



USAID | **ANGOLA**
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WORK PLAN YEAR 3

**ANGOLA ESSENTIAL HEALTH SERVICES PROGRAM
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
ACS	Agente Comunitário de Saúde (Health Community Agent)
ART	Anti-retroviral therapy
BCC	Behavior Change Communication
CBO	Community-based organization
CDC	Center for Disease Control
CHV	Community Health Volunteer
CSO	Civil society organization
CT	Counseling and Testing (HIV)
CUAMM	Collègues Universitaires Aspirants et Médecins Missionnaires (NGO)
DNME	Direcção Nacional de Medicamentos Essenciais (National Directorate of Essential Drugs)
DNSP	Direcção Nacional de Saúde Publica (National Directorate of Public Health)
DPS	Direcção Provincial de Saúde (Provincial Health Directorate)
EU PASS	European Union Health System Support Project
FBO	Faith-based organization
FP	Family planning
GEPE	Ministry of Health and Planning Department
GOA	Government of Angola
HAMSET	World Bank HIV/AIDS, Malaria, STD, TB Control Project
HIV	Human Immuno-deficiency Virus
HIVAC	HIV/AIDS Activity Component
IEC	Information, Education, and Communication
INLS	Instituto Nacional de Luta contra SIDA (National Institute against AIDS)
INSP	National Institute of Public Health
KAP	Knowledge, attitudes, and practices
MAPESS	Ministry of Labor
M&E	Monitoring and evaluation
MOH	Ministry of Health
MOU	Memorandum of understanding
MT	Master trainer
PICT	Provider-initiated counseling and testing
PMI	President's Malaria Initiative

PMP	Performance monitoring plan
PMR	Programa Multi-Sectorial de Reconstrução de Angola (World Bank)
PMTCT	Prevention of Mother to Child Transmission
PNME	Programa Nacional de Medicamentos Essenciais (Essential Drugs National Program)
RH	Reproductive health
RMS	Repartição Municipal de Saúde (Municipal Health Section)
SBM/R	Standard Based Management and Recognition
SES	<i>Serviços Essenciais de Saúde</i> /Essential Health Services Program
SME	Small to medium enterprises
STI	Sexually transmitted infection
TB	Tuberculosis
VCT	Voluntary counseling and testing

SECTION I. INTRODUCTION

The project faced numerous administrative and operational challenges throughout the second year, but the project was able to achieve most of the indicators and surpassed many of them. For Year 3, SES has worked with the DPS teams in each of the three Core Provinces to establish activities that would provide sustainability, continue to respond to their identified needs, and make an overall effort in achieving quality standards.

Overview

The Angola Essential Health Services Program, or SES as it is known in Angola, is a task order under the Population, Health, and Nutrition Technical Assistance and Support Indefinite Quantity Contract (TASC2 IQC). SES is a five-year effort, with a three-year base period followed by a two-year option period. The program has three major components:

- The core project activities ensure an integrated and uniform strengthening of the Angolan health system, particularly in the key health areas of malaria, tuberculosis (TB), HIV/AIDS and reproductive health and family planning (RH/FP). The target provinces for the core component are Luanda, Lunda Norte and Huambo.
- The HIV/AIDS activity option (HIVAC) focuses on improving the national and provincial capacity to address the HIV/AIDS epidemic and increasing access to quality HIV counselling and testing (CT) and prevention of mother to child transmission (PMTCT) services. The target provinces for this component are Luanda, Lunda Norte, Cunene, Cabinda, Kuando Kubango, Lunda Sul, and Huambo.
- The malaria component, working with funds from USAID, the President’s Malaria Initiative (PMI) and the ExxonMobil Foundation, reduces the burden of malaria.

The key results expected for each component is reflected in the adjacent text box.

As the principal health program for USAID/Angola, SES aims to address Angola’s fragility by seeking to establish stability in the short term through improved health service delivery at the community, municipal, and provincial levels in selected provinces. To promote a more transparent and prosperous society over the longer term, the program seeks to strengthen health sector governance through human capacity development and systemic reform, and to integrate vertical programs on RH/FP, TB, malaria, and HIV/AIDS. SES is working closely with the National Directorate of Public Health (DNSP), the National Directorate to Fight HIV/AIDS (INLS) and the Provincial Health Directorates (DPS) from the targeted provinces. SES also works with a wide variety of stakeholders working at the national, provincial,

CORE AND MALARIA PROGRAM INTERMEDIATE RESULTS

- Improved capacity of the health system in the Luanda, Lunda Norte, and Huambo provinces to plan, budget, and deliver quality health services.

HIVAC INTERMEDIATE RESULT

- Improved capacity of the health system in targeted provinces to plan, budget, and deliver quality HIV/AIDS health care and services.

COMBINED CORE, MALARIA AND HIVAC INTERMEDIATE RESULTS

- Increased individual and civil society knowledge, attitudes, and practices of positive health behaviors related to TB, malaria, reproductive health and HIV/AIDS.
- Increased individual and civil society demand for and participation in improving quality and health services.

municipal and community level to produce synergistic and mutually reinforcing results. SES' principal activities center on (i) expanding delivery and improving the quality of health services, including those related to HIV/AIDS, in the target provinces; (ii) improving health systems such as procurement, data management, supervision, quality control, and program monitoring; and (iii) fostering community outreach and local participation in health decision-making. SES has worked toward the reduction of maternal, newborn, and child mortality through improved RH practices and prevention and treatment of malaria, TB, and HIV/AIDS. SES has also helped develop malaria sentinel sites in five provinces and, with the National Institute of Public Health (INSP), has formed teams to train lab technicians in malaria countrywide.

The advances in these first two years have been:

Advocacy with health authorities: During the first two years, SES has developed an advocacy effort at all levels of the Ministry of Health (MOH). At the national level, SES has developed channels of coordination with the highest directorate levels of the institutions such as the DNSP, National Programs of Malaria, TB and RH, and the INLS. SES has also had meetings with the minister of health and the vice minister. The purpose has been to present the project for approval by the highest authorities, coordinate the general activities, and keep channels open to present proposals so SES activities will be institutionalized for sustainability.

SES had advocated with provincial and municipal health directorates as they play a direct role in SES project activities. Advocacy at this level assists health staff in improving the province's capacities to collect and analyze the information that allows program coordinators and technical teams to make evidence-supported decisions. In Huambo, for example, when SES presented the proposal for a scientific symposium so master trainers (MTs) would have an incentive in cascade training; the idea was immediately approved by the DPS authorities who were enthusiastic about holding these events annually. Such events will promote scientific investigation, research, and improvement of overall knowledge of the MTs and participants. The director of continuing education and the coordinators of the main programs participated actively in their organization to make the events possible and successful. MTs worked 12 hours a day for a week and trained more than 1,000 people in TB, malaria, RH, HIV, and AIDS.

Training of Human Resources: The main emphasis in SES' work has been the training of human resources to improve staff abilities to handle main causes of malaria, TB, HIV/AIDS and health situations associated with RH. The need for training is immediately identified by health authorities at all levels. The health system in Angola needs to plan for mid- and long-term training of human resources, respond to immediate needs, and improve diagnosis and treatment of the main health problems such as malaria, TB, HIV and AIDS, and maternal mortality. SES has been training an MT in each of the health facilities at the municipalities where the project is working. MTs have also been involved in training their colleagues at the health units. In one visit to Huambo, the health center of Benfica that has a maternity ward, the nurses had pasted on the wall all the standards to attend a delivery and how to follow the birth step by step as SES had trained them.

Develop Normative Framework: During these two years SES, in a joint effort with the DNSP and the DPS, has developed normative tools such as: i) clinical guidelines on malaria; ii) clinical

guidelines on TB; iii) clinical guidelines on RH/FP (18); iv) clinical guidelines for HIV CT centers and how they function; v) curricula for clinical training; vi) training manual for clinical MTs; vii) quality standards for health posts and hospitals; viii) basic health services package for health centers, health posts and hospitals (RH, malaria); ix) proposal for a development skills center; x) guide for local NGOs to write grants.

SES considers that these tools are needed for health staff everyday work and should be institutionalized to improve quality of services. There are other normative tools to be developed this year.

What are the lessons learned during these past two years of implementation?

During the first two years SES has learned important lessons to further improve its functioning:

Being a partner to the national health authorities: SES has partnered with the DPS in training, supervision, logistics and procurement, as well as behavior change and community mobilization. In supervision, SES has been working to establish a baseline to measure the progress in quality assurance. Supervision is conducted with the DPS staff and the MTs. For logistics and procurement, SES has prepared a database used by the DPS in Huambo in making analysis of stock outs. A key element for the success of the mobile clinics (CT for HIV and AIDS) has been community mobilization to convince people to undergo testing.

A lesson learned is that strong relationships with health authorities are needed so that they are receptive and open at different levels before any intervention can begin or any change is introduced without compromise to the project's main objectives. By establishing these relationships, SES has been able to generate a firm commitment from these authorities. The ability to work with them at the different levels has resulted from a process of building credibility and working within their work plans. This year, based on that experience, SES presented Year 2 results to the Public Health Director, all of the health municipal directors, and the program coordinators from Luanda.

This process will be completed with the presentation to the DPS in Lunda Norte and the DPS in Huambo. Also in the workshop to prepare the work plan for Year 3, coordinated by Chemonics' Executive Vice President, the SES project had the participation of a DPS technical staff delegation from Luanda, Lunda Norte and Huambo, who participated in all of the discussions and working groups to identify the activities for 2009. The director of the DPS in Huambo has also insisted that SES train MTs in six municipalities where SES is not working and in 2009 they will contribute to the process of certification of 52 MTs. The DPS has identified in SES a partner they can rely on to provide quality assurance technical assistance.

Help provide a normative framework for sustainability. SES has helped produce 22 guidelines, reviewed quality standards for health centers, elaborated health post and hospital's standards, norms for CT on HIV/AIDS for youth and children, presented a proposal for reference and counter reference, and a basic package of health services for health centers and health posts. Even though many of the norms and guidelines are still pending final authorization by the DNSP,

the technical process has been completed and the guidelines have been the base for the MT training.

Cooperation with the national counterparts: Some of the most important interventions and activities of the SES project have been suggested by the DPS technical teams and authorities such as the need to train one MT per health unit, develop a process of monitoring cascade training for the health staff by MTs. The idea to start Year 3 with the training of municipal supervisors is to ease up the burden on the provincial supervisory team. This will help them to be more efficient, contributing to the process of decentralization of the health units and provide improved, closer monitoring and follow-up.

Strengthening the health system is needed for the implementation of global health initiatives (vertical programs). Current USAID funding and programming realities are such that both vertical programs (TB, HIV and AIDS, and malaria) and system strengthening are combined in the SES project. For the desired results of the vertical programs to flourish, the systems that support these programs must also have a strong foundation. SES is therefore continuing its core work in strengthening its investments in the health system as mentioned above and, in the past year, has focused increasingly on specific, observable goods and services within this vertical program framework.

SES will continue to focus equally on systems strengthening and implementing activities to respond to the objectives of the vertical programs. For example, SES will monitor and provide training on the logistics system for Coartem in order to avoid stock outs and contribute to achieving better results within the Malaria National Program. SES will utilize the Standard Based Management and Recognition (SBM/R) strategy to continue the work on quality throughout the 292 health facilities. This approach ensures that clinical diagnosis, availability of drugs and patient referrals are done according to the highest norms and standards. In terms of vertical programs, SES will help to extend the surveillance system and VCT and PMTCT centers into more areas.

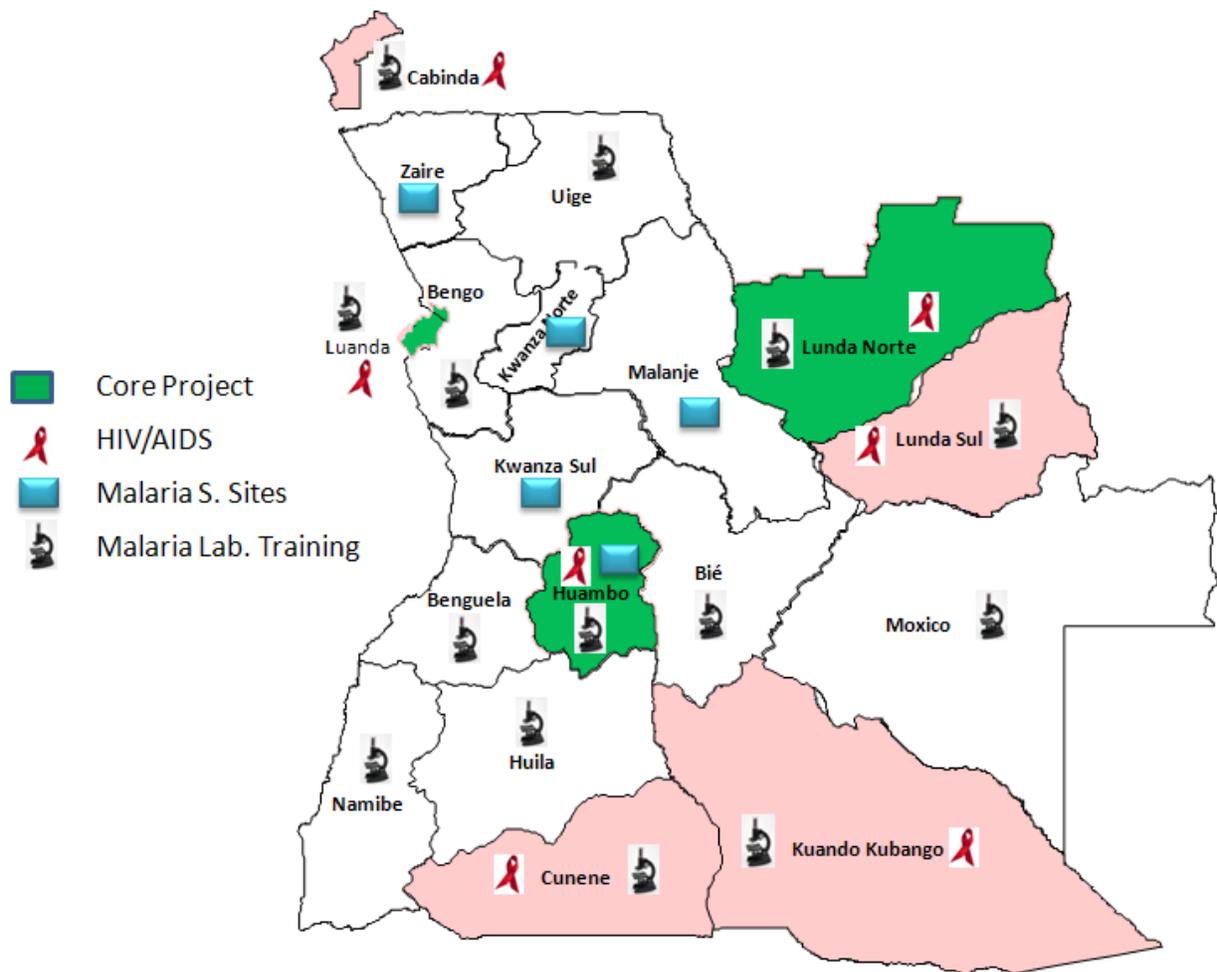
A strong, well-managed health facility that manages its patients, drugs and supplies well will be the most effective platform for provision of services in HIV and AIDS, TB, and malaria. This means that more efficient and higher quality referrals can take place. Another example in the work is that the combination of various activities in different areas: statistics, collection of data, analysis of the data, management of drugs, and community mobilization have had greater impact when combining activities within vertical programs; funds provided by these vertical programs allow the project to scale up activities with an integrated approach. Programs have to work horizontally and in a complementary way: the prenatal control nurses provide prophylaxis for malaria to pregnant women and not the malaria program at the unit.

