

YEAR 4 ANNUAL REPORT

ANGOLA ESSENTIAL HEALTH SERVICES PROGRAM/
SERVIÇOS ESSENCIAIS DE SAÚDE

Contract No. GHS-I-08-03-00025-00



ON THE COVER: JOSE MAKUTO IKO (IN WHITE) WITH OTHER MASTER TRAINERS IN LUNDA NORTE. (SEE SUCCESS STORY)

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Acronyms

ABC	Abstinence, Being faithful, Condom use
ACT	Artemisinin Combined Treatment
AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante-natal care
ARV	Antiretroviral
BCC	Behavior change communication
CBO	Community-based organization
CD4	Cluster of Differentiation 4 - glycoprotein expressed on the surface of T helper cells, regulatory T cells, monocytes, macrophages, and dendritic cells.
CDC	Centers for Disease Control and Prevention
CEC	Business Alliance Against AIDS (Comite Empresarial contra SIDA)
CHV	Community health volunteer
DNME	National Directorate of Drugs and Equipment (Direcção Nacional de Medicamentos e Equipamento)
DNSP	National Public Health Directorate (Direcção Nacional de Saúde Publica)
DPS	Provincial Health Directorate (Direcção Provincial de Saúde)
EHSP	Essential Health Services Program
EU PASS	European Union Health Sector Support program (European Union Programa de Apoio o Sector de Saúde)
FBO	Faith-based organization
GEPE	Department of Planning, Ministry of Health (Gabinete de Estudos, Planeamento e Estatística)
HIV	Human Immunodeficiency Virus
IEC	Information, education, and communication
IMCI	Integrated Management of Childhood Illness
INLS	National Institute for the Fight Against AIDS (Instituto Nacional de Luta contra SIDA)
INSP	National Institute for Public Health
IPT	Intermittent prevention treatment
IR	Intermediate result
LQAS	Lot quality assurance sampling
MAPESS	Ministry of Labor and Social Security (Ministerio da Administracao Publica e Seguranca Social)
MDG	Millennium Development Goals

MOH	Ministry of Health
MT	Master Trainer
MTE	Mid Term Evaluation
NGO	Non-governmental organization
NMCP	National Malaria Control Program
OGAC	Office of the U.S. Global AIDS Coordinator
PMI	President's Malaria Initiative
PMTCT	Prevention of mother-to-child transmission
PNLCM	National Program for the Fight Against Malaria (Programa Nacional de Luta Contra Malaria)
PNME	National Program for Essential Drugs (Programa Nacional de Medicamentos Essenciais)
RCRS	Reference and Counter-Reference System
RDT	Rapid diagnosis test (for malaria)
RH/FP	Reproductive health/family planning
RMS	Municipal Health Directorate (Repartição Municipal de Saúde)
SBMR	Standards-based Management and Recognition
SDP	Service delivery point
SES	Essential Health Services Program (Serviços Essenciais de Saúde)
SSR/PF	Reproductive Health (Saúde Sexual Reprodutiva / Planeamento Familiar)/ Family Planning
STTA	Short Term Technical Assistance
TA	Technical assistance
TB	Tuberculosis
TBA	Traditional Birth Attendant
USAID	United States Agency for International Development
USG	United States Government
VCT	Voluntary counseling and testing
WHO	World Health Organization

I. BACKGROUND AND SUMMARY

Implementing Partner Name:	<i>Chemonics Intl. with two Subcontractors, Jhpiego and MIDEGO</i>
Implementing Mechanism Name:	<i>Task Order under Population, Health and Nutrition Technical Assistance and Support Indefinite Quantity Contract (TASC2 IQC).</i>
Implementing Mechanism Number:	<i>TASC2</i>
Annual Report Period:	<i>Y4 (Oct.2009 – Sept.2010)</i>
Activity Duration:	<i>October 01, 2006 - September 29, 2011</i>
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Produced by:	<i>Chemonics Intl.</i>
USAID COTR/Activity Manager:	<i>Dr. Bart Bruins</i>
Project estimated cost:	<i>\$21,701,090</i>
Amount obligated to date:	<i>\$21,651,090</i>

This annual report covers the period October 1, 2009, to September 30, 2010, of the Angola Essential Health Services/ *Serviços Essenciais de Saúde* (EHSP/SES) project. This annual report for the fourth year of project activities describes progress toward achieving performance targets, how project achievements improve decision-making, lessons learned, impact, accountability, organizational learning, and challenges and constraints.

