCC Coordinator Fernando Vicente, and remote home office PMU support.

Task No. 4: Implement Champion Community Initiative

SES has a major task, to promote the integration of municipal and community health committees in the target municipalities. IR2, Task 1 describes the methodology to form these committees that have the following characteristics: broad based representation; plan of action with immediate and medium term achievable targets; monitoring and evaluation; and recognition and reward to community efforts.

Chemonics has successfully implemented the "Champion Community Initiative", a program that allows communities to take part in quick impact projects that help them achieve globally accepted health targets within their community. This initiative has been adapted with great success in several countries, including Madagascar and Mozambique. SES will engage the services of the current chief of party for the SanteNet project in Madagascar, an internationally renowned expert in Champion Communities, to educate SES and DPS staff on how this initiative could be adapted to Angola. Based on the results of discussion and observations with the participating HCs, DPS and communities, and the interest, SES will develop a specific plan to introduce the Champion Community Initiative to Angola.

The key indicator for this activity, if implemented, is the number of municipalities with communities enrolled in champion community initiative. The key persons responsible include Chief of Party Margarita Gurdian, BCC Coordinator Fernando Vicente, Capacity Building Manager Zeferino Lucas and Provincial Coordinator (Luanda) Brito Paulo.

C. HIV/AIDS Component Specific Activities by Intermediate Results

C1. Intermediate Result 1 (HIVAC): Improved capacity of the health system in target provinces to plan, budget, deliver quality health care and services

Task No. 1: Provide assistance to the Instituto Nacional de Luta contra SIDA (INLS) in updating current protocols and manuals on Counseling and Testing (CT) and BCC as needed.

The MOH's policy is to extend the reach of PMTCT and VCT to health centers that have the capacity to manage them and to engage local communities in generating demand for PMTCT and VCT services while providing follow-up services to those individuals who are HIV positive. The INLS has already developed VCT and PMTCT protocols and training manuals for service providers. As part of the collaborative partnership, the INLS has requested SES to participate in a technical working group to review and assist in developing a 1) Counseling and testing protocol for children; 2) Counselor's manual for Pediatric CT; 3) Trainer's guide for Pediatric CT; 4) Trainers' guide for VCT; and 5) Trainer's guide for PMTCT. SES will assist INLS to organize a technical working group to review and update the requested protocol and manuals. These manuals are important for training counselors in VCT. These manuals and protocol will be pre-tested with the provincial staff and then submitted to USAID and the INLS for approval. Once approved SES will print and help distribute them.

Summary of Key Activities, IR 1 (HIVAC):

- Provide assistance to INLS in updating current protocols and manuals on Counseling and Testing (CT) and BCC as needed.
- In-service clinical and counseling training to health center staff for HIV prevention and counseling for pregnant women and for care of HIV-positive pregnant women
- Establish PMTCT services
- Establish VCT centers in the selected provinces and develop programs
- Train staff in the clinical management of VCT operations
- Incorporation of counseling on HIV/AIDS — abstinence, being faithful and correct and consistent condom use (ABC) into antenatal visits
- Cooperation with the government and other donors to improve the logistics system for HIV/AIDS test kits and medications
- Development of supervisory and in-country training programs for health officials at all levels involved in HIV/AIDS and technical assistance/training to implement improvements
- Technical assistance/training in technical aspects of BCC for HIV/AIDS for CSOs developing grant proposals in these areas
- Technical assistance for health officials working in epidemiological surveillance and monitoring and evaluation of HIV/AIDS programs
- Integration of HIV/AIDS Program activities and Core TB activities
- Train staff in the clinical management of VCT operations and youth-friendly VCT services

The indicator for this task is: Number of policies drafted with USG support. The key persons responsible for conducting this activity include HIV/AIDS Coordinator Samson Nkonyani and Technical Director Jhony Juarez.

Task No. 2: In-service clinical and counseling training to health center staff for HIV prevention and counseling for Clients including pregnant women and for care of HIV-positive pregnant women.

The SES Core Component has already begun the process of strengthening the MOH at the provincial, municipal and health facility level that are responsible for implementing HIV/AIDS programs in Angola, focusing on quality assurance at the health facilities, and strengthening institutional capacity to manage these programs. In order to scale up CT and PMTCT services, SES will conduct capacity building of the health staff and establish PMTCT and VCT services, taking into account the MOH established protocols for the management of VCTs and PMTCTs. The specific tasks include the following:

Capacity building of health staff: Staff selected to work in PMTCT services will be trained in VCT and PMTCT skills utilizing INLS training modules and manuals. INLS and SES will utilize the National Trainers Teams to facilitate this training. The teams will consist of one facilitator for counseling and testing, two facilitators for case management, one facilitator for laboratory and one facilitator for pharmacy.

Establishment of PMTCT services: In 2008, INLS, DNSP and DPS in Luanda want to scale up PMTCT services in 16 health facilities with antenatal care, labor and delivery services in the Luanda province. SES will support initially the establishment of three PMTCT services in three facilities that will be selected by the DPS of Luanda. SES will also make efforts to leverage resources to support INLS' goal of establishing the 16 PMTCT centers in Luanda in 2008, taking into account the availability of trained human resources.

The PMTCT services will be integrated into existing antenatal labor and delivery services. INLS and SES, through the National Trainers Team, will:

- 1) Conduct training to the existing staff;
- 2) Conduct small rehabilitation work, to adapt infrastructure for counseling and testing activities;
- 3) Furnish and equip the rehabilitated facilities to conduct CT; and
- 4) Identify functional links between USAID procurement of test kits and condoms, and INLS for storage and distribution to health facilities.

Training of the existing staff: PMTCT services are provided by teams of at least 8 health professionals, namely: medical doctor, nurses, midwives, laboratory technicians, and pharmacist. SES will train a total of 25 staff in the three target facilities in Luanda. Further trainings will be conducted as they are needed to staff the new PMTCT centers. SES will make sure that the protocols and training curriculums meet national and international standards.

Conduct small rehabilitation work: INLS and SES will make sure that PMTCT services are carried out in an appropriate environment where privacy and dignity and biosafety measures are observed and guaranteed. SES will facilitate minimum rehabilitation of the spaces that are currently conducting antenatal consultations, labor and delivery. This rehabilitation work may include partitioning, painting, placing windows and doors, etc.

Furniture and equipment: SES will also provide basic furniture as per INLS specifications that include: desks, tables, chairs, filing cabinets, shelves, basic equipment such as, refrigerator, TV and video/DVD set, waste disposal buckets and materials for blood collection and bio-safety. In addition the health facility will designate a space for the storage of drugs and consumable supplies.

SES will execute grant agreements with IPMP to manage one VCT center in Cajueiros hospital in the Cazenga municipality in Luanda. In addition, SES in consultation with the INLS, will negotiate grants with other NGOs such as ADPP and CUAMM to support PMTCT activities in Cunene and to generate demand for these services in surrounding communities.

The indicators for this task are a) Number of health workers trained in the provision of PMTCT services according to national and international standards; and b) Number of service outlets providing minimum package of PMTCT services according to national and international standards. The key persons responsible for implementing this activity include HIV/AIDS Coordinator Samson Ngonyani, with some administrative and logistical support from Office Manager, Emanuel Damiao and Chief of Party Margarita Gurdian.

Task No.3: Establish VCT centers in the selected provinces and develop programs

The INLS strategic plan calls for the scaling up of counseling and testing services. To facilitate this, SES, in 2008, will work with the INLS and the DPSs of Luanda, Cunene, and Lunda Norte provinces, to scale up VCT services in six selected health facilities. Learning from past experience, VCT services will be integrated with other services within the government health facilities to guarantee sustainability. In order to support the scale up, SES in collaboration with the DPS will therefore conduct the following:

- 1) Training to the existing staff who will work as counselors in the facilities;
- 2) Small rehabilitation work to adapt infrastructure for counseling and testing activities;
- 3) Furnish and equip the rehabilitated facilities to conduct CT;
- 4) Facilitate the procurement and logistics of test kits, and other supplies required for CT.

Training of the existing staff: VCT services are provided by teams of at least five counselors. SES will conduct two training sessions, each with 25 participants, for a total of 50 staff. In addition to the six target facilities in Luanda, Lunda Norte, and Cunene, SES will train counselors from the DPSs.

Conduct small rehabilitation work: Routine consultation procedures will continue taking place in the existing rooms; however, a separate room that can offer privacy within the health facility will be required. This will involve small rehabilitation work that includes partitioning, painting, placing of a window, placing of a door, etc.

Furniture and equipment: Desks, tables, chairs, filing cabinet, shelves, basic equipment such as refrigerator, a TV and video/DVD set, waste disposal buckets, and materials for blood collection and bio-safety will be provided based on need. In addition, the health facility will designate a space for storage of drugs and consumable supplies.

The key indicator for this activity is: a) Number of service outlets providing counseling and testing for HIV according to national and international standards; and b) Number of individuals trained in counseling and testing according to national and international standards. The key persons responsible include HIV/AIDS Coordinator Samson Nkonyani, with some administrative and logistical support from Office Manager, Emanuel Damiao and Chief of Party Margarita Gurdian.

Task No. 4: Train staff in the clinical management of VCT operations.