Investing efforts in the primary health care level: Often the health systems plan to invest more resources and interventions in hospitals; nevertheless, experience shows that the place of entry for the majority of users is the primary health care, yet training of health staff at that level has not been a priority. SES is investing most of its resources at the primary health care level in health posts and health centers. With Angola's lack of qualified physicians, the country's need to develop abilities in other health professionals is a must so they can face the challenges and needs

of the population affected by illnesses. This requires that the MOH Department of Human Resources establishes norms that allow the health staff to do the job and at the same time takes into account accessibility and security for the patients.

Working with the community: SES in Year 3 will increase focus on establishing municipal health committees. Promoting the creation of municipal health committees is an important political tool to achieve the health objectives in the municipality. The committee promotes intersectorial alliances and community empowerment, increases the capacity of the community to identify health problems and contributes to finding community solutions. In addition to the community mobilization in Year 2, SES will collaborate with the DPS so as to provide information and training to the community leaders to give them the tools to address health issues.

The following map reflects SES program implementation areas for Year 3.



SES Year 3 Work Plan is the result of a series of discussions held with main counterpart agencies and beneficiaries to mesh SES' activities with priority needs and activities of these entities. It is also based on a thorough analysis and assessment of SES' activities for the past two years, building on what has been working well to achieve the desired results and targets, and

adjusting those activities where results have not been generated as expected or at the level needed to ensure sustainable impact. A mid-term evaluation will be conducted in February 2009, which may result in further adjustments to this work plan.

In Year 3 as mentioned above, SES will focus on continuing its program initiatives. Some of the initiatives SES will undertake in 2009 include:

1. **Scaling up.** SES will be expanding the target coverage areas in Year 3, working now in all municipalities in Luanda, five municipalities in Huambo (with MTs training in all municipalities) and in four municipalities in Lunda Norte province under the core component, and all seven provinces of the HIV/AIDS component. The Government of Angola will also be contributing to the training and monitoring of MTs in six municipalities of Huambo, which shows the interest and acceptance from the DPS of the work done to train health staff. The project will work with DPS supervisors to ensure supervisory protocols and accelerate training, following the SBM/R approach.
2. **Focus on quality.** To date SES has been focused on updating the skills of health workers. While this has generated a large number of people trained and institutions and health facilities strengthened, the focus now is on the provision of quality services.
3. **Malaria.** In collaboration with the National Program to Combat Malaria and the DNSP, the program will continue to support sentinel sites and train laboratory workers. SES will continue to work on setting up a sentinel site in Lunda Norte in coordination with the DPS. SES will continue to monitor and strengthen the sentinel site system to provide reliable data to the MOH so as to track the incidence and frequency of epidemic and endemic malaria and to rationally distribute drugs. A trained cadre of laboratory workers provides the foundation for quality diagnosis, reliability of data, and is responsive to client needs.
4. **Tuberculosis.** With the National TB program, SES will continue to contribute to the manual used at the national level. SES will also continue to participate in discussions and provide guidelines on international norms and standards for integrating TB and HIV services.
5. **HIV and AIDS:** The project will focus on: 1) supporting the MOH goals to provide CT services to all pregnant women; and 2) working with the INLS to provide 23 new VCTs and PMTCTs in seven provinces.
6. **Family planning.** SES in Year 3 will continue to have a strong focus on family planning. Since it is extremely important to work at the community level, the Year 3 curriculum addresses “Abstinence, Being Faithful, use Condoms” (ABC), maternal health, alarm signals in pregnancy and postpartum, and the need for good communication between young people and parents. SES will also provide contraceptives to all health units in the core provinces.

Efforts have unified the approach to all health systems strengthening regardless of the component (core, HIV/AIDS, TB and malaria) and will produce a unified approach to community mobilization and behavior change. Both the core and HIV/AIDS component have activities focusing on strengthening community awareness and participation in positive health practices and behaviors, and strengthening those institutions at the community level. Given the complementarities of these activities, we have combined them into one component, addressing both the core and HIV/AIDS activities.

Additionally, in option Years 4 and 5, SES will consolidate and focus on sustainability and institutionalization of activities and proposals to improve quality health services through the participation of the community. The following are areas that SES considers of importance to continue providing assistance in systems strengthening:

1. **Norms:** Advocacy is vital for the approval and distribution of norms and quality standards for hospitals and health posts as well as requirements for standards in staff skills development centers in each province. Advocacy is needed to have norms approved for pregnant women to receive CT for HIV/AIDS. SES will work to advocate with the DNSP to establish a quality assurance department within the MOH staffed at the national, provincial and municipal levels, to publish and distribute clinical guidelines, and to review with the MOH the classification of the health units according to their level and capacity.
2. **Human resources:** When health professionals perform extra curricular or additional activities, additional compensation should be provided to motivate them and recognize their efforts to improve the health system. The Human Resources Department of the MOH should recognize the training and work carried out by the MTs and should include in their salary additional monetary compensation. The same principle should be applied to the physicians teaching at the Skills Development Centers. The MOH should identify the units that should serve as teaching hospitals that fulfill the requirements.
3. **Training:** An introduction to obstetrics and neonatal emergencies will become basic training to diminish maternal mortality for inclusion in all basic package of services at all levels. Agreements between the MOH and teaching institutions should be established to train health professionals at universities, institutes, colleges and associations.
4. **Community mobilization:** Scaling up the strategy to create municipal health committees as political entities will promote intersectorial health alliances. Finally, advocacy within the MOH and DPS will recognize the ACS/CHVs as an important liaison between the health unit and the community.
5. **Data collection:** SES will continue to improve the MOH and DPS capacities to collect and analyze data and information for decision-making.
6. **HIV and AIDS:** The project will focus on 1) supporting the MOH goals to provide CT services to all pregnant women; 2) advocacy for provider-initiated HIV CT (PICT); 3) advocacy for laymen CT; 4) capacity building of health staff in PICT; 5) training of lay

counseling in house to house CT; 6) training of CHVs in home-based care for HIV and AIDS; 7) introduction of training of PMTCT and PICT to medical students and nursing schools.

SECTION II. DETAILED WORK PLAN FOR YEAR 3

A. Detailed Work Plan for the Core Component

In this section we present the detailed work plan for the core component, broken down by intermediate result (IR) and the corresponding activities within each result area. We recognize that some activities cross more than one component. Every effort has been taken to ensure an integrated, uniform strengthening of the Angolan health system, particularly in areas of malaria, TB, HIV/AIDS and RH/FP. Subsection C describes the activities in community mobilization and behavioral change for Year 3 in the core and HIV/AIDS components.

IR 1: Improved capacity of the health system in target provinces to plan, budget, and deliver quality healthcare services

In this IR, we have defined five main areas of activities: (1) improving and integrating quality health service delivery standards, (2) improving the delivery of quality health services, and providing technical assistance to enhance the Government of the Republic of Angola's (GoA) ability to: (3) collect, manage and effectively use data in program planning; (4) to improve GoA ability to plan and budget health activities at the municipal and provincial levels; and (5) to improve GoA logistics and procurement management.

A1. Improved and Integrated Quality Health Service Delivery Standards

Development of clinical guidelines and protocols. Clinical guidelines 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. To date, SES has developed 20 clinical guidelines, of which 18 cover RH, particularly maternal health, and one each address TB and malaria. These guides provide standards of care and service delivery, adhering to international best practices, addressing some of the most critical health problems facing Angolan society: maternal morbidity and mortality, particularly during childbirth. The completed guidelines have been submitted to the DNSP; once they are approved SES will facilitate their publication and dissemination.

Although SES is waiting for the final DNSP authorization of the guidelines, since the clinical guidelines approval by the technical team, SES uses them as a reference to prepare the training curricula, training material, and to prepare the work with the community agents.

In Year 3, SES has been asked to develop clinical guidelines for HIV/AIDS CT of pregnant women, for community mobilization, and quality standards for hospitals and health posts. Once these guidelines and protocols are approved, SES will distribute them around the country. SES will also work with the DNSP to examine the feasibility of establishing a national office to oversee implementation of a unified national system of quality assurance with offices at the national provincial and municipality levels within the health system; the objective of this is to establish elements of sustainability. SES will also work with the DNSP on the quality standards for hospitals and health posts.

The indicator measuring progress in this area is *number of policies drafted with U.S. government support*. By the end of 2009, a minimum of 23 guidelines and protocols will be drafted and enacted with SES assistance.

Table 1: Health Facilities Supported by SES/USAID During Year 3

Health Facilities Supported by SES/USAID During Year 3						
Provinces	Municipalities	Population	Hospitals	Health Centers	Health Posts	Total
Luanda	Cacuaco	439,743	0	6	13	19
	Cazenga	1,122,340	1	8	1	10
	Ingombota	193,757	1	3	0	4
	Kilamba Kiaxi	647,339	4	6	5	15
	Maianga	582,899	1	5	3	9
	Rangel	211,815	0	2	3	5
	Samba	307,433	0	3	9	12
	Sambizanga	498,327	0	5	0	5
	Viana	665,055	0	6	12	18
	Subtotal		4,668,708	7	44	46
Huambo	Bailundo	197,576	1	4	7	12
	Caala	176,714	1	5	14	20
	Catchiungo*	43,510	1	3	7	11
	Tchicala Tchilohanga	37,534	1	4	12	17
	Chinjenje*	15,795	0	2	4	6
	Ekunha*	49,626	0	3	4	7
	Huambo	493,734	2	17	34	53
	Londumbali	169,642	1	4	3	8
	Longonjo*	55,557	1	4	5	10
	Mungo*	38,648	1	2	3	6
Ukuma*	21,500	1	3	8	12	
Subtotal		1,299,836	10	51	101	162
Lunda Norte	Chitato	177,048	3	0	12	15
	Lukapa	112,063	1	1	4	6
	Cuango	104,017	1	1	2	4
	Cambulo	120,953	1	1	6	8
Subtotal		514,081	6	3	24	33
TOTAL		6,482,625	23	98	171	292

*activities in these Huambo municipalities are only MTs training.

Activities under this key result area provide data to comply with the following indicators in our performance monitoring plan (PMP):

Indicator	Achieved to Date	2009 Target	Cumulative Total by End of 2009
No. of policies drafted with USG Support	20	3	23

A2. Improved, Integrated Quality Services Offered

Conduct MT supervision, evaluation, and certification. SES has developed an MT model to ensure health professional trainers have access to the most current information on health service delivery. For example, the model was recently updated to incorporate a focus on malaria prevention and treatment, to ensure a comprehensive approach to client-based improvement in malaria action. It was also recently updated to address clinical training needs in management, for example, overall facility management, and laboratory, pharmacy, and data management. Facility management refers to improvements to patient flow, availability of staff, maintaining moderate wait times, expeditious processing, and other factors. Laboratory and pharmacy management include assuring proper inventories and systems for call-forwarding, registry, and reporting.

Table 2: SES MT Targets

SES MT Targets								
Province	Municipality	No. of Health Facilities	Health Facilities with MTs Trained to Date	Number of MTs Trained to Date	Target Number of Health Facilities for MT Training in Year 3	Total Number of Health Facilities Having MTs by Year 3	Total Number of MTs by Year 3	
Huambo	Bailundo	12	12	12	0	12	12	
	Loundimbali	8	8	12	0	8	12	
	Tchicala	17	2	14	15	17	29	
	Huambo	53	5	59	48	53	107	
	Caala	20	2	26	18	20	44	
	Other municipalities		52	0		52	52	52
	Subtotal, Huambo		162	29	123	133	162	256
Luanda	Cazenga	10	10	13	0	10	13	
	Ingombota	4	4	16	0	4	16	
	Rangel	5	5	12	0	5	12	
	Samba	12	12	16	0	12	16	
	Vianna	18	0	16	18	18	34	
	Cacuaco	19	0		19	19	19	

SES MT Targets							
Province	Municipality	No. of Health Facilities	Health Facilities with MTs Trained to Date	Number of MTs Trained to Date	Target Number of Health Facilities for MT Training in Year 3	Total Number of Health Facilities Having MTs by Year 3	Total Number of MTs by Year 3
	K.Kiayi	15	0		15	15	15
	Maianga	9	0		9	9	9
	Sambizanga	5	0		5	5	5
Subtotal, Luanda		97	31	73	66	97	139
Lunda Norte	Chitato	15	0		15	15	15
	Cambulo	8	0		8	8	8
	Cuango	4	0		4	4	4
	Lukapa	6	0		6	6	6
Subtotal, Lunda Norte		33	0	0	33	33	33
TOTAL		292	60	196	232	292	428

At the request of the DPS SES has been asked to develop one MT for every health unit in the three target provinces. To date, SES has trained 196 MTs and conducted MT training programs in four municipalities in Luanda: Rangel, Cazenga, Samba and Ingombotas; and in the Huambo: Bailundo and Loundimbali. These MTs are now training others under the supervision of SES. During the first quarter of Year 3 SES will complete MT training in the municipalities of Huambo, Kaala, and Tchicala-Chiloanga.