EHSP/SES is a five-year effort – a three-year base period followed by a two-year option period that was awarded after successful implementation of base period deliverables. The program has two major components (for areas of project implementation see Graphic I on page xx):

- Core project activities related to health systems strengthening for TB, malaria, and reproductive health/family planning (RH/FP) activities.
- Health systems strengthening for the HIV/AIDS activity component (HIVAC).

HIVAC activities have been carried out on an annual basis. This has been our third year of implementation of the HIV component.

During the fourth year of implementation, EHSP/SES/ has emphasized follow up on recommendations from the Mid Term Evaluation (MTE), meeting project targets, and prioritization of project activities given the restricted budget.

MID TERM EVALUATION (MTE) RECOMMENDATIONS

The EHSP/SES/ project has taken the MTE recommendations very seriously, and been implementing them during this past year.

General MTE Recommendations and EHSP/SES Project Response:

Transition plan for HIV provinces: During Y4, EHSP/SES has coordinated with DPS' in Huambo, Lunda Norte and Cunene provinces to have office space and a supervisor in each province. EHSP/SES also developed a supervisory plan to visit all USG supported facilities in those provinces.

Address reporting issues and include Success Stories. EHSP/SES improved timely submission of deliverables, including the timely submission of its Q3 Report; and has also included Success Stories in project reports. The EHSP/SES Communications Director has also made an effort to document these stories on video, including one that earned an honorable mention award as part of Chemonics' 35th anniversary development project video contest.

Chemonics and Jhpiego need to arrange more technical input. Both organizations have been meeting at the HO level to better coordinate Jhpiego's technical support for the project. The EHSP/SES Technical Director has had the support of Jhpiego's Dr. Bruno Benavides for Quality Assurance work as well as the development of a maternal and perinatal clinical history document that has been adopted by the MOH and the Luanda DPS. Jhpiego technical assistance has also helped to develop software that quickly process EHSP/SES data from the health unit level, expediting the decision-making process.

Include additional 3-4 TCNs or expats as long term staff. During Y4, EHSP/SES received USAID approval for an Operations Manager, Community Mobilization Director, and an infectious disease consultant on an STTA basis, through subcontractor MIDEGO. All staff has proven invaluable to contributing towards achieving targets this past year. Per recommendation from the USAID/Angola M&E specialist, EHSP/SES has also identified a staff person in the EHSP/SES Huambo office to keep a registry and database of all activities and related information/documents in the province.

M&E Recommendations:

Include vertical program impact indicators: EHSP/SES has included all new and revised PEPFAR indicators for HIV and AIDS activities.

Use the PMP matrix to track project targets and achievements, and include in quarterly and annual reports. EHSP/SES is using the PMP for project monitoring and follow up the activities, which has also been included in subsequent quarterly reports.

Support and expand DPS monitoring and evaluation to build capacity and analytical skills. EHSP/SES has continued to train health staff on statistics, registration, and data analysis of information being collected. Trainings are now conducted at the municipal level to help decentralize capacity.

Train Angolan counterparts to conduct LQAS assessments.

The EHSP/SES M&E specialist has already trained a team of municipal staff to conduct the surveys. During Y4, local teams were in charge of organizing and implementing assessments in both Luanda and Huambo provinces.

Reproductive Health Recommendations:

EHSP/SES, USAID, and other stakeholders discuss importance of FP/RH interventions for reduction of maternal mortality; Pathfinder and EHSP/SES coordinate activities to achieve impact.

This year EHSP/SES helped identify and finance an official Angolan delegation's trip to Uganda to study health services integration and FP. EHSP/SES has also been part of the technical team working under the Vice Minister of Health to develop a national strategy to reduce maternal mortality; conducted a formative supervision of a USG donation of Depo-provera, along with an assessment of all health clinics in Luanda, Huambo and Lunda Norte that provide FP services; signed an MOU with Pathfinder to more efficiently coordinate RH and FP activities; and conducted rigorous supervisory visits of all FP services in Luanda, Huambo and Lunda Norte with the respective DPS'. Based on findings from the visits, EHSP/SES provided training to all Luanda municipalities, including Pathfinder staff, on patient registration and management.

Include FP in Communications strategy. EHSP/SES has been working with the Luanda DPS to incorporate RH/FP in the strategy.

USAID should distribute contraceptive supplies. During the year USAID began donating FP supplies such as Depo-provera, condoms, Microgynon, and Microlute. For the first time, the project supervised all health facilities providing FP services across the three target provinces (Huambo, Luanda, Lunda Norte); supervision entailed checking stocks of USG donations, requests, inventory registration processes, and monthly reports. The project also reviewed stock consumption, and provided written and oral recommendations at all levels of the health system.