SES will work with the existing VCT curriculum to train counselors at target health facilities. In addition, in order to provide youth friendly VCT services, SES will utilize the newly developed protocols to train counselors for youth and children. SES will train five health professionals from each proposed VCT center on counseling and testing, as part of the training activities described in Task 2. The trained counselors will be monitored by DPS supervisors with additional support from SES provincial coordinators.

The indicator for this task is: Number of individuals trained in counseling and testing according to national and international standards. The key persons responsible include: HIV/AIDS Coordinator Samson Nkonyani and Technical Director Jhony Juarez.

Task No 5: Incorporation of counseling on HIV/AIDS — abstinence, being faithful and correct and consistent condom use (ABC) into antenatal visits.

In order to integrate HIV/AIDS initiatives into existing maternal/child healthcare practices, a needs assessment and analysis of the current antenatal care programs in all nine health facilities (targeted by SES under HIVAC) will be conducted to examine the current roles and responsibilities related to counseling and to identify gaps in performance, knowledge, and commitment to providing quality counseling services. SES will establish a BCC/counseling program with clear targets and objectives which includes strategy, individualized operational plan for health workers and a checklist for supervisors.

Many of the tools and processes used as part of SES' Core Components will be adapted for the HIVAC component. For example, SES will include a module on counseling for ABC and stigma and discrimination reduction in the core MTs training curriculum. In order to monitor progress of activities, SES will develop a set of KAP monitoring indicators to determine how well the health workers trained in counseling have increased their knowledge, positively influenced their attitudes, and changed behaviors. SES will also modify DPS supervision checklists to ensure they are able to monitor antenatal health worker activities.

The indicator for this task is: Number of individuals trained to provide HIV/AIDS prevention program that promotes abstinence and/or being faithful. The key persons responsible include HIV/AIDS Coordinator Samson Ngonyani and Technical Director Jhony Juarez.

Task No. 6: Cooperation with the government and other donors to improve the logistics system and supply chain for HIV/AIDS test kits, STI diagnostic materials, and medications for the treatment of opportunistic infections

To scale up CT services in the health facilities will increase an informed demand from the populations they serve. Therefore, SES will facilitate procurement and logistics in the three HIVAC target areas. SES will revise logistics, accounting, patient flow, inventory, and personnel systems. SBM/R quality assurance procedures established in the Core Program will be adopted in the HIV/AIDS target areas and particular attention will be paid to the incorporation of these procedures within SES' supervisory activities.

Building on SES' current approach to improve Angola's logistics system for healthcare procurement, SES will conduct a detailed assessment of the participating health facilities to determine their needs relative to procuring and disbursing HIV test kits, PMTCT drugs, and related supplies. This will be used as a basis for quantification and forecasting. SES will work with the INLS procurement and logistics department to include findings from target facilities into the national procurement and logistic system.

In order to appropriately integrate HIV/AIDS specific procurement and logistics process, SES will first study the USAID procedures governing the importation, storage, and distribution of HIV related products and the INLS logistics procedure at the provincial and municipal level. Then, SES will identify a function link between USAID and the INLS logistics system for the procurement of HIV test kits, and condoms. Other HIV/AIDS products, such as ARVs, are needed for the functioning of PMTCTs. To this end, SES will coordinate with the INLS for the provision of ARVs for the prophylaxis in PMTCTs. SES' procurement and logistics specialist will provide technical assistance to the logistics units between the HCs and the municipal and provincial levels. Additionally, SES will provide on-the-job training to health facility staff in HIVAC target areas.

SES will also support the procurement and logistics systems, as in the Core Project, to help forecast, procure and supply test kits and consumables at the health facility and municipal levels. USAID collaboration will be critical in this activity, as it is established that they will provide condoms and test kits. SES will work with provincial and municipal officials responsible for logistics to develop an inventory control system which can include the HIV/AIDS products. Specifically, SES will establish specific quantifiable indicators relative to quality dispensing practices, stock-outs, inventory control, and performance measuring. A reporting system will be established and linked with USAID, ensuring an unbroken supply chain. SES will also coordinate with other partners such as UNFPA, Global Fund, and HAMSET, which support INLS in training, provision of condoms and other materials. The SES procurement and logistics specialist and the HIV/AIDS provincial coordinators will also provide on-the-job coaching and training to health workers at the selected facilities as required.

The indicator for this task is: Number of health facility with functioning logistics system. The key persons responsible include HIV/AIDS Coordinator Samson Ngonyani and Technical Director Jhony Juarez.

Task No. 7: Development of supervisory and in-country training programs for health officials at all levels involved in HIV/AIDS and technical assistance/training to implement improvements

SES will provide technical assistance to the MOH, INLS and provincial DPS staff in the development of a monitoring and supervision plan. Specifically, this will include:

- Development of integrated supervisory guideline
- Training of DPS supervisors
- Establishment of a coordinated supervisory work plan including DPS, SES and NGO partners. The guideline will include a simple checklist divided by activity, i.e., VCT, PMTCT, BCC and IEC, to correspond to the different activities to be carried out in priority health centers.

SES will support the introduction of HIV/AIDS CT and PMTCT components into the MoH integrated supervision guidelines. This activity will be carried out in both Core and HIVAC provinces.

In Core Project provinces (Luanda and Lunda Norte), the supervisors will be part of the DPS and DMS integrated supervisory teams. In HIVAC provinces, SES will help INLS, DPS and DMS train supervisors, using the same guidelines developed by the INLS, MOH and the technical working group. Additional assistance will be provided to DPS supervisors in management supervision and in the provision of technical support to those health facilities involved in HIV/AIDS counseling, stigma reduction, ABC, care, and treatment, as well as PMTCT and VCT. SES' HIV/AIDS technical advisor will work with HIV/AIDS provincial coordinators and DPS counterparts and together they will conduct supervisory visits at the SES-supported VCT and PMTCT centers.

The key persons responsible for this activity include HIV/AIDS Coordinator Samson Ngonyani and Technical Director Jhony Juarez.

Task No. 8: Technical assistance for health officials working in epidemiological surveillance and monitoring and evaluation of HIV/AIDS programs

SES will coordinate with INLS, CDC, and other partners to identify needs for technical assistance for health officials working in epidemiological surveillance, monitoring and evaluation of HIV/AIDS programs. DPS and DMS will identify 20 officials to be trained in epidemiological surveillance, working in municipal health offices and DPS¹ in SES target areas, building on the training provided to these officials under SES' Core Component. Based on the needs assessment, SES' monitoring and evaluation specialist, with HIV/AIDS technical advisor, coordinating with INLS and other partners will implement a training and technical assistance program to include both formal workshop sessions and in-service training. The formal sessions will be conducted in the target provinces and will be run by MoH and the INLS and will be supported by SES staff and other partners. Informal training, as well as monitoring and supervision, would include follow up visits by DPS and INLS supervisors, SES' monitoring and evaluation specialist, and NGO staff.

The key persons responsible for this activity include HIV/AIDS Coordinator Samson Ngonyani and Technical Director Jhony Juarez as well as M&E Specialist Celso Mondlane.

Task No. 9: Integration of HIV/AIDS Program activities and Core TB activities

As proposed in Core Project IR1, Task1, SES will provide technical assistance to develop an information system that will incorporate HIV/AIDS and TB activities. SES in Core provinces will strengthen and expand interventions for HIV prevention activities and increase the capacity of staff to provide comprehensive care for TB patients. All activities will be coordinated with the counseling and testing efforts supported by the MOH, and linkages within the appropriate CT referral systems will be emphasized. All training materials developed for HIV/TB management will be based on the WHO manual.

SES will support the development of policies that offers HIV counseling and testing to all TB patients and encourage a policy to increase the number of health personnel specialized to perform HIV testing, provide complementary rapid HIV testing training to staff in areas of severe man power shortages. SES will also carry out testing services for TB patients attending their DOTS programs in the provinces of Cunene and Luanda. Please see Annex E.

The key indicator for this activity includes the percent of all registered TB patients who are tested for HIV through USG-supported programs. The key persons responsible for this activity include HIV/AIDS Coordinator Samson Ngonyani, Technical Director Jhony Juarez, and M&E Specialist Celso Mondlane.

**C2. Intermediate Result 2 (HIVAC):
Increased individual and civil
society knowledge, attitudes,
practices related to HIV/AIDS**

*Task No. 1: Provide support for
implementation of BCC/IEC National
Communication Strategy*

¹ Two officials per municipality (14) and two provincial officials from each of the three provinces (6) will be identified for training.

Summary of Key Activities, IR 2 (HIVAC):

- Development of protocols and preparation of training materials for relevant staff on BCC
- Training and technical assistance to public health workers and CSOs involved in HIV/AIDS to increase their competence in BCC
- Grants to CSOs for BCC activities aimed at target groups (to be undertaken, where relevant, in cooperation with CSSP)
- Specific initiatives at both central policy level and local levels to reduce stigma attached to HIV/AIDS and to promote appropriate care for affected individuals.

SES will collaborate with INLS and MOH to implement a BCC/IEC National Communication Strategy in target municipalities. In addition, SES, in coordination with the DNSP Department of Health Promotion, will include HIV/AIDS messages in the “Manual do Mobilizador,” and help produce and distribute it.

The key staff responsible for this activity is BCC Coordinator Fernando Vicente, HIV/AIDS Coordinator Samson Ngonyani, Capacity Building Manager Zeferino Lucas, Provincial Coordinator (Luanda) Brito Paulo and the Chief of Party Margarita Gurdian. All material contents will be reviewed by both the BCC and Clinical Technical Team, and approved by the DNSP.