To date 30 MTs in Huambo have been certified, based on evaluation criteria developed and agreed upon with the head of the Continuing Education Office, the coordinator for the RH/FP program, the coordinator for the drugs program and the head of the planning department at the DPS in Huambo.

In Year 3, in addition to getting at least 90 MTs certified, SES will train an additional 240 (188 new ones at health facilities in Luanda, Huambo and Lunda Norte, and 52 for the new municipalities in Huambo where SES is responsible for training and the DPS is responsible for monitoring and follow-up).

In Luanda, 66 MTs will cover all new targeted health facilities. In Huambo, 130 MTs will be trained; and 44 in Lunda Norte. Candidates for the new round of MTs will originate from Huambo (Huambo, Caala and Tchicala municipalities), from five new municipalities in Luanda, and two new municipalities in Lunda Norte. MTs will be trained in the approved curriculum, which covers priority areas of malaria, TB, RH/FP and HIV/AIDS. To respond to the Huambo DPS request to train MTs in the municipalities where SES is not working, SES will train one MT per health center in those municipalities.

As part of MT course work during the initial 10-day, intensive training, each MT will develop a training work plan for his/her respective health center(s). SES holds monthly meetings with MTs in their respective municipalities to monitor the implementation of their work plans. During the monthly meeting, MTs review their activities, identifying additional needs and requirements. They provide a summary of the issues and how training can be enhanced. Each quarter, MT work is reviewed by an evaluation committee composed of DPS, the Repartição Municipal de Saúde (RMS) and SES staff as part of certification. Successful MTs are certified at an official ceremony recognizing this significant achievement. The DPS formed four evaluation teams that visit the MT candidates. As required, SES provides financial support to training activities (cascade training) implemented by the MTs. SES will work with the DPS Office of Continuing Education as the designated counterpart to assume responsibility for development, mentoring and supervision of MTs after SES concludes.

The Luanda and Huambo DPS have requested that the MT strategy be institutionalized. SES will promote dialogue among key stakeholders inside the MOH, linked to different aspects for making this possible, for example, DNSP, Human Resources Department, and the Office of Continuing Education.

MT training of health facility staff on basic health package. The original intent for MTs, once they receive basic training, was to implement a training, mentorship and supervision program in their health units where they work and hold this responsibility. To date, SES has not seen this reach the scale desired or required, thus, SES will develop a strategy in Year 3 to address the challenge of scaling up the cascade training activity. As one way to meet this challenge, SES, working with the Office of Continuing Education of the Huambo DPS, organized the first scientific symposium in September 2008 in Huambo to address malaria, TB, RH/FP and HIV/AIDS, as well as the basic health package of services. The symposium was taught by 43 MTs who reached 1,030 staff from 44 hospitals, clinics, and health posts, providing them with current information on best practices in treatment and prevention. Based on the success of the symposium, SES and the Office of Continuing Education will organize similar events at least once yearly.

Ensure correct methods of diagnosis and treatment. SES will support development of evaluation criteria for diagnosis and treatment of malaria, TB and RH/FP. A representative sample of health units will be selected at different levels for evaluation of their preparedness to receive strategic technical assistance and mentoring to upgrade their capabilities. A visit every three months will determine progress and address other needs.

This year SES will receive corporate funds from Exxon to work on malaria in Lunda Norte. SES will develop a sentinel site and will integrate the rest of the activities such as MT training, health information training, HIV/AIDS and TB training and community mobilization activities in that province. SES is also working with USAID to present a proposal to Cabgoc/Chevron within the framework of the General Development Alliance (GDA) to work in the province of Cabinda where SES already is working on HIV/AIDS to have broader coverage on HIV/AIDS CT and train MTs in all health facilities in correct methods of diagnosis and treatment of malaria, TB, RH and HIV/AIDS.

Angola and TB

Angola has seen a steady increase in TB during the last five years. Key challenges include the limited number of trained staff to deal with TB cases, the limited effort to link HIV and TB programs, overburdened TB health facilities; poor treatment performance, resulting in high rates of disease recurrence and emergence of drug resistance, and limited TB diagnosis options. SES has the opportunity to work with the National TB Program to help improve the quantity and the quality of services for TB patients. Four strategic options were identified:

- *Promote collaboration between HIV and TB Programs:* TB is a sentinel disease for people with HIV/AIDS. SES should actively promote the protocol of having every TB patient screened for HIV infection, and every HIV/AIDS patient screened for TB. SES can create a valuable monitoring and evaluation tool by convincing the TB and HIV programs to modify their reporting systems to clearly identify when the two diseases occur together. SES will work on a chapter of co infection TB-HIV/AIDS that will be part of the manual used at a national level.
- *Training and awareness campaigns:* Provide ongoing participatory workshops and refresher courses for health workers and lab technicians. Provide training to health workers in recognizing TB symptoms with or without HIV infection. Provide workshops to lab technicians to improve the quality of TB diagnosis. Conduct public awareness campaigns on the inter-connectivity of these two diseases and use community health volunteers (CHVs) to help identify, screen and refer patients suspected of having TB, HIV/AIDS, or both. The training will be done at the province level and the awareness campaign at the core provinces.
- *New diagnostic options:* Examine feasibility of introducing the Vitoria culture system to Angola, an easy to make, egg-based, solid media that is inexpensive, technologically simple and provides excellent performance results. The inventor of the system, Dr. Moises Palaci, has agreed to host one to two Angolan laboratory technicians in Brazil for three to four weeks to train them in the preparation of the culture and its use, and to serve as technical consultants. SES could coordinate, plan, train and monitor, working with NTP.
- *Collaboration with other agencies and institutions:* Offer TB patients and their families a basic nutritional supplement (i.e., *canasta básica* in Angola) when they come in for treatment. SES is encouraged to explore partnering with the WFP, USAID or other agencies to secure and administer nutritional supplements to TB patients and their families. SES has also been participating with the partners group that work with the National Director of TB (Global Fund, CDC, *Collègues Universitaires Aspirants et Médecins Missionnaires*, and the WHO).

Three objectives with respective outcomes and indicators have been defined to measure the success of the proposed plan. These three objectives are: (1) increase the integration of the TB and HIV programs; (2) improve TB diagnosis; and (3) improve TB treatment and adherence. Outcomes, indicators, and targets have been defined and a work plan prepared.

Strengthen TB knowledge and practices within health system. TB is a critical health issue in Angola, particularly given its link to HIV/AIDS. SES will contribute to develop a series of activities to more fully integrate TB into its activities to strengthen TB knowledge, diagnosis and prevention, and treatment protocols. Specifically, SES will continue a training program to sensitize health professionals who provide care at different units in the diagnosis and treatment of TB; provide quality CT for those who test positive; contribute to develop a protocol whereby all persons testing positive for TB should be tested for HIV/AIDS; contribute toward developing a manual for TB training at the national level, a chapter on co-infection and integrating TB and HIV services, as well as patient confidentiality.

Training of CHVs. SES conducts programs to train CHVs on RH and in prevention of malaria, TB, and HIV/AIDS. Training is held in one day focusing on preventive messages. Each group then receives three additional days to conclude their training as CHVs; they also receive periodic

supervisory visits to monitor performance while receiving guidance in development and implementation of their respective work plans. Health facility staff and NGO staff accompany selected CHV behavior change communication (BCC) activities. During Year 2, SES worked with churches in some of the provinces. In Huambo, some religious leaders were trained as CHVs, for example, the Adventist Church there now dedicates at least five minutes during the weekly service to discuss health topics. After the community mobilization workshop in September, SES sat down with Luanda NGOs working in community health issues to prepare a work plan and also with women's organizations within the churches. SES has established some municipal health committees to work with health facility staff, NGOs, and community health leaders to implement community mobilization efforts. These municipal health committees will begin holding monthly meetings with the CHVs to plan monthly activities with community MTs to ensure activities are implemented. This activity will continue in Year 3.

Delivering the basic health package. In Year 2 SES and the Luanda DPS defined a basic health services package for hospitals, health centers and health posts. This package was finalized in August 2008 and has been incorporated into SES training. In Year 3, SES will work with the Huambo DPS to incorporate a similar basic health services package into their programs. SES activities in Year 3 will focus on introducing the basic package to most of the health facilities and ensure it is an integral element of SES' training offer. SES also will conduct a diagnosis of the health units in the three provinces to examine their level of service and support they are providing in each area of the basic health package. In those areas where they need to raise the level of quality or service, or add an element to their basic service package, SES will define a targeted program of technical assistance. Once delivered, SES will visit the facility each quarter to verify that they are applying the basic health package and if there are additional areas for assistance or follow-up. SES will also work with the Office of Continuing Education to prepare a training guidelines and manual for uniform application of the basic health services package.

To date, the MOH and DPS in the provinces have not yet established clear service guidelines in each of the health posts, health centers and hospitals. This causes confusion among the population as to which health facilities offer which services. SES is working with the MOH and DPS to standardize the services at each, focusing on the quality of service provided based on the basic health package of services.

UNICEF is supporting the DPS in Huambo and Luanda with the revitalization project, and SES has been coordinating with Dr. Mary Daly, UNICEF consultant in Huambo and had agreed that the MTs trained by SES will be the central element in their revitalization process and the basic package of health services, the framework to train all health professionals. SES and UNICEF have identified tasks that will be carried out together.

The indicator that will measure performance of this activity is the total number of health facilities implementing the basic health package.

Conduct training on basic package to hospitals. In recognition of the important role hospitals play in providing basic healthcare services at the municipal and provincial level, SES prepared a detailed training program, combining academic and practical and skills-based instruction, for hospitals. This training is part of the basic package offered to all health facilities, tailored to the

requirements of hospitals, and focusing on maternal child healthcare. SES is in the process of designing the specific curriculum and, upon receipt of the required medical equipment and training kits for this training will begin delivering the training program. Training is scheduled from February through April 2009.

Implement the referral system. A proposal for a referral system has been developed and presented to DPS for their consideration. To date, DPS has not acted on it. SES is convinced a referral and counter referral system (RCRS) is a real need in Angola, particularly for those health staff working in less sophisticated health units such as health posts and health centers, where the lack of a viable referral system is a major factor that might contribute to the loss of life. In Year 3, SES will make a concerted effort to work with DPS to put in place at least a pilot RCRS in a few select municipalities. If necessary a study tour to a country with a strong local referral system will be considered as a means to promote acceptance of the importance of this mechanism for quality health system delivery.

Proposal skills development centers and institutionalization of MT approach. Aiming to support the Angolan government's efforts to develop sustainable and effective health systems structures to improve the population's health, SES will promote an intense dialogue with key stakeholders inside the MOH to establish and institutionalize a training system that emphasizes both theory and practicum. This will build on ongoing discussions with the MOH to create skills development centers in municipal or provincial hospitals linking the project's training and quality improvement components.

These activities, in addition to creating an ongoing and sustainable capacity within Angola to provide critical information on viable health practices and processes, will be the principal source of information for the following indicators:

Training alone cannot assure improved service delivery. SES will conduct regular supervision and monitoring of activities, to be conducted by DPS staff with which SES already has a working relationship, and assisted by the SES Lunda Norte provincial coordinator.

Activities under this key result area provide data to comply with the following indicators in our PMP:

Table 3: Indicators

Indicator	Achieved Year 1	Achieved Year 2	2009 Target	Cumulative Total by End of 2009
No. of people trained in malaria treatment and prevention with USG funds	46	2,713	3,244	6,003
No. of people trained in TB sub-elements with USG funds	46	2,400	3,244	5,690
No. of people trained in FP/RH in targeted areas	46	2,599	3,244	5,889
Number of certified MTs	0	30	90	120
Percentage of health workers at assisted health centers that use correct methods of diagnosis and treatment of malaria	29%	45%	65% (292)	65%
Percentage of health workers at assisted health centers that use correct methods of diagnosis and treatment of TB	NA	35%	50% (33)	50%
Percentage of health workers at assisted health centers following national norms and procedures in providing RH/FP	20%	40%	60% (98)	60%
Number of health facilities implementing basic health package	NA	53	22	75

* In brackets total number (100%) of facilities, serving as denominator for indicators calculations

A3. Data Collected, Managed, and Used in Program Planning

Provide on-the-job-training and supervision for health facility staff on the use of the data collection manual. SES, working closely with DPS statisticians, developed a draft data collection manual for use by DPS staff at health facilities as a means to accurately and consistently collect critical health information for management purposes. The manual includes templates for data collection forms approved and in use by the national health information system to be used to calculate health indicators and to feed the health management and information system and for epidemiological surveillance. Each form contains detailed instructions on how it should be filled in and with what data and from where. The manual is being finalized and will serve as a reference tool for data collectors at health facilities. The statistics staff at health facility, in addition to training, will have this tool, and will help to feed the new information system established by the MOH. A supervision tool was designed and tested in the municipality of Caala at the end of Year 2. Several key areas for improvement were identified and a final version of the manual is being finalized, for DPS approval. Once approved, it will be rolled out to targeted health facilities in the three provinces for use as a supervision tool for data collectors.

Provide technical assistance to Luanda DPS in producing regular health situation report. In Year 2, SES worked with the Luanda DPS to produce an epidemiological bulletin. A draft was finalized and a first version printed and distributed. SES will continue supporting the Luanda DPS in producing a regular epidemiological bulletin. This experience will be expanded to the

Lunda Norte and Huambo DPS. Initially, SES will start by supporting the production of an annual report, and this will lead to a more regular edition, first every six months and then quarterly.

Improve MOH’s information system in regard to data processing, collection and analysis.

Reliable and accurate information is critical for informed decision-making. SES will work with the MOH to ensure it is capturing, analyzing and reporting accurate data, including data used to gauge SES’ impact in improving Angola’s health system.

SES will support the training of health center staff from Lunda Norte and complete the training of staff in Luanda. In Huambo, SES supported the training of at least one MT for every health center. As a continuum of the training, SES will work with the Huambo DPS to conduct supervisory visits, and on-the-job training of health workers.

In Year 3, the project is planning to carry out provincial data analysis workshops for health program coordinators. The workshops will address methodologies for data analysis using actual program data so that program can identify the health situation and determine data useful for tailored decision-making in the target provinces of Luanda, Lunda Norte and Huambo.

Indicator	Achieved to Date	2009 Target	Cumulative Total by End of 2009
No. of MOH, Provincial, Municipal, and health facility staff trained in data management	140	125	265

A4. Improved Planning and Budgeting at Municipal and Provincial Levels

Activities under this key result area provide data to comply with the indicators in our PMP of the number of MOH, provincial, municipal, and health facility staff trained in operational and budget planning. During Year 2, SES provided technical assistance to the three municipalities in Luanda and Huambo selected by the DPS and the *Gabinete de Estudos, Planificação e Estatística* (GEPE) Rangel, Ingombotas and Caala.