EHSP/SES should focus RH activities to address contraceptive supply and related decision-making. EHSP/SES supervisory visits identified the need to improve patient and stock registration processes and management, which led to related training of staff in all FP health facilities in Luanda.

EHSP/SES to review all standards and criteria to ensure that RH/FP is adequately covered in SBMR. This criteria was included as part of the review and development of written standards for Health Posts and Health Centers. Master Trainers are also being trained on these standards.

Malaria Recommendations:

EHSP/SES to conduct a complete review of malaria content in all training programs: Prof. William Brieger from Johns Hopkins University, along with Dr. Milton Valdez in coordination with the EHSP/SES Technical Director updated the malaria modules for all trainings, after a thorough review. A CD was developed and presented to

USAID and Dr. Trent Ruebush from USAID/PMI- Washington D.C. EHSP/SES is awaiting comments and observations.

EHSP/SES support to Sentinel Sites and DPS should continue and be expanded. PMI decided to end support for sentinel sites this year, which did not allow the project to expand activities.

USAID to support the national laboratory malaria microscopy training program. EHSP/SES has continued to coordinate and plan microscopy trainings and supervisory follow up in the provinces. Training impact has resulted in improved malaria diagnosis in all provinces.

EHSP/SES should integrate child malaria treatment activities with IMCI programs to address non malarial causes of fever in children. EHSP/SES has included a module on differentiated diagnosis as part of the malaria trainings; this module was reviewed by the Luanda DPS IMCI person, part of the manual that was updated in collaboration with the National Malaria Program.

HIV and AIDS Recommendations:

The project should focus on quality and sustainability of services by increasing VCT and PMTCT uptake, and providing follow up for treatment of people living with HIV and AIDS.

EHSP/SES has increased provision of PMTCT and VCT services in coordination with the INLS and DPS'. This year, the project established VCT services in 16 new centers, and PMTCT services in 22 new centers. The project has also started to monitor HIV+ pregnant women in Samba Health Center, Luanda.

Integrate ARV prophylaxis services within the ANC and delivery/post natal services: EHSP/SES has included this indicator and with the establishment of 10 new integrated services, surpassed its target for this year.

Scaling up early infant diagnosis (EID) and linkages to care and treatment EHSP/SES has coordinated with the INLS to start EID in Luanda and Huambo during Y5 of the project.

The project should continue to link PMTCT/VCT within health facilities where reproductive health/maternity services are provided. The project has prioritized the establishment of PMTCT services in all maternity wards and health facilities with delivery rooms.

PMTCT and VCT project curricula need a technical review. EHSP/SES uses the curricula developed and approved by the INLS, which was last reviewed in 2009. Technical experts from Jhpiego also reviewed the modules and made recommendations.

USAID should facilitate condom supply to EHSP/SES supported PMTCT/VCT services. Approximately 1.5 million condoms were delivered to the INLS by USAID in 2009, and there is another donation expected for 2011.

The project should maintain its current MCH/RH and general VCT services for HIV activities, and not expand to ‘high risk groups’ EHSP/SES is maintaining its original focus and not working with high risk groups.

TB recommendations

Specify TB activities in project reports: Tuberculosis activities were included in the latest quarterly report.

Support national capacity for quality TB diagnosis and treatment, especially quality lab diagnosis. Special TB/HIV integration is needed. EHSP/SES has met with provincial coordinators in Huambo to integrate the HIV and TB programs, which has had good results; nonetheless, there is still a need to establish national norms for integrating the two programs. EHSP/SES is also supporting training on diagnosis and treatment for the national TB program; in Y5, the project will also support TB trainings in Lunda Norte and program supervision in Huambo as well as a study on community DOTS in Caala Municipality (Huambo).

Conduct a curriculum review: The project infectious disease specialist conducted a curricular review this past year.