Task No. 2: Training and technical assistance to public health workers local NGOs and CSOs involved in HIV/AIDS to increase their competence in BCC

SES will design, develop, and implement training community outreach and BCC courses for DPS community personnel, health facility workers, local NGOs and CSOs. SES will identify 20 health workers in each of the three municipalities (for a total of 60 participants) and 15 CSOs and local NGO personnel to be trained. Three two-day training sessions will be organized and facilitated together with INLS representatives, MOH municipal and provincial staff, and partner NGOs. The focus on the training will be on ABC.

As part of the supervisory guidelines developed for the Core Component, SES will also introduce HIV/AIDS BCC activities. SES Provincial HIV/AIDS coordinators, along with core provincial coordinators and relevant municipal and provincial DPS staff, will make regular visits to those community groups whose newly trained staff are operating BCC programs to provide ongoing coaching, guidance and support.

The key indicator for this activity is the number of individuals trained in HIV related institutional capacity building. The key staff responsible include: BCC Coordinator Fernando Vicente, HIV/AIDS Coordinator Samson Ngonyani, Capacity Building Manager Zeferino Lucas, Provincial Coordinator (Luanda) Brito Paulo, and the Chief of Party Margarita Gurdian.

Task 3: Conduct training to community health volunteers to carry out BCC and ABC activities

SES will conduct training to 120 community health volunteers already identified by the SES project: 40 in Luanda, 40 in Lunda Norte, and 40 in Cunene. The training will focus on HIV/AIDS prevention activities to promote abstinence and will focus on HIV-related stigma and discrimination reduction as well as community mobilization for prevention, care, and/or treatment: The community health volunteers will also conduct BCC outreach. The CHVs will promote community and individual awareness and stimulate dialogue on the underlying factors that contribute to the HIV/AIDS epidemic— such as risk factors, risk settings, and environment that increases these conditions. The CHVs will also promote ABC behaviors and influence community response towards stigma, discrimination and denial. The CHVs will also promote PMTCT and VCT services. It is expected that that the 200 trained CHVs will reach a total of 28,800 persons in a six month period, promoting abstinence and be faithful behaviors. (It is estimated each CHV will reach 30 persons per month and that only 80 percent of the 200 CHVs will be providing these services.)

In addition, the CHVs will also carry out outreach activities on a one-to-one basis to promote HIV/AIDS prevention through other behavior change *beyond* abstinence and/or being faithful. It is estimated that in six months 1,920 people will be reached (each CHV will reach two persons per month).

The key indicators for this task are: a) Number of individuals trained in HIV-related community mobilization for prevention, care or treatment; b) number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful, and c) Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and /or being faithful. The key staff responsible include: BCC Coordinator Fernando Vicente, HIV/AIDS Coordinator Samson Ngonyani, Capacity Building Manager Zeferino Lucas, and Provincial Coordinator (Luanda) Brito Paulo,

Task No. 4: Grants to CSOs for BCC activities aimed at target groups (to be undertaken, where relevant, in cooperation with CSSP)

Within the context of the BCC strategic and operational plans, SES will identify specific CSOs that are capable of developing and implementing BCC programs in their communities. This identification will be done in conjunction with CSSP, as one the program's major objectives is the identification and capacity building of local NGOs and CSOs. Fifteen NGOs and CSOs will be identified in SES' priority areas. SES will conduct a hands-on grants practicum with the identified NGOs and CSOs, helping them understand the application process, selection criteria, and financial management and monitoring and evaluation requirements. SES community mobilization supervisors, HIV/AIDS provincial coordinators, and CSSP personnel will then work with each NGO and CSO to help them prepare complete grant applications for donor funding.

The key indicator is the number of CSO/NGO staff trained in grant proposal development. The key staff responsible include BCC Coordinator Fernando Vicente, HIV/AIDS Coordinator Samson Ngonyani, Capacity Building Manager Zeferino Lucas, Provincial Coordinator (Luanda) Brito Paulo, and with remote support from the home-office PMU.

Task No. 5: Specific initiatives at both central policy level and local levels to reduce stigma attached to HIV/AIDS and to promote appropriate care for affected individuals.

SES will assist the INLS in implementing training curricula on stigma reduction, including identifying easy ways to integrate stigma reduction activities within BCC activities. SES will coordinate activities with groups, including PLWHA, who have taken on stigma reduction as a priority and a mission. The key indicator is number of individuals trained in HIV-related stigma and discrimination reduction. The key persons responsible include HIV/AIDS Coordinator Samson Ngonyani and BCC Coordinator Fernando Vicente.

Summary of Key Activities, IR 3 (HIVAC):

- Provide technical assistance to design, with approval by INLS, of community outreach guidelines regarding HIV/AIDS
- Technical assistance and training to CSOs to design HIV/AIDS related community advocacy grants.
- Technical assistance and training to local governments and CSOs in design of HIV/AIDS-related partnership (government-community) grants
- Site visits of key health personnel to areas with successful community outreach activities or national conferences on the subject including other donors, to publicize the need for local participation
- Formation of municipal AIDS Committees

C3. Intermediate Result 3 (HIVAC): Increased individual and civil society's demand for and participation in improving quality health services

Task No. 1: Provide technical assistance to design, with approval by INLS, of community outreach guidelines regarding HIV/AIDS prevention, care, and impacts for use by VCT centers, health center, and health post staff and training of health workers and supervisors in their use; and incorporation of these guidelines into national procedures.

SES will assist INLS in developing and implementing community outreach guidelines regarding HIV/AIDS prevention, care, and impacts for use by VCT centers, health center and health post staff.

This activity is designed to ensure relevant, up-to-date guidelines are in place that provides clear guidance to VCT centers, health facilities, and supervisors concerning community outreach on HIV/AIDS. SES' HIV/AIDS technical advisor and BCC manager will first work with INLS to identify current protocols on community outreach. A technical working group will be formed, comprised of INLS, MOH (departments of TB, RH, and BCC), international organizations, NGOs, and other partners to review these outreach guidelines and recommend modifications or expansion. Once the guidelines have been revised, they will be submitted for review and approval by USAID and INLS. The guidelines will be made available to all SES facilities and will serve as the basis for training described in HIVAC IR1 and HIVAC IR2 above.

The key Indicator for this activity is the number of policies drafted with U.S. government support. The key persons responsible include HIV/AIDS Coordinator Samson Ngonyani and BCC Coordinator Fernando Vicente.

Task No. 2: Technical assistance and training to CSOs to design HIV/AIDS related community advocacy grants.

This activity is designed to identify and train CSOs to secure grants to conduct activities which advocate for the rights of people living with HIV/AIDS (PLWHA). SES will coordinate with ANASO to identify CSOs to be recipients for the grants. SES will also issue grants to fund activities for the prevention of HIV/AIDS. This activity should be seen as distinct from other grant-support activities highlighted above. In collaboration with CSSP, SES will assess which CSOs are currently implementing community advocacy activities and are eligible to receive technical assistance from SES. SES' HIV/AIDS technical advisor and provisional coordinators will design and implement the technical assistance and training program in the three target provinces.

The key indicator for this activity is the number of CSO/NGO staff trained in grant proposal development. The key persons responsible include HIV/AIDS Coordinator Samson Ngonyani, BCC Coordinator Fernando Vicente, and Chief of Party Margarita Gurdian.

Task No. 3: Technical assistance and training to local governments and CSOs in design of HIV/AIDS-related partnership (government-community) grants

This activity is designed to develop grants that are provided by local governments to community organizations for HIV/AIDS prevention, care, and treatment programs. As a result of national decentralization efforts, local governments have more discretionary funding

available and could conceivably allocate funds to community groups for such purposes. SES will discuss with the municipal administrations to see how such partnerships can be developed. The results of the pilot will then be used to extend the program to other areas.

SES will first discuss with local governments within SES' priority areas (as defined in HIVAC IR 2, task 2) to determine their ability and willingness to invest in HIV/AIDS community activities. This canvassing will be done by the HIV/AIDS provincial coordinators under the supervision of SES' Luanda Office. With CSSP and MDP, SES will then identify CSOs within priority areas that are capable of receiving and managing grants. This selection will be reviewed and analyzed by CSSP and MDP; and a short list of potential grantees developed with the concurrence of local authorities. SES will facilitate brokering an agreement between local governments and the target CSOs in collaboration with MDP and CSSP. Once the local government is in agreement with the proposed activities a workshop will be organized and delivered by SES staff. The workshop will delineate roles and responsibilities of the cooperating agencies. Following the workshop, SES will organize regular visits to these communities and local governments to monitor and facilitate the process of grant allocation and implementation.

The indicator for this activity is the number of CSO/NGO staff trained in proposal development. The key persons responsible include HIV/AIDS Coordinator Samson Ngonyani, BCC Coordinator Fernando Vicente, and Chief of Party Margarita Gurdian.

Task No. 4: Site visits of key health personnel to areas with successful community outreach activities or national conferences on the subject including other donors, to publicize the need for local participation.