SES will continue to support the planning and budgeting of activities in the municipalities of Ingombota and Rangel, and Caala in Huambo provinces through the year 2010. Additionally, SES will extend its support to one more municipality in Huambo: Londuimbali. This activity will be carried out in collaboration with the DPS and the European Union Health System Support Project (EU-PASS), and will include health network assessment, situational diagnosis, training, budgeting and justification, and advocacy.

Develop national health accounts. SES will work with the World Health Organization (WHO) and other partners in implementing with the MOH National Accounts. The support will be contingent upon other partners’ financial support.

Activities under this key result area provide data to comply with the following indicators in our PMP:

Indicator	Achieved to Date	2009 Target	Cumulative Total by End of 2009
No. of MOH, Provincial, Municipal, and health facility staff trained in operational and budget planning	47	15	62

A5. Improved Logistics and Procurement Management

Provide on-the-job training for health facility staff on correct record keeping for pharmaceutical ordering and disbursements. At the end of Year 2, the SES team, with support from subcontractor Midego developed a training program in record keeping for pharmaceutical ordering and disbursements. Using the on-the-job methodology, and in close coordination with the provincial drug supervisor, this training/supervision was implemented in Huambo in 30 units, mainly health centers.

Provide training in good logistic practices for pharmaceutical goods. In collaboration with the PNME, conduct three provincial training events for pharmacists in the Provincial Deposit and for municipal staff in the implementation of the PNME package for pharmaceutical ordering and disbursements.

Produce reports reflecting drug consumption and number of clients served during monthly and quarterly periods. DPS received technical assistance from SES to develop a database in Epi Info as a means to streamline the analysis of drug consumption and usage statistics, and trained DPS staff in data entry and analysis. In Year 3 SES will monitor availability of malaria, TB and RH drugs and methods at all health centers in Huambo, Luanda and Lunda Norte bi-monthly. The information will be stored in a database especially designed, and analyzed quarterly.

Activities under this key result area provide data to comply with the following indicators in our PMP:

Table 4: Indicators

Indicator	Achieved Year 1	Achieved Year 2	2009 Target	Cumulative Total by End of 2009
Number of MOH, Provincial, and Municipal, health facility staff and cooperating partners trained on assuring a coordinated implementation strategy for procurement and logistics planning and management	24	68	25	117
Percentage of USG-assisted service delivery points experiencing stock-outs of specific TB tracer drugs	14%	45%	35% (33)	35%
Percentage of USG-assisted service delivery points experiencing stock-outs of specific FP tracer drugs	14%	50%	45% (98)	45%
Number of USG-assisted service delivery points experiencing stock-outs of specific malaria tracer drugs	14%	40%	30% (292)	30%

* In brackets total number (100%) of facilities, serving as denominator for indicators calculations

A6. Improved Capacity to Monitor and Supervise the Quality of Health Service Delivery

Provide technical support to DPS to provide quarterly integrated supervision to the health facilities. The task of supervision is one of the problems that the DPS are faced with. The consensus at the DPS level is that they need an integrated supervision guide but they encounter difficulties with the vertical programs. Therefore the way they think they can integrate is to have a team of coordinators from each program. Nevertheless there are efforts underway to have an integrated supervision guide.

At the end of Year 2, SES, together with DPS and UNICEF, developed a first draft of an integrated supervisory guide to facilitate the DPS' ability to monitor programs and services being delivered through its health units. Both SES and the UNICEF Revitalization Program have been preparing a revised integrated supervision guide. SES has been using the quality standards to carry out the supervision visits, however, standards do not include some important aspects for the health facility such as management of drugs and the laboratory. These aspects should be considered in the new revised supervision guide.

SES will accomplish this in the following ways: SBM/R standards assess quality of services and a supervision guide addresses areas not included in SBM/R such as the management of drugs, labs, number of patients, deliveries, and other statistics. The SBM/R standards ensure that the health unit is following the quality standards. SES staff will work with the various DPS units and the municipal directors to have a supervisory program.

In Year 3, and once the guide has been approved by DPS, SES will work closely with DPS to integrate the guide into all of DPS's work plans, and train their staff in its use. The idea is for all implementing health partners to use this supervisory guide as the only monitoring tool of the DPS at all health units. The application of the standards as a supervisory guide has been and will continue to measure the qualitative aspect such as improvement of quality standards.

With the scaling up to 292 health facilities to monitor and supervise, SES with the DPS on Year 3, will be training municipal supervisory teams that could include the most outstanding certified MTs. These supervisory teams will provide an opportunity for the RMS to monitor the units more frequently and on a regular basis.

SBM/R supervisory teams conduct biannual supervision visits at health facilities. At the end of Year 2, SES and DPS continued the process of applying the SBM/R standards in 16 health centers in Luanda and 28 health centers in Huambo. The standards in some of the health centers will be the second or third measurement and in some of them will constitute the baseline. The results will be available during the first quarter of 2009. SES will have a short-term technical expert conduct a workshop on quality standards with participation of quality supervisors from the DPS and SES.

For Year 2 SES prepared health post and hospitals, which are still in the process of being approved by the health authorities. In 2008 and 2009, SES worked in 48 health centers (16 in Luanda, 30 in Huambo and 2 in Lunda Norte). By the end of 2008, SES has applied the SBM/R baseline to 44 centers (28 in Huambo and 16 in Luanda) and 48 target centers. SES could not

apply the baseline in the two health centers of Lunda Norte, since training of MTs was postponed for 2008 due to the strike. Two centers from Huambo were programmed for the beginning of Year 3. The remaining health facilities (health posts and hospitals) will be assessed with the provisional standards during the course of this year.

Activities under this key result area provide data to comply with the following indicators in our PMP:

Table 5: Indicators

Indicator	Achieved to Date	2009 Target	Cumulative Total by End of 2009
Percent of all registered TB patients who are tested for HIV through USG-supported programs	56%	50%	50%
Percentage of return FP visits, by type of facility (public, NGO, private, village health worker) in targeted areas	62%	65%	65%
Percentage of clients reporting satisfaction with services offered at assisted health facilities	41%	60%	60%

B. Detailed Work Plan for the HIV/AIDS Component

The purpose of the HIV/AIDS component is to prevent HIV/AIDS transmission in Angola by improving the national and provincial capacity to address the HIV/AIDS epidemic, and to increase access to quality VCT, including follow-up for HIV-positive individuals. During Year 2, the HIV/AIDS component was implemented in the three provinces of Luanda, Lunda Norte and Cunene. Beginning in Year 3, the HIV/AIDS component will be expanded to four new provinces: Cabinda, Kuando Kubango, Lunda Sul, and Huambo. The specific health facilities to be supported in the new municipalities/provinces in Year 3 will be finalized by the first quarter in 2009.

Table 6: Geographic Areas of Implementation Year 3

Geographical Areas of Implementation Year 3			
Province	Proposed Municipality	VCT	PMTCT
Luanda	Cazenga, Kilamba Kiayi, Samba	6	6
Lunda Norte	Cuango	1	1
Cabinda	Buco-Zau, Cabinda	2	2
Kuando Kubango	Kuito Kunavale, Menongue	2	2
Lunda Sul	Cacolo, Saurimo	2	2

Geographical Areas of Implementation Year 3			
Province	Proposed Municipality	VCT	PMTCT
Huambo	Huambo, Caala and Londimbali	3	3
Total		16	16

IR 1: Improved capacity of health systems in target provinces to plan, budget, deliver quality HIV/AIDS care and services.

In IR 1, SES activities focus on: 1) improved and integrated HIV and AIDS health services delivery standards; 2) improved integrated quality HIV and AIDS health services delivered; and 3) improved planning, budgeting, data management, and procurement of HIV/AIDS health services at municipal and provincial levels.

B1. Improved and Integrated HIV/AIDS Health Services Delivery Standards (Guidelines and Standards in Place as Foundation for Quality Service Delivery)

Finalize guidelines for HIV/AIDS according to national and international standards. INLS has already developed a series of protocols and guidelines that SES is using in its service delivery training programs and technical assistance. These include guidelines and protocols on prenatal consultations, prevention of the spread of HIV/AIDS during delivery; AZT usage protocols, and guidelines for rapid test diagnosis, among others. In Year 2, SES developed two new clinical guidelines for VCT and PMTCT. The clinical guidelines are pending INLS review and approval, and are expected to be finalized during the first quarter of Year 3. Once approved, the guidelines will be incorporated into SES' training activities.

Finalize SBM/R standards on VCT and PMTCT. The process for drafting SBM/R standards for VCT and PMTCT began in Year 2. SES must now finalize them, and work with the INLS and other stakeholders to review and approve them.

Develop a protocol, manual, and standards for pediatric CT. In Year 3, SES will work with the INLS to develop the necessary protocols, manuals, and standards on pediatric CT.

Create guidelines and standards on PICT for TB patients and promote collaboration between HIV and TB programs. TB is a sentinel disease for people with HIV/AIDS and is the most common cause of death in HIV/AIDS. Dr. Eddie Jones-Lopez highly recommended that SES promote the protocol of having every TB patient screened for HIV infection, and every HIV/AIDS patient screened for TB. This would also be a central message to roll out TB/HIV services throughout Angola. SES can create a valuable public health monitoring and evaluation tool by convincing the TB and HIV programs to modify their reporting systems to clearly identify when the two diseases occur together. Thus, SES, in Year 3, will work with the National Program for TB and Lepra and the INLS to develop a chapter on co-infection for the National Manual developed by the National TB Program for TB patients and promote TB testing for those diagnosed with HIV/AIDS. This will provide an opportunity to discuss INLS policy on PICT.

This contribution to the manual makes up part of the target to develop new guidelines in Year 3.

B2. Improve the Quality of HIV/AIDS Health Services Delivered (Strengthening Training Systems, Infrastructure, and Quality Improvement Processes)

SES is utilizing a combination of strategies to increase the uptake of CT services for HIV. These include the use of fixed services established within health facilities to capture those seeking other medical services or referred from other health services, and mobile clinics to reach hard-to-reach areas and individuals who do not go to these clinics. These strategies have proven successful in reaching larger numbers of beneficiaries and will be continued in Year 3. Between the two activities, it is anticipated that a minimum of 147 health professionals will be trained in offering PMTCT and VCT services, including referral for care and treatment of HIV/AIDS, and will be coached on practical steps to implement SBM/R standards in their facilities. Specific activities to be conducted center on four principal areas: training of trainers, VCT, PMTCT and SBM/R.

B2a. Training of Trainers

Train provincial trainers on VCT and PMTCT. In collaboration with INLS and DPS, SES will conduct one training event for provincial trainers. This will be done to build local capacity for scale-up of training to providers in VCT and PMTCT at the provincial level.

Provide supportive supervision to trainers. In conjunction with planned visits to the field, SES will provide ongoing support to the trained trainers. This will consist of co-training for the newly trained trainers, as well as supportive supervision and mentoring using the recently developed supervision guide (discussed under the core component).

B2b. VCT

Continue supporting the 15 established VCT centers. SES will continue to support the 15 VCT centers established in Years 1 and 2 (12 fixed units and three mobile units) in Luanda, Lunda Norte, and Cunene by: 1) providing medical supplies, (at the initial stage) such as latex gloves, and antiseptics; 2) conducting supportive supervision, and 3) by introducing SBM/R. SES will continue to support the three previously established VCT mobile clinical units in the Samba and Cazenga municipalities of Luanda province and in the Namakunde municipality in Cunene. In addition to medical supplies, SES will provide refresher courses as needed. These activities provide information supporting the following table with SES indicators.

Update 16 additional health facilities to provide CT. In Year 2, SES worked with 12 health facilities and three mobile clinics in the three provinces of Luanda, Lunda Norte and Cunene to strengthen their capacity in CT. Year 3, in collaboration with the INLS and DPS, SES will identify 16 new health facilities in Luanda, Kuando Kubango, Lunda Sul, Huambo and Cabinda, to introduce CT services. SES will conduct a needs assessment of the identified facilities to identify what materials and equipment are needed to provide quality CT services in an appropriate environment where privacy, dignity and bio-safety measures are observed and guaranteed. Based on current experience, some rehabilitation will be required, for example, partitioning, painting, and window and door replacement. In addition, SES will provide basic furniture as per INLS specifications such as desks, tables, chairs, filing cabinets, and shelves, and basic equipment such as waste disposal buckets and materials for blood collection and bio-safety.

In addition, SES will explore the availability of mobile clinics and support them in order to reach more clients who are unable to attend health facility and those in hard to reach areas.

Table 7: Indicators

Indicator	Achieved to date	2009 Target	Cumulative Total by End of 2009
Number of service outlets providing CT for HIV according to national and international standards	15	16	31
Number of health workers trained in the provision of CT services according to national and international standards (VCT)	80	50	130
Number of individuals who received CT for HIV and received their test results (male, female, upstream, downstream)	13,312	47,888	61,200

Trained trainers build capacity of health professionals in the provision of CT services. In collaboration with INLS and DPS, SES will support the provincial trainers who conduct training for health service providers in the delivery of VCT services based on INLS guidelines. The training will be given to a minimum of three nurses in each of the 16 new health facilities targeted for inclusion in SES' HIV activities in Year 3. The training will last 10 days each and will cover use of rapid tests, bio-safety norms, modes of HIV/AIDS transmission, dispelling HIV/AIDS stigma, HIV prevention through ABC, confidentiality, the code of ethics of a counselor, respect for human rights, the CT flow chart, national guidelines and forms, correct testing skills, and registers. In addition, SES will include nurses working in TB wards in the VCT training to ensure they have the skills necessary to provide CT to their TB patients.

B2c. PMTCT

Continue supporting seven previously established PMTCT sites. During Year 2 SES established PMTCT services in the health facilities of Hoji ya Henda and Paz in Cazenga municipality, Samba Health Center in Samba municipality, in Calonda Health Center in Lucapa municipality, Chitato Hospital in the municipality of Chitato, and in the Cambulo Municipal Hospital in the municipality of Cambulo. In Year 3 SES will continue to support these facilities by keeping the PMTCT facilities equipped with medical supplies, such as rapid test kits, latex gloves, antiseptics, anti-retroviral therapies (ARVs), as well as conducting supportive supervision, and by introducing SBM/R.