PROGRESS DURING PROJECT YEAR 4

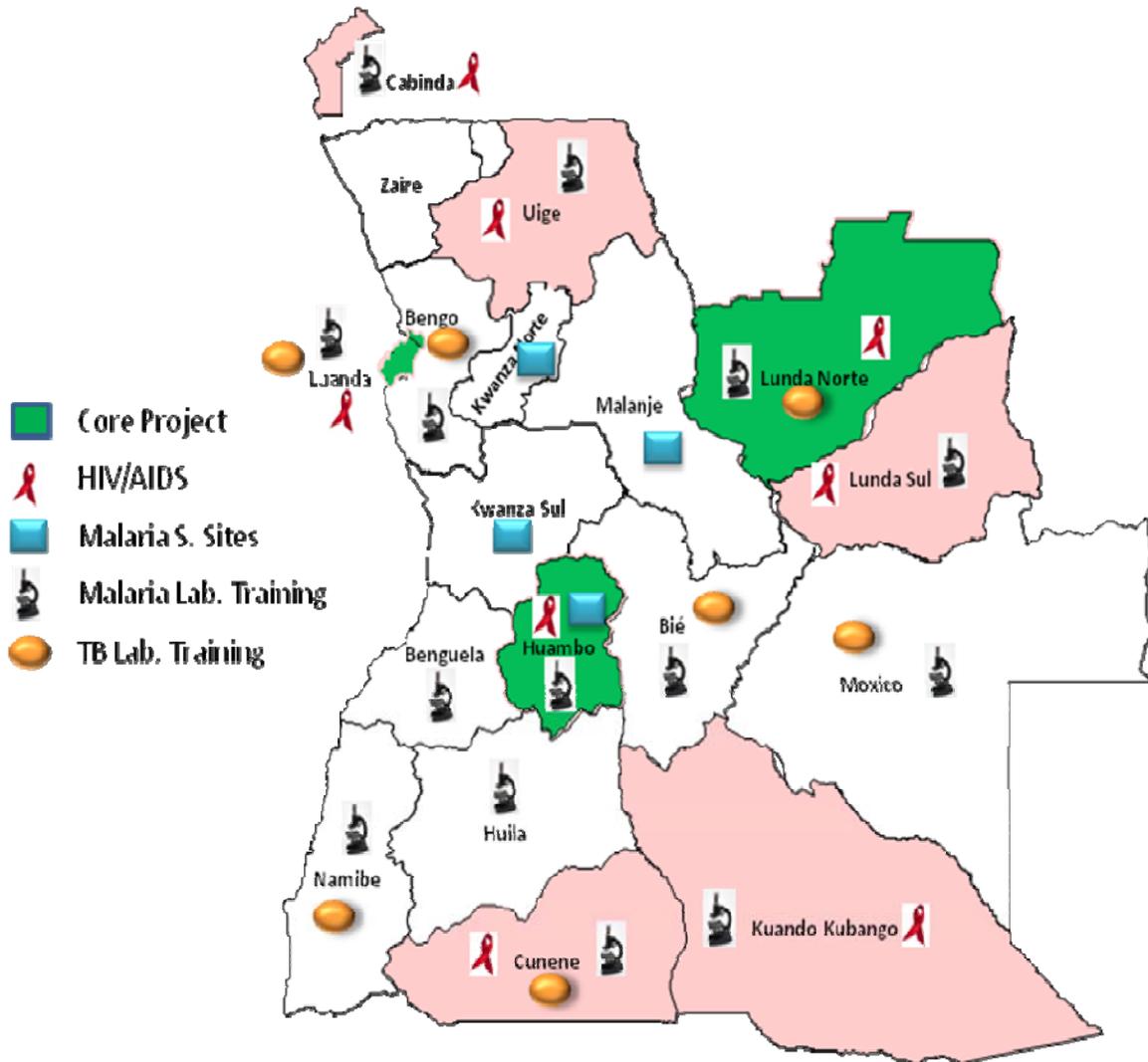
Partnership with health authorities:

In year 4, the EHSP/SES project further strengthened its working and professional relationship with Angolan health officials. Examples include the development of a sanitary map for Cunene Province, in coordination with the Department of Planning at the Ministry of Health (GEPE); EHSP/SES participation as member of a national technical team mandated by the Minister of Health and presided over by the Vice Minister, to present and review information related to reduction of maternal and perinatal mortality; and EHSP/SES participation in drafting of the INLS proposal for Global Fund Round 10 on HIV and AIDS, along with the new National Plan for HIV and AIDS 2011-2014.

EHSP/SES continues to work closely with Huambo provincial and municipal health directorates on the organization of scientific symposiums and contests.

Strengthening human resource capacity through training of HIV and AIDS, Master Trainers, data management trainings, community mobilization efforts, and other targeted trainings on Malaria, RH/FP, TB and drug management.

Graphic I. Areas of Programmatic Implementation



Year 4 Achievements

Achievement: Sustaining Quality services

Since the Y4 work planning process began last year, we considered this fourth year the start of a consolidation process.

This past year was the first year of the two-year option period approved on September 30th, 2009, aiming for sustainability of the project's major interventions. During Year 4, EHSP/SES invested most of its efforts in a) completing major capacity building efforts including training health staff to provide quality services and trying to achieve the ambitious targets of reaching individuals with key preventive messages; and b) identifying interventions that will ensure sustainability for the work already done. The project was successful in achieving important targets and indicators, even surpassing some, while others were not reached due to a tight budget.