Across Angola and the region, health programs have successfully conducted community outreach activities. SES will identify such successful programs and find practical ways to disseminate lessons learned. SES will work with MOH officials at the national, provincial, and municipal levels to jointly visit successful programs. The site visits will allow health personnel to see first hand how and why these programs have impacted communities. In addition, local CSOs and NGOs will perform site visits in their regions or neighboring provinces to promote the exchange of knowledge and best practices. Following the visits, regional conferences will be organized to share lessons learned and introduce innovative methodologies that could be adapted to the Angolan context.

The key indicator for this activity is the number of site visits with key health personnel to areas with successful outreach activities conducted. The key persons responsible for the activity include HIV/AIDS Coordinator Samson Ngonyani, BCC Coordinator Fernando Vicente, and Chief of Party Margarita Gurdian.

Task No. 5: Formation of Municipal AIDS Committees

SES will assist DPS to incorporate HIV/AIDS activities into the existing municipal and community health committees thereby ensuring a strong civic partnership for action. This work will be based on successful programs of similar scope and dovetail with the community health committees being formed under SES' Core Component. In Rwanda, for example, Chemonics worked as part of widespread decentralization efforts to create strong partnerships among elected leaders, technicians, and members of civil society to promote HIV/AIDS initiatives. In Madagascar, as part of the Champion Communities approach, Chemonics

helped to develop equally strong local organizations. These best practices will be applied to SES HIV/AIDS programming whereby the project will:

- Collaborate with DPS/provincial AIDS coordinator to determine selection criteria
- Collaborates with DPS to determine/describe roles of the municipal AIDS committees
- Discuss with municipal administrations to select members representing different sectors such as health, education, social welfare, and agriculture as well as traditional/religious leaders, youth, and women.
- Select members of the committee (with DPS and community involvement)
- Adopt training curriculum
- Train members of the committee
- Supervise the activities (with the DPS)
- Evaluate progress (with the DPS)

The key indicator for this activity is the number of health committees formed in each municipality in each province. The key persons responsible include HIV/AIDS Coordinator Samson Ngonyani, BCC Coordinator Fernando Vicente, Capacity Building Manager Zeferino Lucas, Provincial Coordinator (Luanda) Brito Paulo, and Chief of Party Margarita Gurdian

D. Additional Activities in Malaria and Tuberculosis

For Year Two, SES will also build on Core Program activities by supporting the Presidential Malaria Initiative and increasing efforts in the battle against tuberculosis. The Core Program will be carried out in the provinces of Luanda, Huambo, and Lunda Norte, and the HIV/AIDS activities will be carried out in the provinces of Luanda, Lunda Norte and Cunene.

D1. Establishment of Sentinel Surveillance

SES is expected to coordinate with a USAID/Washington-selected contractor that will provide standardization, technical leadership, and oversight for the PMI sentinel surveillance system. SES will also work closely with other PMI-funded NGOs. SES will work on the following activities:

1. Coordinate the establishment of sentinel surveillance (SS) sites in provinces through coordination with the following NGOs: Africare in Kwanza Sul, World vision in Kwanza Norte, Consaude in Malange, Mentor in Huambo and Zaire;
2. In collaboration with the NGOs above, SES will train health workers involved in the SS and in accordance with the SS guidelines attached;
3. Procure lab equipment for Hemoglobin determination (2 Hemocues per site) and their respective supplies and distribute to the SS sites;
4. Prepare and install the SS database at the collaborating NGO's offices;
5. Maintain a central database (compiling/merging the data from the 5-6 provinces) with back-up systems at SES' office in Luanda;
6. Supply the SS sites with adequate stocks of forms for this activity;
7. Conduct regular supervisory visits to the SS sites for quality control of the data being collected;
8. Send cleaned database to USAID/Angola monthly;

9. Conduct monthly analysis of the data and send feedback to the provinces, NMCP and USAID/Angola;

The partner NGOs are expected to:

1. Identify the people who should be responsible for data collection at the SS sites and to trained by SES;
2. Hire local staff involved in the SS;
3. Pay per diem for the local staff attending the training to be conducted by SES on SS;
4. Ensure good quality training of the SS sites in terms of malaria diagnosis and treatment;
5. Guarantee the day to day supportive supervision to the people involved in SS;
6. Maintain a locally updated database;
7. Send monthly datasets to Luanda (SES and USAID).

D2. Laboratory Diagnostic Support

In collaboration with the National Public Health Institute (INSP), and in order to provide laboratory diagnostic support to benefit all Angolan provinces, SES is expected to:

- Facilitate the logistics for the nationwide cascade training on malaria microscopy
- Facilitate the logistics for the cascade training of lab technicians by the INSP, on the rational use of Rapid Diagnostic Test for Malaria (RDTs) at provincial and municipal level, using the 10 laboratory experts trained by the CDC last year in Luanda;
- Facilitate the logistics for the establishment of a national laboratory Quality Control System for both microscopy and RDTs through the INSP.

D3. Additional Tuberculosis Activities

SES will carry out tuberculosis (TB) activities in Luanda to support the development of policies that offers HIV counseling and testing to all TB patients (to include TB suspects, not just symptomatic patients), and encourage a policy to increase the number of health personnel specialized to perform rapid HIV testing, provide complementary rapid HIV testing training to staff in areas of severe man power shortages. (Support for this is in part provided for under the use of TB funds in the Angola FY07 OP). SES will also carry out testing services for TB patients attending their DOTS programs in the province of Cunene and Luanda; provide support and technical assistance to:

1. Scale up of counseling and HIV testing services for all TB patients conforming to international recommendations and guidelines.
2. Staff training.
3. The development of models for integrated TB/HIV diagnosis, care and better linkages.
4. The piloting of an innovative stigma reduction and prevention for positives support group.
5. Support MoH in establishing routine testing in clinics and hospitals settings in order to increase access to treatment.

SECTION IV: ANNUAL TRAINING PLAN

Table 1 depicts training activities as described throughout Section III.

TABLE 1

Title of Training	Target Audience	No. of Participants	Key Themes in Courses & Workshops	Location	Time Frame	Project Focal Point	IR
Training Clinical MTs	DPS, Municipal, and Health center staff. (completing training started last year)	24	SBM/R, data management, logistics & procurement, and supervision	HU	November	Quality Assurance Manager, M&E Specialist, Procurement & Logistics Specialist, Community Mobilization Manager	Core IR 1
Training Clinical MTs	DPS, Municipal, and Health center staff. (completing training started last year in HU & LD.)	53 (25+28)	Clinical practice & supervision, SBM/R, data management, logistics & procurement, malaria, TB, RH/FP, HIV/AIDS	HU, LD,	February - June	Quality Assurance Manager, M&E Specialist, Procurement & Logistics Specialist, Community Mobilization Manager	Core IR 1
Training Community Mobilization Master	DPS, Municipal, and Health center staff. (completing training started last year)	22	SBM/R, RH/FP, TB, malaria, HIV/AIDS, comm.. outreach, BCC, and supervision	HU	November	Quality Assurance Manager, M&E Specialist, Procurement & Logistics Specialist, Community Mobilization Manager	Core IR 1
Training Clinical MTs	DPS, Municipal and HF staff (new)	15	Basic package, SBM/R, data management, logistics & procurement, supervision	LN	March-June	Quality Assurance Manager, M&E Specialist, Procurement & Logistics Specialist, Community Mobilization Manager	Core IR 1
Training Clinical MTs	DPS, Municipal and HF staff (new)	30	Basic package, SBM/R, data management, logistics & procurement, supervision	HU	March-July	Quality Assurance Manager, M&E Specialist, Procurement & Logistics Specialist, Community Mobilization Manager	Core IR1
Training Clinical MTs	DPS, Municipal and HF staff (new)	30	Basic package, SBM/R, data management, logistics & procurement, supervision	LD	March-July	Quality Assurance Manager, M&E Specialist, Procurement & Logistics Specialist, Community Mobilization Manager	Core IR1
Training Com. Mobilization MTs	DPS, Municipal and HF staff (new)	10	SBM/R, RH/FP, TB, malaria, HIV/AIDS, comm.. outreach, BCC, and supervision	LN	March-June	Community Mobilization Manager, Lucas, Brito	Core IR1
Training Com. Mobilization MTs	DPS, Municipal and HF staff (new)	15	SBM/R, RH/FP, TB, malaria, HIV/AIDS, comm.. outreach, BCC, and supervision	HU	March-July	Community Mobilization Manager, Lucas, Brito	Core IR1
Clinical Training for Hospital staff	DPS, Hospitals	25	Principal emergencies and causes of maternal mortality - Malaria in Pregnancy, Bleeding, infections, Post-abortion management, family planning,	LD	March- April	Technical Director, Quality Assurance Manager	Core IR 1