Update 16 additional health facilities to provide the minimum package of PMTCT services.

In Year 2, SES worked with a total of seven health facilities in the three provinces of Luanda, Lunda Norte, and Cunene to strengthen their capacity in PMTCT. In Year 3, in collaboration with the INLS and DPS, SES will identify 16 new health facilities in Luanda, Kuando Kubango, Lunda Sul, Huambo and Cabinda, to introduce and establish the minimum package of PMTCT services in antenatal care, labor and delivery units. SES will conduct a needs assessment of the identified facilities to identify what materials and equipment are needed to provide quality PMTCT services in the proper environment. Some rehabilitation will be required and SES will provide furniture per INLS specifications as indicated above, to include, among other items, equipment such as TV and a video/DVD set. In addition, SES has also provided equipment to improve the quality of services of antenatal care such as blood pressure machine, examination beds, tape measures and scales. SES will either finance directly, or work with INLS to finance, the rehabilitation of the PMTCT units. In the scale-up plan from the INLS, the SES project provided assistance to health facilities that were not supported by the Global Fund in regard to rehabilitation, equipment, and training. This brings to light the importance of the project taking on the responsibility of providing for an appropriate environment in which CT can occur. However these facilities continue benefiting from the provision of rapid HIV test kits provided by the Global Fund and the INLS until 2010 when the funds from Global Fund end. Since costs for training are immense, INLS has agreed to share some of the costs for training including a training of trainers course for PMTCT.

As indicated above, SES will train healthcare workers in antenatal care and delivery rooms. This in-service training will be conducted with the DPS HIV/AIDS Focal Point and an INLS facilitator and will be held in partnership with the INLS.

Train trainers to build capacity of health professionals in the provision of PMTCT services. In collaboration with INLS and DPS, SES will support the provincial trainers who conduct training for 100 health service providers in the delivery of PMTCT services based on INLS guidelines. Training will target six nurses and doctors per health facility supported by SES under the HIV component, as well as additional staff from surrounding health facilities. Training will be held in all seven provinces supported by the HIV component, plus training in Huambo as time and resources permit. SES will also provide refresher courses in PMTCT to six healthcare workers each in Lunda Norte, Lunda Sul, Cabinda, Cunene,

PMTCT Minimum Package

For Antenatal Care:

- Routine antenatal care services includes screening for syphilis, taking fundal height, weighing and taking blood pressure.
- Prophylaxis against malaria and anemia and vaccine for toxoide tetanus.
- CT for HIV/AIDS using the national algorithm of Determine and Unigold rapid tests.
- If HIV+, mothers start combined ARVs from the 20th week under the observation of a trained physician.
- HIV + pregnant women receive counseling on breast feeding and child nutrition and delivery.
- Children under the age of 10 and spouses of HIV+ pregnant women are counseled and tested for HIV and followed up by trained physicians.

For Labor and Delivery:

- HIV+ pregnant women are administered IV or oral AZT.
- Newborns are provided with oral AZT for four weeks.
- Counseling for child nutrition and breast feeding

For Postnatal Care:

- HIV+ mother starts follow-up after delivery by trained physician.
- Exposed newborns are followed up at pediatrics consultations by trained physicians.

Kuando Kubango, and Huambo, all of whom have previously been trained by SES. PMTCT training lasts three weeks and covers CT, conducting rapid tests, ethics and confidentiality, administration of ARV treatment for HIV-positive women, referral of pregnant HIV-positive patients for ART, counseling HIV-positive pregnant women on lactation, follow-up with HIV-positive pregnant women, AZT protocol during labor and delivery, AZT protocol for newborns, and post-partum follow-up for HIV-positive pregnant women.

At the conclusion, trainees are expected to demonstrate the following skills:

- Can refer HIV-positive pregnant women for ARV prophylaxis
- Understand the national protocol on PMTCT
- Manage AZT prophylaxis during labor and delivery
- Provide counseling to HIV-positive mothers on lactation
- Organize the antenatal care consultation and delivery room for PMTCT

B2d. Rolling Out SBM/R for Improving the Quality of CT and PMTCT

Develop and train health service providers in applying SBM/R standards to PMTCT and VCT services. During Year 2, SES worked with the DPS to initiate the process of applying SBM/R standards in a variety of technical areas in 16 health centers in Luanda and 28 health centers in Huambo (not including HIV, however). During Year 3, SES will conclude the development of SBM/R standards for PMTCT and VCT services. SES will then train providers in the steps to utilize SBM/R for quality improvement, including the establishment or strengthening of quality improvement teams. These teams will conduct internal monitoring assessments to assess the quality of PMCTC and VCT services at their facilities.

Build capacity to supervise the quality of health service delivery. During Year 3 SES will provide technical and financial support to the DPS to provide quarterly supportive supervision to the target HIV facilities in Huambo, Luanda, Cuango in Lunda Norte, Lunda Sul, Huambo, Kuando Kubango, and Cabinda.

Implement South to South Program. SES started in Year 1 of the HIVAC component, the process of identifying health facilities to provide HIV/AIDS CT services in the province of Cunene which is a HIV/AIDS high prevalence province. There were four CTVs and PMTCTs opened. This year 2008-2009 at the request of the Cunene provincial health director and USAID, SES/USAID will invest extra funds to provide technical assistance to the Angolan HIV/AIDS provincial committee and provincial health authorities in the negotiations with Namibia in order to foster a joint plan of action to fight HIV and AIDS along their common border. This plan of action will include sharing of experiences and lessons learned from both sides, advocating for the universal access to care and treatment to communities living along borders and migrating workers, advocating for the scale up of HIV CT services and scaling up of universal access to PMTCT services. SES and DPS both in Cunene and Kuando Kubango will assist the technical committees of both Kuando Kubango and Cunene in setting up coordination meetings with the Namibian counterparts, recording the best practices on both sides and promote information sharing and local response in the fight against HIV and AIDS as well as assistance in epidemiological surveillance of the disease. Lessons learned and best practices will be replicated

to the northern borders of Angola with the Democratic Republic of Congo in Lunda Norte, and Cabinda.

B3. Improved Planning, Budgeting, Data Management, and Procurement Systems for HIV/AIDS Health Services at Municipal and Provincial Levels

Strengthen the procurement and logistics system at the health facility, municipal, and provincial level. In order to improve the coordination and management of procurement and logistics systems for HIV/AIDS medical supplies and therefore avoid stock outs, SES will conduct a series of one-day training events in management of procurement and logistics for rapid tests, ARVs and other materials for HIV/AIDS programming. This training will be given to health facility administrators and drug supervisors from the 16 health facilities. The training courses will include taking inventory and stock, forecasting future needs, rational use of supplies, documentation and archiving. SES will follow up the training with supervisory visits to each of the health facilities.

Coordinate with other partners, such as UNFPA, Global Fund, and HAMSET, to support INLS in provision of condoms and other materials. SES continues to coordinate with the logistical departments of DPS in all of the provinces to ensure effective ordering and supplying of rapid test kits, ARVs, gloves, antiseptics and other materials. SES assisted its target health facilities in ordering supplies for target VCT and PMTCT units. On occasion, SES has provided cotton balls, gloves and antiseptics to the centers when these supplies ran out and the DPS were unable to re-stock in time. SES will continue to work with these centers to avoid any stock outs. USAID will provide through SES 1.5 million condoms to the INLS to distribute in provinces where SES is working. The condoms will arrive in the first quarter of 2009.

Improve data collection and epidemiological surveillance. During Year 2 SES produced quarterly reports reflecting the number of clients served and assisted the DPS in the preparation of a database in Epi Info. During Year 3 SES will train four DPS staff (one per new province) in data entry and data analysis. SES will also conduct supervisory visits to health facilities in targeted provinces to monitor progress of data collection and the use of the data collection manual that was developed in Year 2. Finally, SES will continue providing technical assistance to DPS in data analysis to produce regular epidemiological surveillance bulletins.

Health sanitary map from Cunene. SES in coordination with the DPS will train and develop a sanitary map of the health facilities in Cunene where SES has been working on HIV/AIDS. This sanitary map will complement an effort that other partners (EU PASS) have been doing with the MOH to have an accurate situation of the infrastructure, human resources and equipment of each province. SES will work closely with the MOH Planning Department (GEPE) to use the same methodology and the same tools used in the prior sanitary maps.

These activities provide information supporting the following SES indicators.

Table 8: Indicators

Indicator	Achieved to date	2009 Target	Cumulative Total by End of 2009
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	7	16	23
Number of health workers trained in the provision of PMTCT services according to national and international standards	47	100	147
Number of pregnant women who received HIV CT and received results at USAID assisted sites	5,546	30,454	36,000
Number of local organizations provided with technical assistance for HIV-related institutional capacity building/policy development	16	20	36
Number of health facilities with functioning logistics system for HIV-related products	10	13	23

C. Detailed Work Plan for Activities Promoting Community Outreach, Promotion, and Mobilization

A key element in health system strengthening is to work with the communities served by the health facilities. The communication and outreach work two ways: health facilities communicate what services they are offering and the community communicates what services and information are required. In both ways, critical information is needed, both on key diseases, their prevalence, preventive measures and treatment, and the means to diagnose and treat the diseases. The end result is informed demand willing to advocate for critical services and information. Most importantly, it will provide key information to the communities so they can identify risk factors and lifestyles, preventive measures, alarm signals, healthy styles of living and understand the services offered so they can make the best use of those facilities, as well as help support their neighbors in ensuring safe health practices. Recognizing the power of community leaders—from the community, churches, women's groups—SES will tap these leaders as key information channels and advocates. Recognizing the similarity between these IRs and those for HIV/AIDS, and the use of the same mechanisms, staff and resources, we have opted to merge them into one group of activities, focusing on all four disease groups. The key activities are presented below by IR and specific activities.

IR 2: Increased individual and civil society's knowledge and practice of positive health behaviors related to TB, malaria, RH and HIV/AIDS

C1. Increased Positive Health Behaviors

During the first two years SES has been working on the training of community MTs and community agents from the health facilities catchment areas. The training has been done without responding to a provincial or national strategy on what kind of behavioral changes the health system is promoting. To be more effective in the project's efforts to achieve behavioral changes, the individuals and communities have to receive the same message at all levels: national, provincial and local, at the health facility, from the NGO that works in the community and the

community volunteers, otherwise it might be very confusing. A communication strategy will act as an umbrella under which all activities integrate the different interventions from the project and other partners. A communication strategy allows a dialogue and a process of participation with the purpose of creating trust and promoting commitment and empowerment in those members of the community that traditionally have not experienced this.

During Year 3, SES will develop a comprehensive behavior change strategy that will include 1) identifying target groups; 2) identifying behavioral objectives for each group; 3) developing messages that correspond to these objectives; 4) developing a media plan for each group; 5) developing and applying an evaluation plan.

This strategic plan will give organization and structure to what have been often ad hoc communications programs. The importance and relevance of the messages in family planning, etc., cannot be doubted: behavior change is an ongoing process. Principal behavior change actions can be, for example, targeting communities with high malaria prevalence for implementing preventive measures.

Provide technical assistance to design and to implement a health communications strategy.

The purpose of the communication strategy and subsequent plan is to create informed demand for health services in Angola and to provide information on preventive measures. This demand will help define major areas of emphasis for systems strengthening. It will also help strengthen the community support network, contribute to better health indicators in TB, FP/RH, malaria and HIV/AIDS, and help identify danger signs regarding diseases or inappropriate behavior. Based on the information generated, SES, working closely with the MOH/DPS, will identify and develop proper messages to support the work and services that health workers provide. The general public will become informed on national and provincial activities in the health area, including SES-supported work. This strategy will be developed in coordination with the Health Promotion Cabinet of the MOH and the DPS in the target provinces.

In discussions with the MOH and DPS, the communications strategy will include the following elements:

- 1) Steps to upgrade the basic communication skills of health staff, community mobilization agents, and the community.
- 2) Strategy for social mobilization to promote positive health behaviors.
- 3) Skills to promote advocacy and the formation of strategic alliances.

Specific steps will include the following:

- **Analysis.** Listen to different target groups, review programs, policies and resources; identify the main health problems based on data collected by the MOH/DPS, their determinants, strengths and weaknesses, and analyze the different communication mechanisms and resources most used by the target group.
- **Design strategy.** Define objectives, identify audience segments, position the concepts for the audience and define the change of behavior model. Select communication channels, plan

interpersonal communication activities, and develop an action plan and evaluation format. Part of the process will include a knowledge, attitude, and practice analysis.

- **Develop, pre-test, revise, and produce.** Develop messages, validate with members of the target audience, revise and produce messages and materials, and try again with existing and new materials.
- **Manage, execute, and monitor.** Mobilize key organizations, create a positive organizational climate, implement the plan of action and monitor progress of dissemination, transmission and reception of the program's products.
- **Evaluate impact.** Measure the impact on the audiences and determine how to improve the strategy implemented.
- **Plan for continuity.** Adapt the strategy in accordance with the change of behaviors and conditions, plan for continuity and sustainability.

SES will work closely with the MOH, specifically with the Directorate of Health Promotion, in the design, implementation, monitoring and evaluation of the communications strategy. It is anticipated the strategy formulation will take approximately three months, starting at the end of January 2009. To prepare the strategy, SES will bring back Oscar Ortiz, who is now familiar with SES and its communications activities, to work closely with the Directorate of Health Promotion at the MOH, community mobilization staff from the DPS, and SES BCC and community mobilization personnel. The strategy will be carried out with the participation of all partners (parceiros), the DPS, SES personnel and the MOH, therefore two workshops over five days will be organized in Luanda: one to analyze the main causes of morbidity and mortality and identify behaviors to change, target audiences, messages, etc., for each major illness, and the second to validate the messages and the strategy.

The communication strategy will include promotion of the services provided at the health facilities. In the surveys SES has made around the health facilities, the population lacks a basic knowledge about the services provided at the health facilities to the communities. It is clear that many community members are hungry for health information, particularly regarding diseases and services in their area. To address this need, and also to inform the public about the improvements or expansion of service, including PMTCT and VCT centers, SES will work with the health units, and with the municipal and provincial health authorities, to design and implement a communications strategy to inform communities about the facility, services offered, new processes and procedures, and where to obtain information on diseases, symptoms, and treatments. The information will encourage the population to visit the facility for preventative healthcare, provide location and hours of service, help make an appointment, and furnish basic information. SES will develop a targeted communications program for the PMTCT centers to use in attracting women to their facilities for PMTCT and VCT services.