Achievement: Closer partnership with MOH/DPS authorities

The consolidation of main activities identified during Y4 work planning highlighted the project's role as an important partner to the Ministry of Health and the provincial DPS' where the EHSP/SES is working. In addition to achieving traditional project targets and indicators, more qualitative aspects are just as important, such as building trust with your counterparts, which has taken considerable project staff time and energy.

Within the Angolan context, the EHSP/SES project is perceived as providing responsive technical assistance at all levels of the MOH/DPS, the government's main barometer for determining project success. By responding positively to requests for technical assistance from national and provincial counterparts, project activities have been more easily incorporated into MOH plans at different levels.

Over the last two years, EHSP/SES project planning sessions have benefited enormously from the participation of high-level authorities –representatives from the MOH, DPS', program coordinators, and INLS. Counterpart participation reflects the belief government health officials have in the project's capacity to coordinate and develop activities that support national and provincial plans.

When analyzing the year's achievements, and despite a series of challenges, the project was able to reach most of its Y4 indicators. This reflects the great efforts and sacrifices made by the EHSP/SES project's administrative and technical teams, along with invaluable support provided by project counterparts: Dra. Evelize Fresta – Vice Minister of Health; Dra. Adelaide de Carvalho –National Public Health Director; Dra. Ducleina Serrano – INLS Director; Dra. Julieta Simoes – INLS Training Director; Dr. Vita Vemba and Isilda Neves –Luanda provincial authorities, municipal health directors, DPS program directors, Master trainers, and health staff. Without their administrative, logistical, and technical contributions, together with critical support and vision provided

by the USAID/Angola health team, EHSP/SES could not have reached the targets it did this year.

Achievement: Responsive Technical Assistance to the MOH/DPS

An important yet not quantitatively measurable indicator for EHSP/SES success this past year took place when the project received an invitation from the Vice Minister of Health to be part of the MOH technical support team to advise MOH officials on the development of policies and strategies for improving maternal and child health. This request allowed EHSP/SES staff to contribute to the drafting of national norms as part of the Committee for the Prevention of Maternal Mortality; participate in drafting of the INLS' Round 10 proposal for the Global Fund as well as the national strategic plan for the control of STI and HIV and AIDS (Plano Estratégico Nacional para o Controlo das ITSs, VIH e SIDA 2011 - 2014); participation in drafting of documents for a Ministry of Health presentation at a UN conference on maternal mortality in New York; and related audio visual materials support to the official Angolan delegation travelling to Geneva to present national progress on children's rights in the country. Further, EHSP/SES staff provided technical assistance for the country's national strategy for the decentralization of health services. All these efforts were part of a project advocacy strategy that took dedicated time and efforts not measured by any indicators. Nevertheless, outcomes include strengthened communications and coordination of project activities with our counterparts. Working with government officials on these documents also provided an institutional framework for future project collaboration and sustainability.

Lastly, the EHSP/SES project will provide the Angolan MOH with added visibility through poster presentations of two HIV/AIDS and Integrated Health programming abstracts at the American Public Health Association conference in November 2010.

Achievement: Capacity-building for sustainability

The number of health professionals and community agents trained on malaria, TB, HIV and AIDS, RH/FP, in coordination with provincial Continuing Education departments, has strengthened a new cadre of Angolan health professionals. Over the past two years in Huambo province, this effort has been under the leadership of Ms. Augusta Chicumbo, head of the Continuing Education Dept., Ms. Rosalina Catanha, RH/FP Coordinator, Mr. Euclides Chipalavela, HIV and AIDS focal point, and Amandio Natito, the Huambo Malaria Coordinator. In Luanda, these efforts have been under the leadership of Dr. Isilda Neves, Provincial Public Health Director.

The certification of 56 new Master Trainers (MTs – 26 from Luanda and 30 from Huambo) this past year has meant an increase in the numbers of Angolan health staff with technical capacity to train others in the field. The MT certification process is now being led by the DPS', and "graduates" have become a key resource for the Municipal Health directorates and the DPS' –helping local health centers and posts to improve diagnosis and treatment of the main illnesses that cause maternal and child mortality.

Training for lab technicians on Malaria microscopy has improved national diagnosis and related patient treatment, as have refresher trainings on Intermittent presumptive treatment (IPT) malaria rapid tests and differentiated diagnosis.