Title of Training	Target Audience	No. of Participants	Key Themes in Courses & Workshops	Location	Time Frame	Project Focal Point	IR
Clinical Training for Hospital staff	DPS, Hospitals	25	Principal emergencies and causes of maternal mortality - Malaria in Pregnancy, Bleeding, infections, Post-abortion management, family planning,	HU	March- April	Technical Director, Quality Assurance Manager	Core IR 1
Cascade Training by MTs (Clinical Cadre)	Service Delivery Health Workers & Health Center , Health Post and Hosp.Staff	1,224	Clinical practice, SBM/R, data management, logistics & procurement, community mobilization, and supervision	LD, HU, LN	March-September	Technical Director, Quality Assurance Manager	Core IR 1
Cascade Training by MTs (Community Mobilization Cadre)	Community Health Volunteers (sector level)	940	Basic health education, BCC messages on malaria, family planning, TB, HIV/AIDS	HU, LN	October-September	Huambo and Luanda Provincial Coordinators	Core IR 1
Cascade Training by MTs (Community Mobilization Cadre)	Community Health Volunteers	120	Basic health education, BCC messages on malaria, family planning, TB, HIV/AIDS (using DPS/Luanda Program Model)	LD	November, January-March	Community Mobilization Manager	Core IR 1
Data Analysis & Reporting Training	DPS, Municipal Staff, (selected) Health center Staff	20	Data management systems for program planning	LD	October-December	M&E Specialist	Core IR 1
Data Analysis & Reporting Training	DPS, Municipal Staff, (selected) Health centers Staff	20	Data management systems for program planning	HU	November	M&E Specialist	Core IR 1
Municipal health officials on budgeting and planning	Municipal and Health facility staff	60	Data collection, setting priority, planning and budgeting	HU, LD	June	M&E Specialist	Core IR 1
Provincial, Municipal and Health facilities staff on Logistics and Procurement	DPS, Municipal Staff, (selected) Health centers	36	Forecasting, Request, stock control and supervision tools	HU, LD, LN	Jan, March, June	Procurement & Logistics Specialist	Core IR 1
SME workers training	Selected SME staff	20	HIV/AIDS, First Aid, prevention of malaria TB and RH/FP	HU, LD	February-March	Community Mobilization Manager	Core IR 2
CSOs and Local NGOs proposal writing training	CSOs and NGOs staff	20 (9 en dec.)	Proposal writing, budgeting, and reporting	HU, LD,CN,LN	April-Sept.	Chief of Party	Core IR 3
Counseling and Testing	DPS,Health Center Staff	50	ABC strategy, counseling and testing,	LD, LN, CN	March-June	HIV/AIDS Technical Advisor	HIVAC IR 1
PMTCT training	DPS, HC staff	25	Multiple ARV, child feeding options, treatment	LD	April	HIV/AIDS Technical Advisor	HIVAC IR 1
TB co-infection management	DPS, health center staff	50	Counseling, opportunistic infections, and treatment	LD, LN, CN	June, July	HIV/AIDS Technical Advisor	HIVAC IR 1
Training on ABC strategy and BCC	HC staff, CSOs	75	ABC strategy, community mobilization and BCC	LD, LN, CN	April - June	HIV/AIDS Technical Advisor, BCC Manager	HIVAC IR 1 & 2
Epidemiologic surveillance system	DPS, Municipal and HC staff	20	HIV/AIDS data collection, management, and reporting	LD, LN, CN	March	M&E Specialist	HIVAC IR 1
Training on ABC strategy and BCC	CHVs	200	ABC strategy, community mobilization and BCC	LD, LN, CN	April - Aug	HIV/AIDS Technical Advisor, BCC Manager	HIVAC IR 1 & 2
Advocacy training	Municipal AIDS committee, CSOs staff	150	Stigma & discrimination reduction, policy development, ABCs in HIV prevention and BCC	LD, LN, CN	August	HIV/AIDS Provincial Coordinators	HIVAC IR 3

SES is also conducting in-service training for data management, surveillance system, procurement and logistics.

SECTION V: CONTRACT MANAGEMENT

A. Annual Summary Budget Year 2 (FY08)

TABLE 2

Cost Category	Total Year 2
I. Salaries	
A. Long-Term Expatriates and Third Country Nationals	
Subtotal, Long-Term Expatriates and Third Country Nationals	\$134,000
B. Short-Term Expatriates	
Subtotal, Short-Term Expatriates	-
C. Long-Term Local Professionals	
Subtotal, Long-Term Local Professionals	\$260,000
D. Short-Term Local Professionals	
Subtotal, Short-Term Local Professionals	\$5,000
E. Local Support	
Subtotal, Local Support	\$83,200
F. Home-Office Professionals	
Subtotal, Home-Office Professionals	\$39,570
Total, Salaries	\$521,770
II. Fringe Benefits	
A. Corporate Fringe (base = salaries)	
Subtotal, Corporate Fringe Benefits	\$81,121
B. Local Direct Fringe (base = salaries)	
Subtotal, Local Direct Fringe Benefits	\$137,707
Total, Fringe Benefits	\$218,828
III. Overhead (base = salaries + fringe)	
Total, Overhead	\$334,886
IV. Travel and Transportation	\$112,186
Total, Travel and Transportation	\$112,186

Cost Category	Total Year 2
V. Allowances	515,596
Total, Allowances	\$515,596
VI. Other Direct Costs	\$389,420
Total, Other Direct Costs	\$389,420
VII. Equipment, Vehicles, and Freight	\$176,496
Total, Equipment, Vehicles, and Freight	\$176,496
VIII. Training	
A. In-Country Training (ICT)	\$300,000
Total, Training	\$300,000
IX. Subcontractors (Please See Annex F for detailed breakdowns of subcontractor budgets)	
A. JHPIEGO	\$658,462
B. MIDEGO	\$332,475
D. Assistance for Developing Public-Private Partnerships	\$50,000
Total, Subcontractors	\$1,040,937
X. Grants	\$118,000
Total, Grants	\$118,000
SUBTOTAL, ITEMS I - X	\$3,728,119
XI. General and Administrative (base = all costs), 5.07%	\$189,016
Total, General and Administrative	\$189,016
SUBTOTAL, ITEMS I - XI	\$3,917,135
XII. A. Fixed Fee (base = all costs - subcontractor fee), 6.0%	\$226,908
B. Fixed Fee (base = grants), 4.0%	\$4,720
Total, Fixed Fee	\$231,628
Grand Total	\$4,148,762

B. Organization and Team

The EHSP team consists of members of Chemonics International, JHPIEGO, and MIDEGO. EHSP presently consists of an 18-person team of both international expatriates and local employees, deployed in offices established in Huambo and Luanda. Once current staff vacancies are filled and all HIV/AIDS staff are on board, there will be 28 professional and support staff (Please refer to Annex A for EHSP's management plan including the organizational chart (STILL UNDER REVISION)). The project is given technical, management, and administrative support from a three-person project management unit in Washington, and specialized support from home-office departments such as contracts, personnel, field accounting, and selected short-term technical assistance.

C. In-Country Technical Assistance Supervision

As indicated in the approved budgets under the original contract and modification 02, the As indicated in the approved budgets under the original contract and modification 02, the following technical assistance and supervision is anticipated for project during the second project year. Targeted technical assistance assignments will always be reviewed against project implementation and progress before requesting formal approval from USAID

- The PMU director will facilitate, along with the chief of party, the work planning effort for Year 3 late summer or early fall 2008, for approximately two weeks (Supervision)
- The PMU manager is scheduled to provide two weeks of additional operational support to HIVAC in August 2008 (Supervision).
- The PMU associate is scheduled to provide two weeks of targeted administrative support to the project office to conduct an in-depth administrative audit in March/April 2008. Conducting annual administrative visits is a standard management best practice that Chemonics plans and budgets for in order to ensure that project documentation is complete for external audits and complies with USAID regulations, and make recommendations for improvement (Supervision).
- A technical expert from Chemonics home office, if possible the chief of party from the Madagascar Santénet project, is scheduled to provide approximately one month technical assistance in the development of the Champion Community Approach, under IR 3 (Core), to increase civil society's participation in quality improvement of health services (TA).
- A Chemonics technical expert will provide assistance in implementing the SES private sector investment plan developed in Y1 (TA).
- Dr. Elvira Beracochea of MIDEGO, technical assistance assignment to support EHSP Core program activities related to project IR 1, specifically improved logistics and procurement management (TA) (assignment completed in January 2008).
- A MIDEGO consultant will conduct a short term assessment of procurement and logistics system in SES facilities (TA).
- A MIDEGO consultant is slated to conduct a short term assignment to design a community mobilization program that is integrated into the SES quality assurance activities (TA).
- A JHPIEGO consultant will provide technical assistance to conduct a thorough review and assessment of SBM/R activities to see to what degree facilities can address targets. Interventions will be refined and recommendations made (TA)
- A JHPIEGO consultant will provide technical assistance to assess the current SES training program and make recommendations for improvement, modification, and expansion (TA). Support will also be provided to revise the training curricula.
- A JHPIEGO consultant is available to provide technical assistance to revise training curricula based on the training assessment (TA).

- A member of the JHPIEGO home office staff will provide assistance to long-term their SES employees (Dr. Jhony Juarez and Dr. Samson Ngonyani). A thorough management audit will be completed (supervisory and TA).
- JHPIEGO will also provide technical assistance to the HIV/AIDS program as needed (TA).

SECTION VI: MONITORING AND EVALUATION

A. Performance Monitoring Plan Core Program

Table 3 is the performance monitoring plan (PMP) summary sheet for EHSP Core Program. Please refer to Annex B for the complete PMP and detailed performance indicator reference sheets.