At the end of the process, SES will deliver the communication strategy already designed and validated by the MOH and the DPS.

Incorporate counseling in HIV/AIDS ABC into prenatal visits. In addition to upgrading prenatal services, SES is incorporating ABC messages, with an emphasis on fidelity and correct and consistent use of condoms. Messages are also included regarding HIV-related stigma and discrimination. These messages are part of the collective counseling for women and other people

attending the antenatal clinic and other medical consultations. The counselors provide the counseling in the waiting room. The nurses also answer any questions and provide clarification as required. The number of those attending the sessions is noted in the daily register form, which is prepared especially for this activity. SES has developed a collective counseling guide to assist the nurses in communicating correct messages. This guide provides the basic information on HIV/AIDS, modes of transmission, prevention and ABC, stigma and discrimination reduction, and the importance of CT.

Include modules on stigma reduction in all training curricula developed and all training sessions will focus on this aspect of HIV/AIDS programming. SES has developed training curriculum for reduction of stigma and discrimination. SES will continue training health workers, community health volunteers and MTs in the use of the curriculum and corresponding manuals. Please see the training plan attached in Annex G.

C2. Increased Health Facility/Workplace-Based Outreach and Health Promotion

Create a cadre of certified BCC practitioners. Changing behaviors is critical in health communication and health system reform. SES will design a four-month program on BCC to certify individuals in a uniform set of skills. The course will target persons charged with community mobilization experience in the DPS and municipal health committees and journalists reporting on health. This will be an activity complementary to the development of a national communication strategy on health. SES will provide technical assistance to develop the certificate course to train health personnel from the three provinces. The first group trained will be 30 health staff from the three targeted provinces and some provinces where SES is working on HIV/AIDS. The training will emphasize the significance of the role communication plays in behavior change and in the organization of communities to best deal with health issues. The curriculum will be designed in February and March for implementation May through August 2009. The curriculum differs from that of community MTs because it trains people in communication on health.

Finalize manual on community mobilization. SES has been working with the MOH Health Promotion Cabinet on a national community mobilization manual to provide information on TB, HIV/AIDS, malaria, and RH/FP. A final version of the manual is expected to be ready for production in late March 2009. SES has agreed with the MOH to pre-test the manual as part of the final validation process before production, to be done in February 2009. Once vetted and changes incorporated, SES will work with the MOH to facilitate the production and dissemination of the manual and incorporate it into its training program for CHVs. SES will also include the manual as part of the material included in the basic CHV information kit, which has basic items to assist in carrying out community work in the community: a community mobilization manual, posters, brochures, pencils, notebook, T-shirt, ID, and raincoat.

Training of community MTs. SES will continue training and certifying a group of MTs in community mobilization and outreach. To date SES has trained 21 community MTs in Huambo and 27 in Lunda Norte. The Luanda province is training its own group of community mobilization MTs, and SES is adhering to their methodology. SES will include persons from the target HIV/AIDS provinces in training and certification.

One training event for community mobilization MTs is programmed for the third quarter (April-June) in Huambo.

Identify, train and monitor CHVs. The principal job of the community MTs is to build the capacity of the community-based volunteers supporting health facilities. CHVs are trained to provide health information and conduct health “chats” with individuals at home, during public events, such as market days, church services, at schools, sport events, and at work. The CHV should be equipped with the necessary equipment (backpacks, bicycles, T-shirts) and information tools to provide beneficiaries with the latest information on diseases, including HIV/AIDS. The CHV serves as a key point of referral and counter-referral, to identify persons requiring assistance, those who should be referred to a clinic or health post and those who need to be monitored once they have been released from a health facility. SES and the community MTs have monthly meetings with CHVs to support, monitor, and resolve the difficulties the CHVs encounter while implementing their activities. It is also an opportunity for the CHVs to inform on types of diseases and issues and how they are addressing them.

SES will also review the training curricula with the DPS. SES will in addition provide a basic information kit to each of the CHVs to facilitate their work.

SES has been working with community MTs to train CHVs in Huambo and through the SES team in Luanda and Lunda Norte. To date, SES has trained 246 CHVs in Huambo and 46 community agents in Luanda. In Year 3, 75 community mobilization MTs will train 1,500 CHVs in the three provinces. The training will include a pre- and post-test evaluation. The monitoring of CHV activities will be carried out by the community MTs, linked to the DPS Community Mobilization Office. SES will support the DPS in preparing supervision tools.

SES has been also working in schools and with young people in Huambo. A pilot initiative was conducted in five schools, reaching a total of 193 students. SES is reviewing the curriculum and will expand it to other schools in the other provinces in Year 3. Reaching young people with health messages and information is critical to the long-term health of a community.

SES will be carrying out 30 training events: 4 in Lunda Norte, 10 in Huambo, 10 in Luanda (February-August 2009) and 6 in other provinces: Cabinda, Cunene, Lunda Sul, Cuando Cubango. Training for CHVs in the HIV/AIDS provinces will be held from June through September 2009.

Organize biannual meetings with community leaders and NGOs working in the province to share information and orient future work. Each MT will organize twice a year a meeting between the community MTs, the community leaders, NGOs, health workers and the CHVs at the health facility. The purpose of the meeting is to share information on the needs of the community, to inform them on the services offered, community referrals, and additional activities. It is also an opportunity to know exactly what is happening in the communities, what issues are affecting the health of the community, and how the RMS and the DPS with SES and other partners (parceiros) or programs can respond to these health needs.

Organize health fairs. In November, SES organized the first health fair for Angola in Huambo, attended by an estimated 6,000 persons. The theme of the fair was "Health is the responsibility of everyone." Booths provided medical services and consultations in malaria, family planning, TB, HIV/AIDS testing, pediatrics, general medicine, diabetes and dental services. There were also games for children and performances by local artists groups. Combining health information and services with

entertainment, it was a big hit, and an excellent mechanism for providing health education and services. For a country coming out of a period of crisis and conflict, it is especially relevant.

Lessons Learned from the Huambo Health Fair

- 99 percent said it was good or excellent.
- 6,000 people attended the health fair.
- Other provinces will organize health fairs.
- Media partnership a must.
- The stand for children was a success.
- People valued it as an excellent opportunity to receive free services.
- Food and water vendors are needed.
- Municipalities also want to provide services.
- Fair should include more health information stands and more organized palestras.
- Hold the fair more frequently during the dry season.

Building on the success of the first fair, and key lessons learned, it is anticipated that SES will support the organization of at least two other health fairs in Year 3. The type of support could include: technical assistance in fair organization and logistics, design of communication and educational materials, and public relations. While SES provided the majority of the financial support for the Huambo health fair, financial support for future events will be shared with local authorities, private sector entities and other parties. To help future organizers, SES will draft guidelines on health fair organization and management, reflecting what worked well and what could be improved based on the Huambo health fair experience.

At this time, Luanda is scheduled to organize a health fair in April 2009 and Cunene in June/July. SES will begin working with the Luanda DPS in January, with Cunene in March, recognizing it takes at least three months to organize a proper health fair. In Huambo, so as not to lose momentum, SES will work with the DPS's municipal health committee to prepare a work plan for future health fairs in the province of Huambo.

Provide technical assistance and training on proven methods of effective health communication and education in the workplace. SES will work with a target number of Angolan companies to introduce workplace health committees and programs to improve availability of health information. Working closely with the Ministry of Labor (MAPESS), SES has developed a training program for health committees in the workplace, placing emphasis on the need for confidential communication techniques in regard to HIV/AIDS. The purpose of the health committees is to motivate companies to ensure they are effectively providing for the health needs of their employees, including the provision of information on prevention and treatment of malaria, TB and HIV/AIDS. The companies have a clear motive in promoting healthy behaviors as a means to

Workplace Health Committee Training Program

Topics covered include:

- Health and work
- Basic information on malaria ,TB, HIV/AIDS (preventive measures and means of transmission)
- Family planning
- History of HIV/AIDS
- Discrimination/stigma issues with a HIV+ employee
- STDs and myths
- Health communications
- Importance of CT
- BCC

enhance productivity while diminishing absenteeism in the workplace. SES, working in close partnership with MAPESS, has already identified 24 persons from construction companies, export and import, general businesses, hotels, industry, and service providers, among others. Training is provided in a range of topics (see text box), using a combination of instructions, working groups, group discussions and both a pre- and post-test.

The participant companies to date include: 1) Atlas Grupo; 2) Arosfram; 3) Angoalissar; 4) Nosso Super; 5) Empresa Kanini; 6) Hotel Ritz; 7) SEFA; 8) Emprepi; 9) FERPLAS; 10) Monte Adriano; 11) Visa Constroi; 12) Eusebio Angola; 13) SSI; 14) Gadir Empreimentos; 15) Program Cimento e Tinta; 16) Empresa de Aguas; 17) Estação de Serviço Huambo; 18) Tomayala; 19) Fadario Muteka; 20) Sistec-Sishotel; 21) Maquifer; 22) Group Business Corporation; 23) ENE; and 24) Civigal.

SES will follow up with MAPESS so 40 percent of the companies that participated in the workshop can design and implement a health promotion program at the work site.

Disseminate and orient health facility on protocols. SES has reviewed the quality standards for health posts and health centers, which also include guidelines for community outreach and mobilization. These standards will serve as guidelines and protocols for the MTs to carry out their work in their respective communities. In Year 3 MTs will visit the new targeted health posts in SES' area to establish a baseline to measure progress and activities implemented by the health facility in their communities. SES is working on developing guidelines on community outreach; with specific messages regarding HIV/AIDS. Once finalized and approved by DNSP and INLS, SES will print the guidelines. SES will also ensure the guidelines are incorporated into the various training programs SES is implementing in regard to malaria, TB, RH/FP and HIV/AIDS. This activity will be continued throughout 2009.

The key persons responsible include HIV/AIDS Coordinator Samson Ngonyani; BCC Coordinator Fernando Vicente; Capacity Building Manager Zeferino Lucas; Provincial Coordinator (Luanda) Brito Paulo; Maria Lutonadio; Oscar Ortiz; short-term technical experts; and Chief of Party Margarita Gurdian.

These activities provide information supporting the following SES indicators.

Table 9: Indicators

Indicator	Achieved to Date	2009 Target	Cumulative Total by End of 2009
Percentage of client population that can name at least three services provided through the public health facilities (malaria, TB and RH/FP services)	45%	50%	50%
Percentage of client population that can name at least one prevention or treatment procedure for each of malaria, TB and RH/FP	90%	85%	85%
No. of new SME workplace programs	0	8	8
Number of individuals reached through community outreach that promotes HIV/AIDS prevention	35,214	72,000	107,214

through abstinence and /or being faithful			
Number of individuals reach through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,820	4,800	7,620
Number of individuals trained in HIV-related stigma and discrimination reduction	310	200	510

* Percentages are from a survey conducted in Luanda and Huambo with a sample of 370 households.

IR 3: Increased individual and civil society’s demand for and participation in improving quality health services

C3. Increased Civil Society Participation in Quality Improvement of Health Services

Provide grants to selected NGOs to carry out information, education, and communication (IEC) activities. SES initiated the process of developing a common work plan for Year 3 with NGOs based in Luanda in regard to BCC and IEC implementation and capacity building. Specific activities include:

- Train church members in positive health behaviors, including HIV/AIDS.
- Train women groups in maternal healthcare and family planning. Specifically, the women’s group wants to organize a community census of pregnant women, develop a plan to support these pregnant women at the time of delivery (for example, food for the family while the women are at the clinic, identify who is responsible to take the pregnant women to the birth center, support schedule, and follow-up support after the birth of the child). In sum, a community support plan for expecting mothers.
- Train community members in what health services are provided at their local health centers, including for HIV/AIDS.
- Strengthen the relationship between the personnel working in the health facility and the community, particularly in regard to VCT and PMTCT services.
- Implement information campaign on positive health behaviors at markets, bus stops, schools, work place, among others.
- Techniques for home-based care and home visits.
- Techniques and tools to conduct effective monitoring and supervision of community activities.

SES will apply guidelines and selection criteria for grant recipients.

Organize regional workshops to disseminate lessons learned. In Year 2, SES organized a regional workshop to exchange lessons learned in conducting community outreach in Luanda, Huambo, Lunda Norte, Cabinda and Cunene. All participants exchanged best practices in community mobilization and outreach work and key lessons learned in working with migrant workers, sex workers, rural communities, youth groups, and religious leaders in HIV/AIDS prevention, care, and treatment. These lessons have been incorporated into programming for Year 3. These workshops (3) will be expanded to the new provinces in Year 3, and held with the participation of all provinces served by the HIV/AIDS component.

Organize study tours to examine successful community health outreach programs. To build on international best practices and provide an educational setting to examine and share information and experiences regarding successful community health outreach programs, SES will organize visits to areas (national or international) with successful community outreach. SES will also arrange for key counterparts to attend national or international conferences on the subject, as appropriate. Within Angola, there are several examples of successful community outreach programs that could provide opportunities for leveraging experiences and promoting synergies. This includes an NGO in Cunene. In addition, SES has tentatively identified several countries that have an internationally recognized public health outreach and community mobilization program. These countries include Madagascar and Brazil. Depending on demand, this study tour will be organized for the second half of 2009 for three key people.

Build partnership between the community and faith-based organizations (FBOs), DPS, and NGOs. To date SES has been effective in developing partnerships with women's networks, and church groups. SES will continue to seek out partnering opportunities with such organizations, working through them to the maximum extent possible to develop their health outreach and advocacy activities. Memorandums of understanding will be developed with these entities to secure their assistance in community mobilization around health issues, including HIV/AIDS CT. As required, SES will conduct training for activists and peer educators from these organizations to strengthen their capacity to mobilize the community. Once concluded, SES will provide strategic supervision with INLS and DPS, of activities conducted.

At the end of Year 2, SES developed a community mobilization plan, including curricula on malaria, TB, RH, and HIV/AIDS prevention and treatment. Using the curricula, SES will conduct massive training with the municipal health administrations and with the *Rede Esperanca*, a church-based organization with 27 different churches. In addition, SES will continue working with CICA (Baptist Church, Catholic Church, Methodist Church, and Kimbangista Church, among others), to incorporate health messages, including HIV/AIDS prevention, in their regular activities.