In our work with the INLS, important achievements include increased numbers of health professionals trained on PMTCT and VCT, pregnant women and general population counselled and tested, and seropositive individuals receiving treatment. In addition, EHSP/SES financed a sanitary mapping exercise in Cunene province, helping to identify numbers of health units, health units providing HIV services, and their human resource capacity.

Achievements: Community organization to scale up numbers of people reached with HIV prevention messages

The EHSP/SES project has supported the formation of four Municipal Health Committees in Huambo province, which were formed as part of a national response. In August 2010, the Vice President of the Republic urged the country to adopt this methodology as part of the National Campaign to reduce Maternal Mortality.

The project has also been working on a proposal to train elementary and high school teachers on key health messages including AB and ABC prevention messages.

The EHSP/SES project has also provided technical assistance to the National Network of Malaria Journalists, being used by the National Malaria Control program to leverage a network of mainstream journalists in the country's fight against malaria. EHSP/SES has provided BCC training, and helped the Network produce their first television advertisements. EHSP/SES has also been providing technical assistance to help broaden their scope of work to prevention of other illnesses such as HIV and AIDS and TB, to help reduce maternal and infant mortality. Finally, the EHSP/SES Communications Director helped the Network prepare their annual plan of activities that includes: 1) formation of a legal association; 2) broaden efforts to other illnesses; 3) expansion of chapters into other provinces; and 4) development of annual media campaigns.

Achievement: Improving management of FP services

EHSP/SES has provided training to staff in health facilities with FP services across all nine municipalities of Luanda. Training topics included drug management and logistics, patient registration, and general management of FP services. These trainings were a response to findings from EHSP/SES DPS supervisory visits, in an effort to improve general health facility management.

HIV and AIDS Component: Year 4 Major Achievements

Achievement: Improved capacity of the health system in targeted provinces to deliver quality health care and services (IR 1)

The EHSP/SES project, in close collaboration with the INLS and DPS', made considerable efforts to achieve more than 100% of its targets and related indicators under IR 1. The provision of counseling and testing to 71,991 pregnant women is of particular significance, far exceeding the Year 4 target of 67,860. Furthermore, PMTCT services were established in 22 new health facilities, along with 90 health staff trained in PMTCT, resulting in 100% achievement of the set targets. In addition, 10 health facilities now have integrated services for ANC delivery, counseling and testing, and ARV treatment, surpassing the set target. The integration of ANC, counseling and testing, and ARV services has increased women's access to prophylaxis –948 HIV+ women in EHSP/SES supported facilities were provided with prophylaxis for PMTCT, which represents 42.6% of the HIV positive pregnant women detected, exceeding the set target of 30%.

Furthermore, the project supported the establishment of 16 new VCT outlets (exceeding the set target of 10); and helped test 111,722 individuals for HIV (far exceeding the set target of 37,680). In the process, the EHSP/SES project contributed to the establishment and support of 37.2 % of VCT outlets nationwide, and 48.5% of health units with PMTCT services in Luanda. Nationally, EHSP/SES has established and supported 16 percent of VCT outlets.

These successes were achieved due to 1) strong collaboration between INLS and DPS' for training facilitation, supervision, and logistical support; 2) consideration for INLS and DPS priorities; 3) community mobilization for promotion of PMTCT and VCT services; and 4) innovative approaches to reach rural communities, such as through use of mobile phones and increased investment in supervision and refresher trainings.

HIV/AIDS technical assistance, testing, and counseling.

The project provided in-service PMTCT and VCT training to 330 health staff, who in turn provided counseling and testing services to pregnant women and the general population.

EHSP/SES trained health staff provided HIV counseling and testing to 71,991 pregnant women (exceeding the Y4 target of 67,860), including 2,218 who tested HIV+ (3.1 percent). A total of 111,722 individuals were tested and counseled for HIV (F: 95,720; M: 16,002), and received their results (far exceeding the Y4 target of 37,680), including 5,150 who tested HIV-positive (4.6 percent).

The project trained 90 health professionals in PMTCT (100% of the set target), part of EHSP/SES efforts to improve the provision of quality health services.

Achievement: Increased individual and civil society knowledge and practice of positive health behaviors related to HIV/AIDS (IR 2)

The EHSP/SES Communications Director has been working to increase positive behaviors related to HIV/AIDS amongst the general population, through CSOs and schools – a theater group in Huambo, the National Malaria Journalists Network, and training of elementary and middle school teachers.

The objective is to incorporate key health messages through the national education curriculum and in theater group scripts. The Huambo Provincial Education Directorate (DPEH) selected 7th to 9th grade teachers in a number of schools and municipalities to receive this training during the month of September 2010.