TABLE 3

		Frequency of data acquisition:	Baseline value		2007	2008	2009	Totals
Common Indicators								
C1	Number of people trained in the treatment of infectious diseases (Malaria, TB and RHFP-STI)	Quarterly	Zero	Target Actual	30	560	390	980
C2	Percentage of households with at least one insecticide-treated net	Annually	37%	Target Actual	40%	50%	60%	60%
C3	Number of people trained in FP/RH in targeted areas	Quarterly	Zero	Target Actual	100	2284	3000	5384
Intermediate Result 1								
1.1	Number of policies drafted with USG support	Annually	Zero	Target Actual	10	5	0	15
1.2	Percentage of health workers at assisted health centers that use correct methods of diagnosis and treatment of malaria	Bi-annually	29%	Target Actual	29%	45%	60%	60%
1.3	Percentage of health workers at assisted health centers that use correct methods of diagnosis and treatment of tuberculosis	Bi-annually	TBD	Target Actual	Baseline	35%	50%	50%
1.4	Percentage of health workers at assisted health centers following national norms and procedures in providing reproductive health/family planning services	Bi-annually	20%	Target Actual	20%	40%	60%	60%

		Frequency of data acquisition:	Baseline value		2007	2008	2009	Totals
1.5	Number of Certified Master trainers	End of project	Zero	Target Actual	0	30	90	120
1.6	Percent of all registered TB patients who are tested for HIV through USG-supported programs	Quarterly	Zero	Target Actual		30%	50%	50%
1.7	Number of MOH, Provincial, Municipal, and health facility staff trained in data management	Quarterly	Zero	Target Actual	20	60	0	80
1.8	Number of MOH, Provincial, Municipal, and health facility staff trained in operational and budget planning	Quarterly	Zero	Target Actual	20	40	0	60
1.9	Number of MOH, Provincial, Municipal, health facility staff and cooperating partners trained on assuring a coordinated implementation strategy for procurement and logistics planning and management	Quarterly	58%	Target Actual	30	60	0	90
1.10	Percentage of clients reporting satisfaction with services offered at assisted health facilities	Bi-annually	40%	Target Actual	40%	50%	60%	60%
1.11	Number of USG-assisted service delivery points experiencing stock-outs of specific TB tracer drugs	Quarterly	TBD	Target Actual	15	10	6	31
1.12	Number of health facilities without a stock out in RHFP supplies in the last three months in the targeted areas	Quarterly	14%	Target Actual	15%	50%	75%	75%
1.13	Number of health facilities without a stock out in Malaria supplies in the last three months in the targeted areas	Quarterly	14%	Target Actual	15%	50%	75%	75%
Intermediate Result 2								
2.1	Percentage of client population that can name at least three services provided through the public health facilities (malaria, TB, and RHFP services)	Annually	13%	Target Actual	15%	30%	50%	50%

		Frequency of data acquisition:	Baseline value		2007	2008	2009	Totals
2.2	Percentage of client population that can name at least one prevention or treatment procedure for each of malaria, TB, and RHFP.	Annually	78%	Target Actual	80%	85%	85%	85%
2.3	Number of new SME workplace programs	Annually	0	Target Actual	2	3	5	10
Intermediate Result 3								
3.1	Number of CSO/NGO staff trained in grant proposal development	Annually	Zero	Target Actual	15	15	20	50
3.2	Number of municipalities with communities enrolled in champion community initiative	Annually	Zero	Target Actual	0	4	5	9

B. Performance Monitoring Plan HIV/AIDS Component

Table 4 below is the performance monitoring plan (PMP) summary sheet for EHSP HIV/AIDS Activity Component. Please refer to Annex C for the complete PMP and detailed performance indicator reference sheets.

TABLE 4

		Frequency of data collection	Baseline value		2008	2009	Totals
Intermediate Result 1							
1.1	Number of service outlets providing the minimum package of PMTCT services according to national and international standards	Annually	Zero	Target Actual	3	5	8
1.2	Number of pregnant women who received HIV counseling and testing for PMTCT setting and received results at USAID-assisted sites	Quarterly	Zero	Target Actual	3,600	19,200	22,800
1.3	Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	Quarterly	Zero	Target Actual	12	85	97
1.4	Number of health workers trained in the provision of PMTCT services according to national and international standards	Quarterly	Zero	Target Actual	25	25	50
1.5	Number of service outlets providing counseling and testing for HIV according to national and international standards	Annually	Zero	Target Actual	6	10	16
1.6	Number of individuals who received counseling and testing for HIV and received their test results (male, female, downstream, upstream)	Quarterly	Zero	Target Actual	1,440	10,080	11,520
1.7	Number of individuals trained in counseling and testing according to national and international standards	Quarterly	Zero	Target	25	25	50

		Frequency of data collection	Baseline value		2008	2009	Totals
1.8	Number of local organizations provided with technical assistance for HIV-related institutional capacity building/policy development	Quarterly	Zero	Actual	10	20	30
				Target			
1.9	Number of health facility with functioning logistics system	Quarterly	Zero	Actual	10	20	30
				Target			
				Actual			
Intermediate Result 2							
2.1	Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	Quarterly	Zero	Target	28,800	72,000	280,800
				Actual			
2.2	Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	Quarterly	Zero	Target	1,920	4,800	6,720
				Actual			
Intermediate Result 3							
3.1	Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	Quarterly	Zero	Target	200	50	300
				Actual			
3.2	Number of individuals trained in HIV-related stigma and discrimination reduction	Quarterly	Zero	Target	200	50	250
				Actual			
3.3	Number of site visits with key health personnel to areas with successful outreach activities conducted	Quarterly	Zero	Target	0	2	2
				Actual			
3.4	Number of individuals trained in HIV-related institutional capacity building	Quarterly	Zero	Target	50	100	150
				Actual			
3.5	Number of individuals trained in HIV-related community mobilization for prevention, care, or treatment	Quarterly	Zero	Target	200	50	250
				Actual			

ANNEX A

PLEASE NOTE THAT THIS VERSION OF THE MANAGEMENT PLAN IS FROM THE JANUARY 31ST SUBMISSION. IT IS STILL UNDER REVISION BY THE EHSP TEAM.

Angola Essential Health Services Program Management Plan

Bringing year one lessons forward. We have learned many important implementation lessons in Year One that have influenced our approach to the work plan and helped refine and clarify our management approach for Year Two. A key lesson from year one is the difficulty and loss of energy and momentum created by having two main office locations. This creates operational and management challenges in any environment; for EHSP, given the extreme logistical challenges of working in Angola, the importance of maintaining a common vision and technical direction in two disparate offices while supporting other provincial work has been more taxing than productive.

Creating central technical vision and direction. To ensure success in Year Two, we propose shifting to one central, streamlined office based in Luanda providing central direction to activities in all provinces, as illustrated in the Staffing and Management Graphic shown in Exhibit 1 on the next page. Per this graphic, we propose having four very lean technical teams responsible for providing the technical vision for a specific area and ongoing technical support and supervision to that area of work carried out in selected provinces, municipalities, and health centers. These teams will develop a unified approach to each IR set of activities and an integrated approach to the work as a whole through common work planning and day-to-day technical oversight from the Technical Director.

Replicating Huambo as successful provincial office with Luanda as central technical support. We propose having the Huambo office, which is carrying out very successful work that we do not want to disrupt in any way, become a provincial office, maintaining most of its current staffing. Per the graphic, we propose replicating the successful Huambo experience by forming similarly lean provincial offices in areas where work is planned under the Core and HIVAC components. This allows for direct support to implementation activities in the areas where work is being carried out, with technical vision, direction and support provided from the central office in Luanda. Exact staffing for the provincial offices will be tailored to the work in that area, however, depending on the resources available, EHSP will examine the feasibility of staffing provincial offices with a health systems-oriented provincial coordinator, a BCC/community mobilization specialist, a quality assurance specialist, and/or a HIV/AIDS specialist.

Promoting operational coherency and efficiency while allowing the COP to focus on technical direction, client and stakeholder relations, and problem solving. Building on our experience implementing EHSP in Year One, recognizing the increased demand for technical and operational programming in Year Two due to the integration of the HIV/AC activities, and also reflecting on lessons learned from EHSP and similar health programs, Chemonics proposes to

add a mid-level expatriate program and operations manager. This position would be filled by an experienced Chemonics manager, who brings both extensive knowledge of Chemonics management systems and USAID field operations. The Program and Operations Manager (POM) will be responsible for overseeing all operations of EHSP, including all support staff, and for supporting the COP in meeting management reporting requirements, like quarterly reports,