SES will also conduct educational sessions in high concentration areas such as markets, bus stands, and schools, in addition to churches, and target high risk groups such as miners, migrants, construction workers, and youth. Finally, SES will conduct training programs for radio and TV reporters to incorporate health messages, particularly those related to HIV/AIDS prevention and treatment, in their programming.

SES will identify and train with special attention women's groups, traditional birth attendants, youth groups and other pertinent groups. Women are critical promoters of good health practices. At the request of the DPS, SES will deliver leadership training for women in health matters, which will be organized in Luanda, Lunda Norte and Huambo, one per month, from May to June. The training will be designed and implemented by the SES community mobilization team.

Training Topics in Abstinence, Being Faithful, and Condom Use

- Basic facts on sexually transmitted infections, HIV, and AIDS.
- Ways of prevention in transmission of HIV: Abstinence, Be faithful, and correct and constant use of Condoms.
- Reduction of stigma and discrimination related to HIV and AIDS.
- Importance of CT for HIV, and where the services are available in their communities.
- How to plan and transmit HIV and AIDS talks to the communities.

In addition, SES, in collaboration with the Luanda and Lunda Norte DPS, designed and implemented a three-day training course promoting abstinence and/or being faithful, targeting CHVs and FBO volunteers. This training sought to empower participants with communication skills to promote the adoption of positive behavior toward abstinence and/or being faithful as well as the use of condoms. The topics included in the training are highlighted in the text box above.

The training provides the opportunity for participants to share experiences confronting the stigma and discrimination within their communities, the difficulties in engaging the youths in changing behaviors, and lessons learned and best practices in disseminating messages to fellow community members. The training provides approaches to using theater and health talks in disseminating key messages. In particular, the use of theater and mobile clinics has allowed community agents to reach a large number of people because they can target large groups in areas such as churches and markets. In Year 3, in addition to training, SES will standardize the training to ensure consistency in delivery, content, and messages.

Provide technical assistance and training to civil society organizations (CSOs) to design community advocacy grants. CSOs are viable partners in community health advocacy initiatives. To date, SES has worked with 17 CSOs to upgrade their capacity, addressing priority needs, including institutional capacity building. SES has also implemented a grant practicum with select CBOs and NGOs to strengthen their institutional capacity in grant proposal writing, including for budgets, project management and reporting, and other topics. SES plans to deliver a minimum of two similar training events in Year 3. In addition, SES will work with specific CSOs, on demand, to design programs to implement, providing grants to support this work as required. SES will also work with religious groups, like the FBO Rede Esperanca, to provide seed capital to their activities to provide community outreach and health training to their parishioners. Finally, SES will provide training to staff working in health clinics supported by these CSO and religious organizations to upgrade specific preventive health activities.

Establish and/or strengthen municipal health committees. SES is working with selected municipalities to establish and strengthen municipal health committees, which will examine the health related activities and actors in each municipality and work to present a uniform program. HIV/AIDS is included in the topics covered. To date, SES has helped formed four municipal health committees: one in Luanda and three in Huambo and is finalizing the formation of a municipal health committee in Caala. In Year 3 SES will work with these health committees to develop a list of criteria to monitor and evaluate their work plans, and develop others where appropriate.

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.

These activities provide information supporting the below SES indicators.

Table 10: Indicators

Indicator	Achieved to Date	2009 Target	Cumulative Total by End of 2009
Number of individuals trained in HIV-related institutional capacity building	43	50	93
Number of individuals trained in HIV-related community mobilization for prevention, care, or treatment support	310	200	510
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	310	200	510
Number of site visits with key health personnel to areas with successful outreach activities conducted	0	2	2
No. of CSO/NGO staff trained in grant proposal development	22	20	42
No. of municipalities with functioning municipal health committees	4	5	9

SECTION III. CONTRACT MANAGEMENT

A. Annual Summary Budget Year 3

I.	Salaries	
	Long-Term Expatriates & TCNs	\$149,772
	Long-Term Local Professionals	\$256,773
	Short-Term Local Professionals	\$19,533
	Short-Term Expatriates & TCNs	\$99,771
	Home-Office	\$18,933
	Long-Term Local Support	\$80,047
	Subtotal, Salaries	\$624,829
II.	Fringe Benefits	\$276,733
III.	Overhead	\$416,091
IV.	Travel and Transportation	\$172,029
V.	Allowances	\$777,954
VI.	Other Direct Costs	\$445,617
VII.	Equipment, Vehicles & Freight	\$180,820
VIII.	Training	\$738,360
IX.	Subcontracts	
	Jhpiego	\$1,136,539
	Midego	\$316,778
	Subtotal, Subcontractors	\$1,453,316
X.	Grants	\$438,500
XI.	Other Special Activities	
	Observational Study Tours	\$44,367
	Subtotal, Other Special Activities	\$44,367
	Subtotal, Items I - X	\$5,568,616
XI.	G&A	\$282,296
	Subtotal, Items I - XI	\$5,850,912
XII.	Fixed Fee	\$341,181
	GRAND TOTAL	\$6,192,093

B. Organization and Team

The SES team consists of members of Chemonics International, Jhpiego, and Midego. SES presently consists of a 27-person team of both international expatriates and local employees, deployed in offices in Huambo and Luanda. Once staff vacancies are filled and all HIV/AIDS provincial staff are on board, there will be 30 full-time professional and support staff and 14 part-time professionals. Please refer to Annex A for SES' organizational chart. 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

The following technical assistance and supervision is anticipated for the project during Year 3. Targeted technical assistance assignments will always be reviewed against project implementation and progress before requesting formal approval from USAID. Please see Annex I for a complete chart of short-term technical assistance for Year 3.

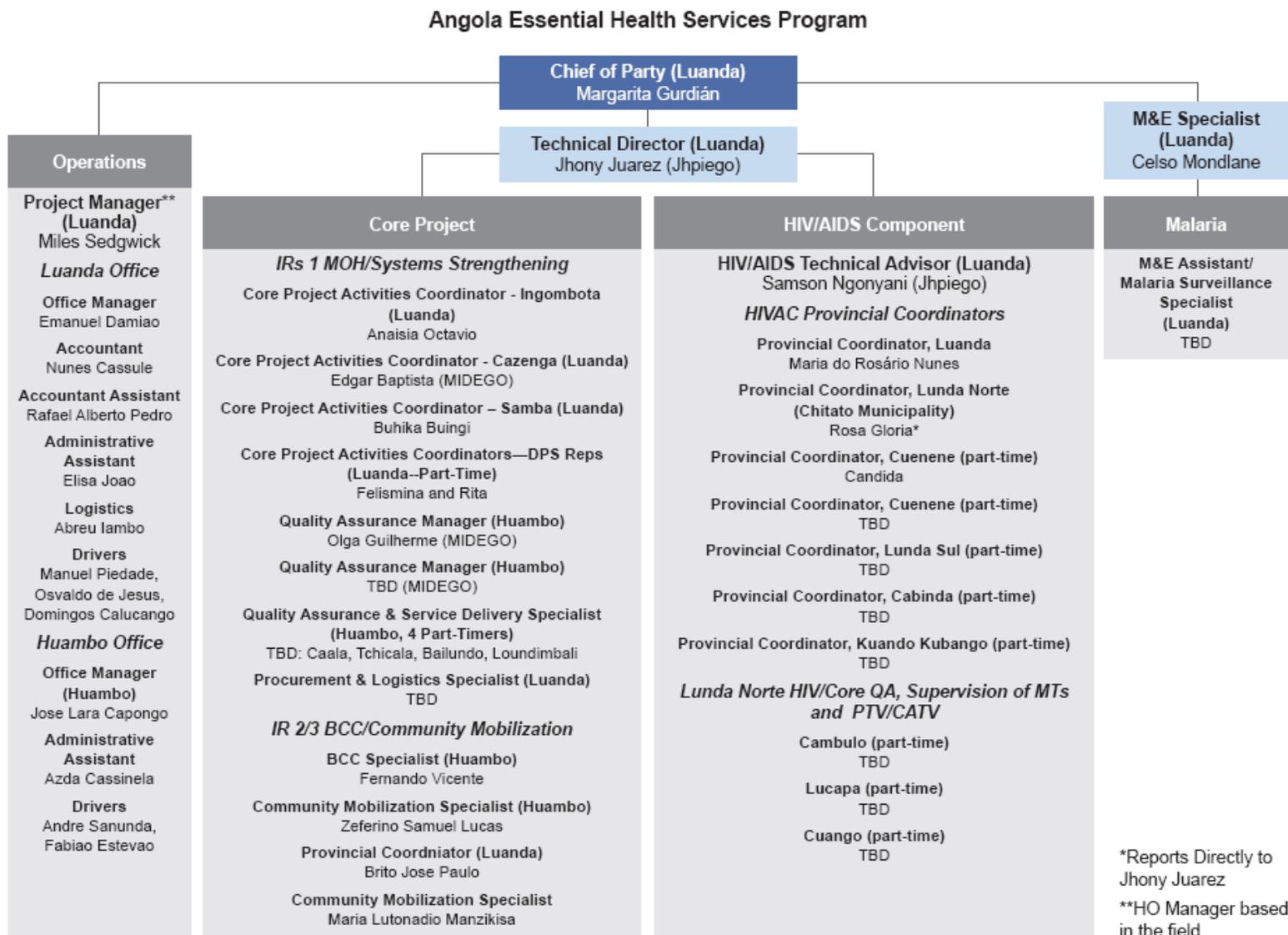
- The PMU manager is scheduled to carry out a six-week assignment October-December to provide support for preparing SES reports and deliverables and work planning. The PMU manager will conduct a three-week assignment in August-September to assist with work planning as well as provide an administrative review of the internal administrative and operational management practices. (Supervision)
- A field accountant from Chemonics is scheduled for two weeks in February to conduct an internal review and provide assistance to strengthening of the project's financial records, bookkeeping, and accounting systems. (Supervision)
- A project communications specialist is scheduled for two weeks in April to provide assistance in developing a communications strategy and provide assistance in developing success stories and reporting on achievements. (Technical assistance)
- A TB specialist is scheduled to provide two weeks of technical assistance in December to prepare a chapter on co-infection for the national manual of standards and norms on TB.
- A monitoring and evaluation specialist is scheduled for two weeks in April to assist with the surveillance of malaria and measuring project impact. (Technical assistance)
- An infectious disease specialist (malaria and TB) is scheduled for 4.5 months beginning in April to provide support to the development and implementation of TB and malaria diagnosis, treatment and management training. (Technical assistance)
- A project evaluation specialist/team leader is scheduled for five weeks beginning in March to oversee the project evaluation team. (Technical assistance)
- Two project evaluation specialists are scheduled for five weeks in March to conduct the project evaluation. (Technical assistance)
- A clinical training consultant from Jhpiego is scheduled for a six-month assignment beginning in April to support the training and supervision of MTs, coordinate the SBM/R implementation, and training of hospital-based staff. (Technical assistance)
- A quality assurance specialist from Jhpiego is scheduled for two weeks in March to support the development of an implementation plan of the SBM/R guidelines. (Technical assistance)

- An SBM/R specialist from Jhpiego is scheduled for two weeks in December.
- An HIV/AIDS specialist from Jhpiego is scheduled for one week in December.
- A BCC/community mobilization specialist from Midego is scheduled for 4.75 months beginning in April to develop and implement the BCC/community mobilization strategy.
- Dr. Elvira Beracochea of Midego is scheduled for two three-week assignments in March and in July to provide support to improved logistics and procurement management. (Technical assistance)

D. Project Closeout Strategy

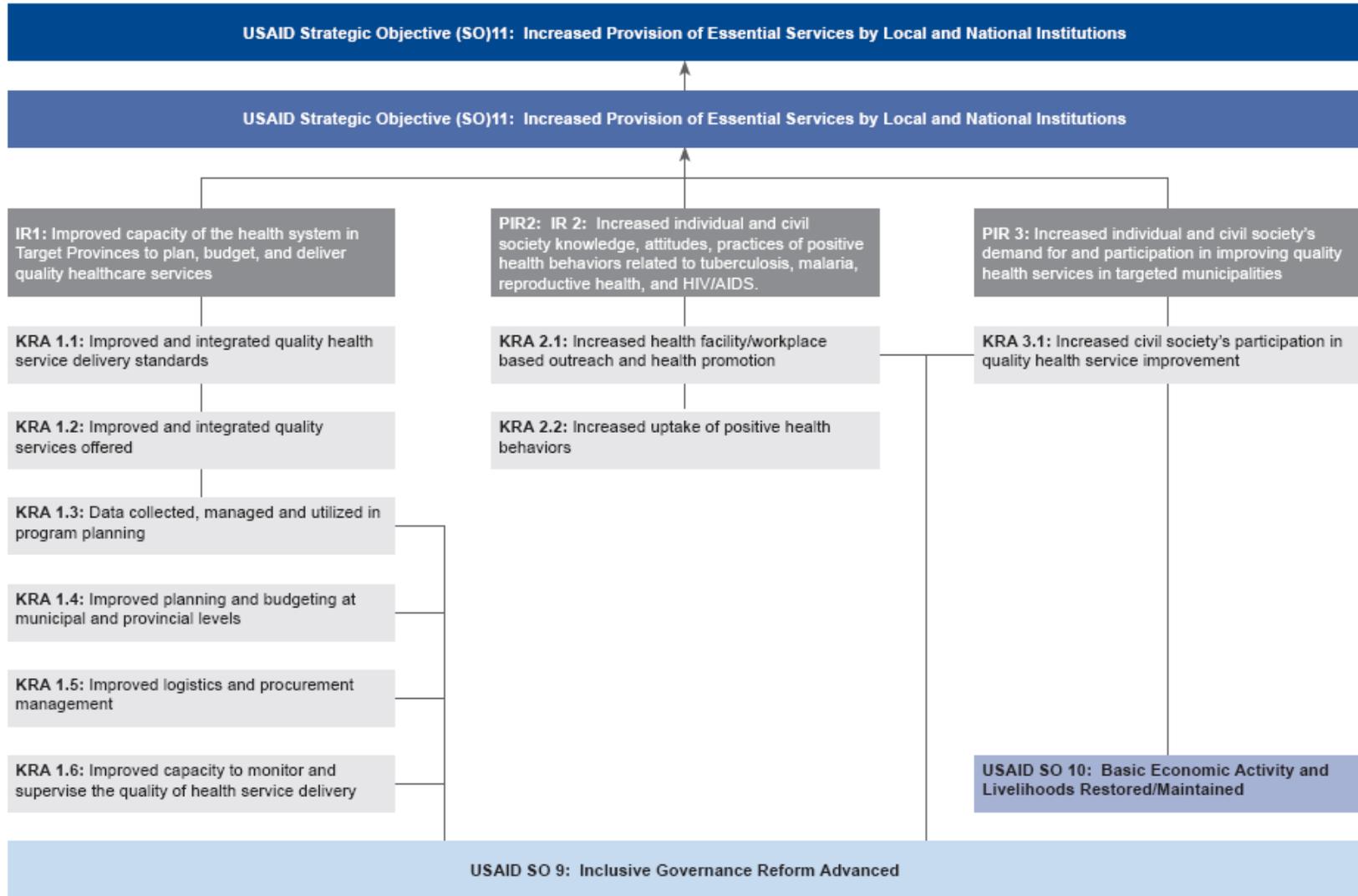
It is Chemonics' understanding that the Angola SES project will continue beyond Year 3. However we realize that Year 4 is optional and has not yet been contractually exercised. Should the project end after Year 3, all technical activities will be significantly scaled down after the third quarter to facilitate closeout and allow for repatriation expenses.