The purpose is to reach more of the population with key messages, particularly students who are at an impressionable age and thus more able to change behaviors, for greater chance of long-term sustainability. EHSP/SES has started these trainings in Huambo, helping give educational chats to 1,100 students on AB and ABC messages in a period of less than a month. During Y5 EHSP/SES will continue this work in Luanda and Lunda Norte.

The health fair concept has continued to provide another outlet for behavior change communications and services. During Y4 EHSP/SES provided technical assistance at the provincial and municipal levels to DPS' in Cabinda, Cunene, Huambo, Luanda, and Lunda Norte.

Achievement: Increased individual and civil society demand for and participation in improved and quality health services (IR 3).

EHSP/SES, in coordination with the DPS in Huambo, integrated Municipal Health Committees into four municipalities: Huambo, Caala, Bailundo and Tchicala-Choloanga. These committees, led and managed by the provincial and municipal authorities, have been championed as a necessary tool to fight maternal mortality and improve general community health. The committees have a broad membership base made up of TBAs, Sobas (equivalent of village chiefs), community agents, health workers, NGOs, private sector, and others in the public sector.

Achievement: Provide planning tools for the health sector:

The project was able to successfully complete the grant to WHO on National Health Accounts and with the Ministry of Health, a Sanitary Map for the Province of Cunene. These are very important planning tools not only for the Ministry of Health and cooperation agencies, but for the National and provincial governments.

II. DATA COLLECTION METHODOLOGY

The following EHSP/SES project monitoring plan (PMP) indicators are grouped according to data collection methodology:

- Group 1: Indicators routinely collected during day-to-day activities at health facilities (number of consultations, number of family planning return visits, etc.).
- Group 2: Indicators collected using Standard-based Management and Recognition (SBMR – direct observation) to assess correct methods of diagnosis and treatment of malaria, tuberculosis and Family Planning and Reproductive health.
- Group 3: Indicators collected from routine program activities (number of people trained, number of workplace programs started, etc.).
- Group 4: Indicators collected through special surveys organized by the program (client satisfaction with health services).

PMP Data Collection Methodology #1

Table 1 shows the first group of indicators from the PMP that are part of the Health Management Information System and were routinely collected from health service facilities. Each health facility kept records of clients who received services. At the end of each month, facility staff analyzed the records and compiled a report that was sent to the municipal health offices. The municipal health office then compiled the data, which was forwarded to the provincial health offices. This type of health information is considered routine data collection; therefore, no special study was required to carry it out. At the end of each quarter, EHSP/SES staff went to the provincial health offices to access the data. In cases where targeted municipalities or facilities did not turn in their reports, EHSP/SES followed up at the municipal office or health facility to collect the information.

Table 1. Indicators Routinely Collected from the Health Services

Indicator #	Indicator Name
1.9	1.14 Percent of all registered TB patients who are tested for HIV through USG-supported programs
1.10	Couple of Years Protection (CYP)
1.15	Number of USG-assisted service delivery points experiencing stock-outs of specific TB tracer drugs
1.16	Number of USG-assisted service delivery points experiencing stock-outs of specific FP tracer drugs
1.17	Number of USG-assisted service delivery points experiencing stock-outs of specific malaria tracer drugs

PMP Data Collection Methodology #2

The second group of indicators, in Table 2 below, describes the quality of services provided at the health facilities, and measures implementation of SBMR standards. As above, specific SBMR data collection tools were adapted based on direct observation and

Careful consultation of clinical records using a proven evaluation methodology. The tools were used in visits to each target facility to observe health workers providing services. Master trainers conducted the observations, visiting randomly selected facilities at targeted centers and observing health professionals attending to clients on that day. Using the checklist, surveyors observed whether clients were well-received by providers, if the right questions were asked, whether the correct examination was conducted, whether the correct diagnosis was made, and finally, whether the treatment was appropriate according to the established standard for the diagnosis.

Table 2. Indicators Requiring Measurement during Introduction of SBMR

Indicator #	Indicator Name
1.3	Percentage of health workers at assisted health centers that use correct methods of diagnosis and treatment of malaria
1.4	Percentage of health workers at assisted health centers that use correct methods of diagnosis and treatment of tuberculosis
1.5	Percentage of health workers at assisted health centers following national norms and procedures in providing RH/FP services

PMP Data Collection Methodology #3

The next group of indicators in Table 3 below were directly collected through routine program training activities. To collect this information, the EHSP/SES monitoring and evaluation (M&E) specialist extracted numbers from program training records, which were verified by looking at signed participant lists.