Angola Essential Health Services Program Staffing and Management Plan

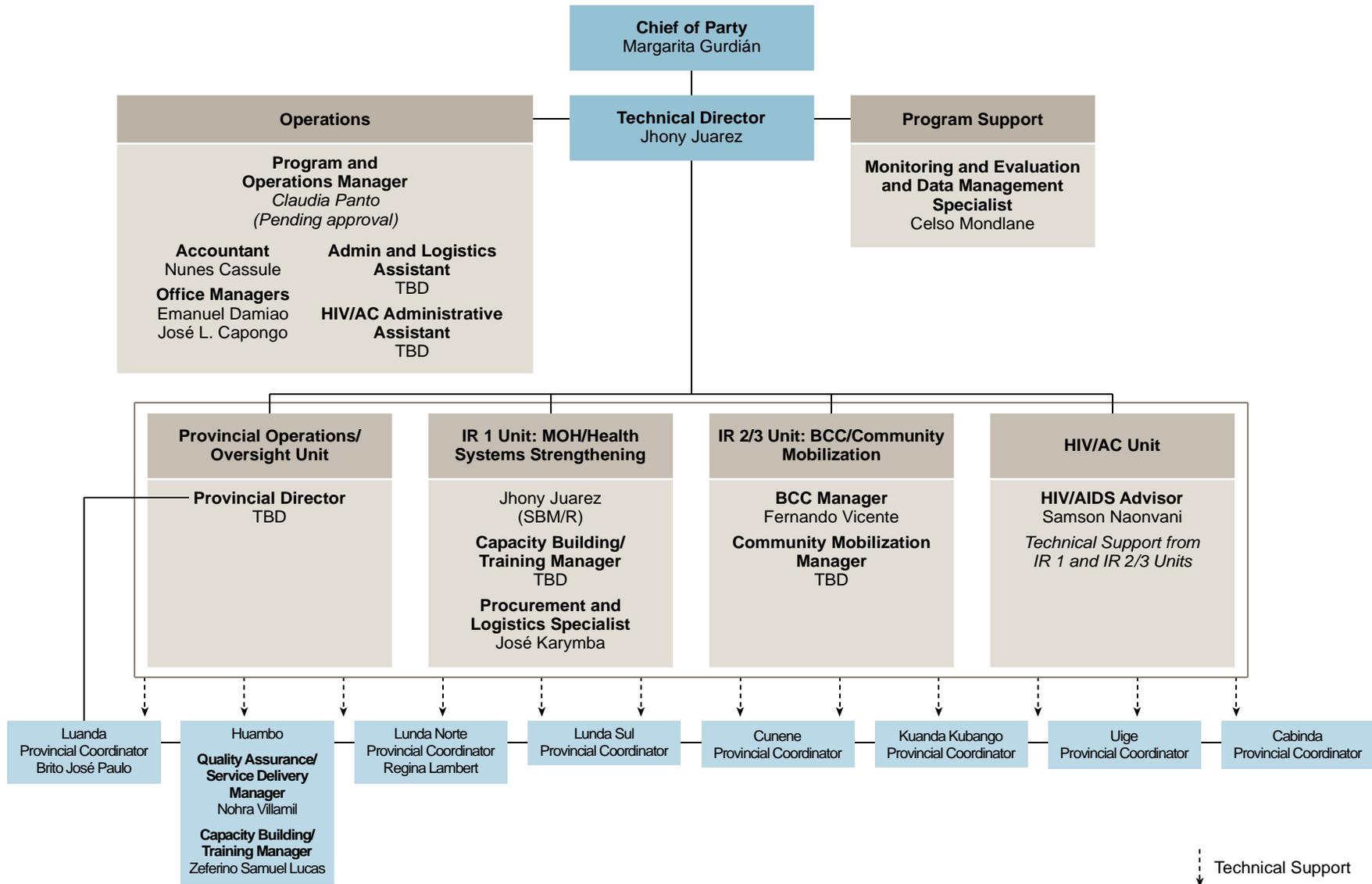


Exhibit 1

financial reports, and the preparation of success stories and best practices. The POM will also ensure that procedures are carried out in compliance with USAID regulations and Chemonics' policies and best practices. Our experience implementing similar programs operating in similar environments and contexts, and particularly when the primary implementation team is composed of local professionals, which we strongly advocate and are committed to, reconfirms the importance of having a mid-level professional available to assist the COP in the day to day management of program activities. In particular, it greatly enhances the COP's ability to focus on client and stakeholder relationships and technical vision and programming while also ensuring the program is delivered in a cost and technically effective and efficient manner. Our experience consistently demonstrates the addition of this position promotes quality delivery of program activities, ensures compliances, and generates savings through increased efficiency and management oversight. This in turn ensures the team delivers, if not exceeds, all technical requirements while promoting local capacity building, institutional strengthening and the professional development of our local staff.

Providing dedicated technical support. There are three technical teams envisioned, as follows:

IR 1 Unit: Improved capacity of the health system in Luanda, Huambo & Lunda Norte provinces to plan, budget, and deliver quality health care services

Jhony Juarez will be the IR 1 team coordinator and technical expert in SMB/R health systems strengthening. He will be supported by a Capacity Building Manager (TBD), and Procurement and Logistics Specialist, José Karymba.

IR 2/3 Unit: (2) Increased knowledge, attitudes, practices related to TB, malaria, & reproductive health and (3) Increased individual and civil society demand for and participation in improving quality and health services

We propose joining IR 2 and 3 in one technical team as Behavior Change Communication (IR 2) and Community Mobilization (IR 3) are fundamentally interrelated and work with the same target group. The plan is to streamline IR 2/3 activities both at the national and provincial level. Margarita Gurdián has considerable BCC and Community Mobilization experience and will therefore provide strong leadership to this team. She will be assisted by Fernando Vicente, Behavior Change Communications Manager and the Community Mobilization Manager (TBD).

HIV/AC Unit

The HIV/AC Coordinator and principal expert will be Samson Ngonyani. This unit will count on technical support from all of the specialists in the IR 1 and IR 2/3 technical teams, given the common activities planned for HIV/AIDS. We separate HIV/AIDS into a separate team in order to ensure it gets the dedicated attention that such an important new initiative needs.

Ensuring day-to-day management support to provincial operations. The provincial offices will need ongoing management support while serving as a portal of the central office to ensure as-needed access to technical support and assistance. Therefore, we propose provincial coordinators to oversee this function. This will ensure the level of support needed

from the central office on a day-to-day basis to all the activities being carried out in all the provinces.

Engaging key clients and stakeholders. To foster better coordination and communication with EHSP stakeholders and beneficiaries, we propose the creation of a steering committee, per the original RFTOP. This committee will provide high-level project guidance, review of milestones, and advise the COP on strategic decisions. We will consult further on the exact composition of the steering committee but anticipate that it will include representatives from the MOH, USAID, INLS, MDP, CSSP. Steering committee protocols will be set at the first meeting, including the frequency of meetings (possibly monthly at the outset and quarterly later) and standing agenda items, e.g., review of progress, guidance on issues encountered, and so forth.

Providing clarity on management Roles and Responsibilities. The Chief of Party, Margarita Gurdián, is responsible for providing overall supervision and management of EHSP activities. She is responsible for ensuring the day to day implementation of all activities, providing technical vision and for ensuring all resources—human, financial and physical—are properly engaged to maximize program success. She is the principal point of contact with USAID, the Ministry of Health, and other project partners and beneficiaries. Chemonics’ practice is to devolve all project management responsibility to the COP to ensure a simple, straight-forward line of command and accountability. All technical staff will report directly to the COP.

Dr. Jhony Juarez is the Technical Director, responsible for providing the technical procedures and processes that support the technical delivery of EHSP. He will work closely with all technical staff – i.e. the BCC Manager, Quality Assurance Manager, Capacity Building Manager, Community Mobilization Manager, Procurement and Logistics Specialist and the HIV/AIDS Advisor, to ensure there are standard technical protocols and that technical resources and processes are developed and replicated throughout EHSP activities.

Mr. Celso Mondlane is the Director of Monitoring and Evaluation. He will ensure there is proper monitoring and reporting of EHSP activities to the client, the Ministry of Health and other stakeholders.

Mirroring the Government’s commitment to decentralization, and recognizing the importance of physically placing the resources to technically deliver EHSP activities as close to the end users as possible, EHSP will work through a series of provincial operations/offices. These provincial offices will be managed on a day to day basis by the Provincial Director, who will be responsible for ensuring resources are deployed effectively and monitoring and reporting on the degree to which individual targets and performance objectives have been achieved.

As mentioned above, depending on the human and financial resources available, EHSP will examine the feasibility of staffing each provincial office with an average of three technical persons—health systems specialist, BCC/Community Mobilization specialist, and a quality assurance specialist plus support staff. The Chief of Party will assign additional responsibilities to one of the provincial team members to serve as the *Provincial Coordinator* in their respective province. As part of our efforts to work within the existing health system, to strengthen local DPS operations, and as part of our long term sustainability strategy, EHSP hopes to house as many of the provincial operations within the DPS offices. In year 2 of project implementation, EHSP will begin HIV/AC activities in Luanda and Cunene

provinces. Where HIV/AC and Core activities are being implemented in the same province, they will be managed through the local provincial operation, but reporting technically to the HIV/AC Coordinator, Samson Naonvani. In those provinces where only HIV/AC activities are being conducted, the provincial coordinator will oversee the operational issues while Mr. Naonvani will be responsible for overseeing technical operations.

The Program and Operations Manager will oversee all administrative and support staff, including providing strategic guidance and technical support to the Finance and Administration staff to best carry out their job responsibilities, and ensure that procedures are carried out in compliance with USAID regulations and Chemonics' policies and best practices. The operations staff includes the Accountant, Nunes Cassule, two Office Managers, Emanuel Damiao and José Capongo, an Administration and Logistics Assistant (TBD), an HIV/AC Administrative Assistant (TBD), and the drivers and office cleaners.