ANNEX A. SES ORGANIZATIONAL CHART

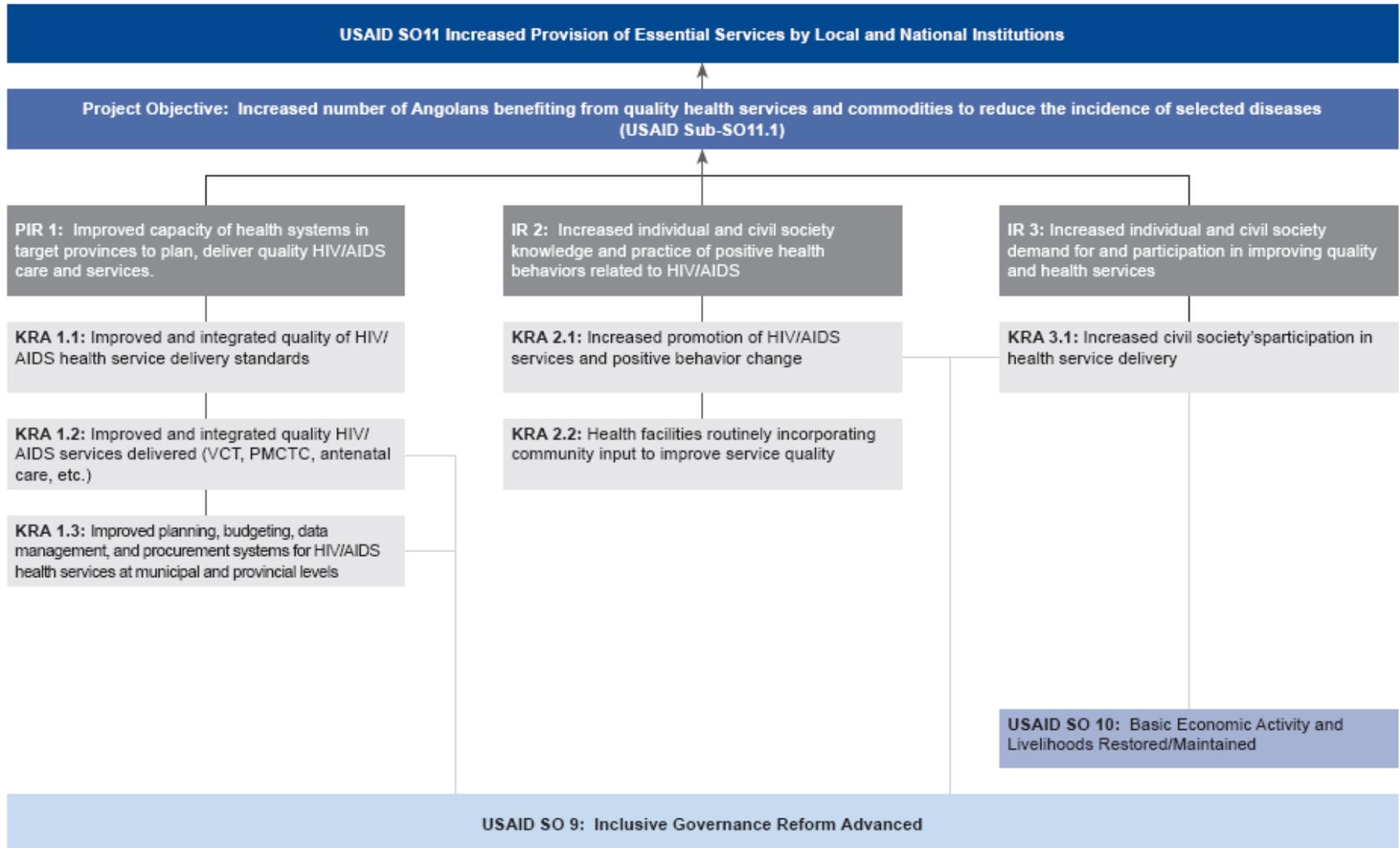


ANNEX B. SES PROJECT RESULTS FRAMEWORKS

Angola Essential Health Services Program Core Results Framework



Angola Essential Health Services Program HIV/AIDS Results Framework



ANNEX C. WORK PLAN GANTT CHART

See separate Excel file.

ANNEX D. PMP FOR CORE PROGRAM

See separate Excel file.

ANNEX E. PMP FOR HIV/AIDS COMPONENT

See separate Excel file.

ANNEX F. SES TARGETED HEALTH FACILITIES

Provinces	Municipalities	Population	Hospitals	Health Centers	Health Posts	Total
Luanda	Cacuaco	822,425	0	6	13	19
	Cazenga	1,287,500	1	8	1	10
	Ingombota	595,270	1	3	0	4
	Kilamba Kiaxi	990,892	4	6	5	15
	Maianga	757,811	1	5	3	9
	Rangel	602,837	0	2	3	5
	Samba	600,480	0	3	9	12
	Sambizanga	819,236	0	5	0	5
	Viana	919,525	0	6	12	18
Subtotal, Luanda		7,395,976	7	44	46	97
Huambo	Bailundo	304,876	1	4	7	12
	Caala	244,710	1	5	14	20
	Tchicala Tchilohanga	194,570	1	4	12	17
	Huambo	1,057,466	2	17	34	53
	Londumbali	151,516	1	4	3	8
Subtotal1		1,953,138	6	34	70	110
	Catchiungo	88,760	1	3	7	11
	Chinjenje	47,986	0	2	4	6
	Ekunha	105,326	0	3	4	7
	Longonjo	133,455	1	4	5	10
	Mungo	13,095	1	2	3	6
	Ukuma	78,799	1	3	8	12
Subtotal2		467,421	4	17	31	52
Subtotal Huambo		2,420,559	10	51	101	162
Lunda Norte	Chitato	101,814	3	0	12	15
	Lukapa	137,349	1	1	4	6
	Cuango		1	1	2	4
	Cambulo		1	1	6	8
Subtotal, Lunda Norte		239,163	6	3	24	33
TOTAL		10,055,698	23	98	171	292

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TOTAL		10,055,698	23	98	171	292	

ANNEX G. DETAILED TRAINING PLAN

Province	Area	Municipality(ies)	Topic	Dates	Participants	
CORE PROJECT						
Lunda Norte	Quality	Kambulo and Lucapa	Training of Clinical MTs	February 9 -20	Kambulo: 13 Lucapa: 6 Form. Perm.: 2 SES: 1 Nurse Sch: 3	
		Kambulo, Lucapa, Kuango, Chitato, Dundo and Sacavula	Basic Health Packages for Hospitals	March 2-13	Kambulo: 3 Lucapa: 4 Kuango: 4 Chitato: 4 Dundo: 6 Sacavula: 1	
		Kuango and Chitato	Training of Clinical MTs	March 23- April 3	Kuango: 2 Chitato: 17 Form. Perm.: 2 SES: 1 Nurse Sch: 3	
		Kuango and Kambulo	Training of Community MTs	February 23-27	25 people	
		Kuango	Epidemiologic survey	March		
		4 municipalities	Basic Health Package for health centers and posts (baseline and MTs certification)		8 people of 4 municipalities 7 DPS staff (program coordinators)	
		4 municipalities	Basic Health Package for Hospitals (6)		18 people	
	Data	All 9 municipalities	HMIS data collection, cleaning and analysis	February 9-20	25	
		DPS all municipalities	Data management and analysis	March 23 - April 3	25	
	Logistics	All 9 municipalities	Training on correct record keeping for pharmaceutical ordering and disbursements		For all health facilities	
		All 9 municipalities	Training in good logistic al practices for pharmaceutical goods		For pharmacists	
	Community	All 9 municipalities	Training CHVs in Malaria, SSR/FP, TB, and HIV/AIDS matters	February 16-27	Cambulo, Chitato, Lukapa and Cuango for 25 people each	
	Huambo	Quality	Kaala and Tchicala	Training of Clinical MTs	February 9-20	Kaala: 10 Tchicala: 8 Form. Perm: 2 Malaria: 2 TB: 1 PF Bailundo: 1 PF Loundim: 1
			Huambo Sede (Group 1)	Training of Clinical MTs	March 16-27	25 people

Province	Area	Municipality(ies)	Topic	Dates	Participants	
		Huambo Sede (Group 2)	Training of Clinical MTs	April 13-24 2009	21 people	
		Catchiungo, Longonjo and Mungo	Training of Clinical MTs		27 People	
		Chinjenje, Ekunha and Ukuma	Training of Clinical MTs		25 people	
		11 municipalities	Basic Health Package for health centers and posts (baseline and MTs certification)		22 people of 11 municipalities 3 DPS staff	
		11 municipalities	Basic Health Package for Hospitals		25 people	
	Data	11 municipalities	Data management and analysis	March 23-27	25	
	Logistics	11 municipalities	Training on correct record keeping for pharmaceutical ordering and disbursements		For all health facilities	
		11 municipalities	Training in good logistic practices for pharmaceutical goods		For pharmacists	
	Community	4 municipalities	Training CHVs in Malaria, SSR/FP, TB, and HIV/AIDS matters	March 23-27 and April 6-10	25 people in 10 training events	
	Luanda	Quality	Cacuaco	Training of Clinical MTs		H. Center: 6H. Post: 13 Otros: 6
Viana			Training of Clinical MTs		H. Center: 6 H. Post: 12 Otros: 7	
Kilamba Kiayi, Maianga and Sambizanga			Training of Clinical MTs		H. Center: 16 H. Post: 8 Otros: 1	
9 municipalities			Basic Package to health center and post, baseline and MTs certification		18 people of 9 municipalities 7 DPS staff	
9 municipalities			Basic Package to hospitals (7)		25 people	
Data		2 municipalities	HMIS data collection, cleaning and analysis	March 9-13	25	
		DPS All municipalities	Data management and analysis	April 13-17	25	
Logistics		9 municipalities	Training on correct record keeping for pharmaceutical ordering and disbursements	March 16-20	For all health facilities	
		9 municipalities	Training in good logistic practices for pharmaceutical goods	April 20-24	For pharmacists	
Community		4 municipalities	Training CHVs in Malaria, SSR/FP, TB and HIV/AIDS matters	March 23-27 and April 6-10	25 people in 10 training events	
			2 workshops for designing communication strategy	February - April	25 people in 2 Training events	
Other Provinces		Community	In 6 HIVAC provinces	Training CHVs in Malaria, SSR/FP, TB and HIV/AIDS matters	April-June	25 people in 6 training events

Province	Area	Municipality(ies)	Topic	Dates	Participants
Luanda	Malaria Laboratory Training	all	Malaria and TB lab diagnosis	February 2-14	15
Bengo		all	Malaria and TB lab diagnosis	February 2-14	15
Benguela		all	Malaria and TB lab diagnosis	February 2-14	15
Namibe		all	Malaria and TB lab diagnosis	March 2-14	15
Cunene		all	Malaria and TB lab diagnosis	March 2-14	15
HIV/AIDS COMPONENT					
Luanda	PMTCT	5 Provinces	Training of trainers in PMTCT, SBMR (HIV, RH and Continuing Education Coordinators)	10 days: January-February	12
		Samba, Cazenga and K. Kiayi	Training of service providers in PMTCT	15 days February - May	36
	VCT	Samba, Cazenga and K. Kiayi	Training of service providers in CT	10 days February-May	18
Cabinda	PMTCT	Cabinda, Buce Zau	Training of service providers in PMTCT and SBMR	15 days February March	12
	VCT	Cabinda, Buce Zau	Training of service providers in CT	10 days February March	6
Kuando Kubango	PMTCT	Kuito Canavale and Menongue	Training of service providers in PMTCT, SBMR	15 days February March	12
	VCT	Kuito Canavale and Menongue	Training of service providers in CT	10 days February March	6
Lunda Norte	PMTCT	Cuango	Training of service providers in PMTCT, SBMR	15 days March/April	6
	VCT	Cuango	Training of service providers in PMTCT	15 days February March	6

Province	Area	Municipality(ies)	Topic	Dates	Participants
Lunda Sul	PMTCT	Cacolo and Saurimo	Training of service providers in PMTCT, SBMR	15 days March/April	12
	VCT	Cacolo and Saurimo	Training of service providers in CT	10 days February March	6
Huambo	PMTCT	Caala, Huambo and Londuimbali	Training of service providers in PMTCT, SBMR	15 days February March	18
	VCT	Caala, Huambo and Londuimbali	Refresher training of service providers in CT, SBMR	5 days February March	12

ANNEX H. DETAILED BUDGET

See separate Excel file.

ANNEX I. SHORT-TERM TECHNICAL ASSISTANCE FOR YEAR 3

The following are expected Short-term Technical Assistance positions for Year 3:

POSITION	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
PMU Manager												
SBMR Specialist (Jphiego)												
HIV/AIDS Specialist (Jphiego)												
Field Accountant												
Project Communications												
TB Specialist												
M&E Specialist												
Infectious Disease Specialist												
Clinical Training Consultant												
Project Evaluation Team Leader												
Project Evaluation Team Members (2)												
Clinical Training Consultant (Jphiego)												
Quality Assurance Specialist (Jphiego)												
BCC/Community Mobilization Specialist (Midego)												
Logistics and Procurement (Midego)												

ANNEX J. PROTOCOLS AND TOOLS DEVELOPED BY SES AND PRESENTED AT THE MOH

See separate Excel file.