ANNEX B

SES Target Health Facilities Luanda, Huambo, Lunda Norte Provinces

Province	Municipality	Hospitals	Health Centers	Health Posts
LUANDA	CAZENGA	Cajueiros	Asa Branca Hoji Ya Henda Paz Progresso Cariango Vila da Mata Siga	11 de Novembro Tala Hadi
	INGOMBOTAS	Augusto N'Gangula	Ilha Boavista 4 de Fevereiro Partido	Mama Muxima
	RANGEL		C. de Saúde Terra Nova C. de Saúde Rangel C. de Saúde N. Sra das Gracas	Zangado Beiral de Luanda Angobefa
	SAMBA		C. de Saúde Samba C. de Saúde Sta Maria	Benfica Mussulo Ramiro Kinanga S. Jose Cambaxe

SES Target Health Facilities
Luanda, Huambo, Lunda Norte Provinces

Province	Municipality	Hospitals	Health Centers	Health Posts
	MAIANGA	Hospital Sanatorio		
HUAMBO	BAILUNDO	Hospital Municipal Hospital da Chilume	C. de Saúde de Hengue C. de Saúde do Lunge C. de Saúde do Luvemba C. de Saúde Bimbe	P. Saúde da Velha Chica P. de Saúde de Chingolo P. de Saúde do Salundo P. de Saúde de Catuta P. de Saúde de Chiteta
	CAALA	Hospital Municipal	C. de Saúde da Sede C. de Saúde da Calenga C. de Saúde da Catata C. de Saúde do Cuima C. de Saúde do Ngove	P. Saúde do Cantão Paula P. de Saúde do Mangubala P. de Saúde do Muangunja P. de Saúde do Calueyo P. de Saúde do Ndongua P. de Saúde Capunje P. de Saúde do km25 P. de Saúde do Sacanombo P. de Saúde do Jimbo P. de Saúde do Epuacha P. de Candongui P. de Saúde do Sucuanjali
	HUAMBO	Hospital Central Hospital Sanatório Hospital Militar Hospital CFB	Cent. Materno Infantil Mineira C. de Saúde S.Pedro C. de Saúde B.Pastor C. de Saúde Macolocolo C. do S. António C. de Saúde da chiva C. de Saúde do Cavongue	P. de Saúde do Cruzeiro P. de Saúde da Malanga P. de Saúde do Chilembo P. de Saúde da Capingala P. de Saúde do Cambiote P. Saúde do S.Tarcisio P. do Saúde S.Amaro

**SES Target Health Facilities
Luanda, Huambo, Lunda Norte Provinces**

Province	Municipality	Hospitals	Health Centers	Health Posts
			C. de Saúde do S. João C. de Saúde Casseque III C. de Saúde da Calima	P. de Saúde do Cassuculo P. de Saúde do Calueyo P. de Saúde do Belém do Hbo
			C. de Saúde da Chipipa C. Ortop. da Bomba Alta C. de Saúde da Chianga	P. de Saúde da S.Teresa P. de Saúde do Funileiros P. de do Dondo P. de Saúde do Changuili P. de Saúde do Mandé P. de Saúde da Calomanda P. de Saúde do Sanjepele P. de Saúde do Sacalangué P. Saúde do Petróleo P. de Saúde do Lufefena P. Saúde da Munda Paiva P. de Saúde do Jongolo Leprosaria do Belém Hbo P. de Saúde do Dango P. de Saúde do Calicoque P. Saúde do Caululu P. de Saúde de Cachaca P. de Saúde Atuco P. de Saúde de Calandula P. de Saúde de Cassema P. de Saúde de Cavinda

SES Target Health Facilities
Luanda, Huambo, Lunda Norte Provinces

Province	Municipality	Hospitals	Health Centers	Health Posts
	LONDUIMBALI	H. do Alto Hama	C. de Saúde Municipal C. de Saúde da Galanga C. de Saúde do Ussoque C. de Saúde do Cumbira	P. de Saúde da V.F.Queve P. de Saúde do Somajamba P. de Saúde do Chaliwewa P. de Saúde da Bonga
	T. TCHILOHANGA	Hospital Municipal	C. de Saúde Municipal C. de Saúde do Sambo C. de Saúde do Mbave C. de Saúde do Samboto	P. de saúde do Sachitemo P. de Saúde do Ndele P. de Saúde Embala Sambo P. de Saúde do Cangombe P. de Saúde do Essaque P. de Saúde das B.Aguas P. de Saúde do Kandumbo P. de Saúde de Catete P. de Saúde do Ulondo P. de Saúde do Sacambuiyo P. de Saúde do Calueyo P. de Saúde de Luvili P. de Saúde do Sanjimbi
LUNDA NORTE	CHITATO	Hospital Santorio (Tb) H. Geral de Chitato H.Municipal de Chitato	C. de Saúde e Louva	Sachindongo Camaquenzo Muanguvo Estufa Samuninga/Cananda Camafica Camatundo

**SES Target Health Facilities
Luanda, Huambo, Lunda Norte Provinces**

Province	Municipality	Hospitals	Health Centers	Health Posts
				Ritenda Calumbia Mucologe
	LUKAPA	H. Municipal de Lukapa	C. de Saude de Calonda	Camissombo Capaia Xacassau Luo

ANNEX C

Laboratory diagnostic support

In collaboration with the National Public Health Institute (INSP), and in order to provide laboratory diagnostic support to benefit all Angolan provinces, SES is expected to:

- Facilitate the logistics for the nationwide cascade training on malaria microscopy
- Facilitate the logistics for the cascade training of lab technicians by the INSP, on the rational use of Rapid Diagnostic Test for Malaria (RDTs) at provincial and municipal level, using the 10 laboratory experts trained by the CDC last year in Luanda;
- Facilitate the logistics for the establishment of a national laboratory Quality Control System for both microscopy and RDTs through the INSP.

Indicator

Number of Individuals trained in the provision of laboratory-related activities

ANNEX D

Sentinel surveillance site system for Malaria in Angola.

SES is expected to coordinate with a USAID/Washington-selected contractor that will provide standardization, technical leadership, and oversight for the PMI sentinel surveillance system. SES will also work closely with other PMI-funded NGOs. SES will work on the following activities:

1. Coordinate the establishment of sentinel surveillance (SS) in the above captioned provinces through coordination with the following NGOs: Africare in Kwanza Sul, World vision in Kwanza Norte, Consaude in Malange, Mentor in Huambo and Zaire and if possible also ERD in Uige;
2. In collaboration with the NGOs above, train the health workers involved in the SS, according to the SS guidelines attached;
3. Procure and distribute to the SS sites lab equipment for Hemoglobin determination (2 Hemocues per site) and their respective supplies;
4. Prepare and install the SS database at the collaborating NGO's offices;
5. Maintain a central database (compiling/merging the data from the 5-6 provinces) with back-up systems at EHSP office in Luanda;
6. Supply the SS sites with adequate stocks of forms for this activity;
7. Conduct regular supervisory visits to the SS sites for quality control of the data being collected;
8. Send clean database to USAID-Angola monthly;
9. Conduct monthly analysis of the data and send feedback to the provinces, NMCP and USAID-Angola;

The partner NGOs are expected to:

8. Identify the people who should be responsible for data collection at the SS sites, to be trained by SES;
9. Hire local staff involved in the SS;
10. Pay per diem for the local staff attending the training to be conducted by SES on SS;
11. Ensure good quality training of the SS sites in terms of malaria diagnosis and treatment;
12. Guarantee the day to day supportive supervision to the people involved in SS;
13. Maintain a locally updated database;
14. Send monthly datasets to Luanda (SES and USAID).

Indicators

Outpatient Cases

- Number of total outpatients <5, 5+
- Number of clinical outpatient cases of malaria <5, 5+
- Total number of blood slides examined for malaria from outpatients <5, 5+
- Number of slide-confirmed outpatient cases of malaria <5, 5+
- Total number of RDTs examined for malaria from outpatients <5, 5+
- Number of RDT confirmed outpatient cases of malaria < 5, 5+

Inpatient cases

- Number of total inpatients <5, 5+
- Number of clinical inpatient cases of malaria <5, 5+
- Total number of blood slides examined for malaria from inpatients <5, 5+
- Number of slide confirmed inpatient cases of malaria <5, 5+
- Total number of RDTs examined for malaria from inpatients <5, 5+
- Number of RDT confirmed inpatient cases of malaria < 5, 5+
- Number of anemia cases < 5

Inpatient deaths

- Number of inpatient deaths <5, 5+
- Number of inpatient slide confirmed malaria deaths <5, 5+
- Number of inpatient RDT confirmed malaria deaths <5, 5+

Treatment

- Number of antimalarial treatments prescribed by drug for <5, 5+
- Number of days out of stock in the last month for each antimalarial
- Number of children <5 receiving a blood transfusion

IPTp

- Number of pregnant women who received IPTp-1
- Number of pregnant women who received IPTp-2
- Total number of pregnant women who attended first ANC visit

ANNEX E

Tuberculosis Interventions

SES will carry out tuberculosis (TB) activities in Luanda to support the development of policies that offers HIV counseling and testing to all TB patients (to include TB suspects, not just symptomatic patients), and encourage a policy to increase the number of health personnel specialized to perform rapid HIV testing, provide complementary rapid HIV testing training to staff in areas of severe man power shortages. (Support for this is in part provided for under the use of TB funds in the Angola FY07 OP). SES will also carry out testing services for TB patients attending their DOTS programs in the province of Cunene and Luanda; provide support and technical assistance to:

1. Scale up of counseling and HIV testing services for all TB patients conforming to international recommendations and guidelines.
2. Staff training.
3. The development of models for integrated TB/HIV diagnosis, care and better linkages.
4. The piloting of an innovative stigma reduction and prevention for positives support group.
5. Support MoH in establishing routine testing in clinics and hospitals settings in order to increase access to treatment.