Table 3. Indicators Collected Directly through Program Activities

Indicator #	Indicator Name
1.8	Number of certified master trainers
1.11	Number of MOH, provincial, municipal, and health facility staff trained in data management
1.12	Number of MOH, provincial, municipal, and health facility staff trained in operational and budget planning
1.13	Number of MOH, provincial, municipal, health facility staff and cooperating partners trained on assuring a coordinated implementation strategy for procurement and logistics planning and management
2.5	Number of new SME workplace programs
3.1	Number of CSO/NGO staff trained in grant proposal development
3.2	Number of municipalities with functioning Municipal Health Committees

The project has put an emphasis on the importance of data collection and quality over the past two years. This year the project refined two data collection tools: a) a tool to collect data on the number of people reached with AB and ABC messages. This tool is meant to standardize key messages so health staff providing the educational chats maintain the right content for the messaging. This tool also evaluates the educational chat and registers the number of condoms distributed during the educational chat. This format was distributed by the project to all health facilities that offer VCT and PMTCT services in

Luanda and Huambo at the end of August and September, and is also being used at the schools.

b) a tool for the collection of data on and documentation of in-service trainings. This is important to document, given that trainings, are the most important project activity. In addition to formal trainings, the project has been conducting in service trainings and formative supervisions. This tool is also used for activities related to formative supervisions of health facilities or even municipalities and DPS' and serves as basis for follow-up supervisions.

PMP Data Collection Methodology #4

The indicators in Table 4 below were collected by special population-based studies. To collect information on these indicators, as well as indicators on client satisfaction, knowledge, and perception, two studies were conducted: lot quality assurance sampling (LQAS), and client exit interviews. These methods are briefly described below.

Lot quality assurance sampling. At the baseline, a group of 14 health centers was considered as a supervision area or lot. For comparison purposes, LQAS were conducted in the same areas at the end-of-year survey. A wider survey will be conducted to cover all facilities in the municipalities where EHSP/SES is working, and multistage clustered sampling will be used. The LAQS consisted of 8 health center catchment areas in Luanda and 8 in Huambo. A total of 19 households were interviewed in each area, for a total of 132 interviews in Luanda and 132 in Huambo. Identification and selection of the households were affected by the lack of clear boundaries and mapping. To reduce the risk effect, a random walking method was used to select households. Each interviewer followed specific random instructions (e.g., take the first road right, interview at the second house on your left, continue down the road, and turn to the nearest house or the nearest on your right in the nearest road or pathway, even if the pathway is a small one). This method helped to spread the sample within the lot, but had potential problems related to bias (i.e., ignoring very small side streets or pathways). A local guide showed interviewers the boundaries of the health facility's catchment areas.

During each household visit, women of childbearing age were identified and interviewed. This process was continued until 19 households were visited in each catchment area. Data entry was performed by two data entry clerks who were trained to work with the database. The data were analyzed using EPIINFO epidemiological survey software. The information from the survey can be found in Annex A, LQAS Questionnaire and Report.

Client exit interviews. A questionnaire on interpersonal communications and counseling, understanding of the consultation, transportation and waiting time in the facility, and how the consultation went was administered to users of the facilities. The health facilities added in Year 2 were sampled again in Year 3 and Y4.. The centers selected in Huambo were Caala, Calenga, Mineira, Sao Antonio, São Pedro, São João, and Cacilhas Health Centers, and Bailundo; and in Luanda the following health centers: Rangel, N. Sra das Gracas, Boa Vista, 11th of November, Siga, Vila da Mata, Samba, and Benfica . Interviewers visited each selected center and interviewed all clients exiting from

antenatal care and family planning consultations, outpatient clinics, and where available, TB consultations. The interviews were conducted by CHVs or health workers from other facilities rather than those included in the study, to avoid bias. In each health facility a total of 30 interviews were conducted. The data was analyzed using EPIINFO, and tables were prepared using Excel spreadsheets. Table 4 below shows the indicators collected using the two special studies described above.

Table 4. Indicators Collected using Special Studies

Indicator #	Indicator Name:
1.14	Percentage of clients reporting satisfaction with services offered at assisted health facilities
2.1	Percentage of client population that can name at least three malaria, TB, and RH/FP services provided through the public health facilities
2.2	Percentage of client population that can name at least one prevention or treatment procedure for each of malaria, TB, and RH/FP

Setting Targets

The establishment of targets involved all EHSP/SES team members during Y4 work planning, including input from the USAID COTR along with technical, administrative, and financial staff.

The targets for the Indicators 1.1 - 1.24./3.1.22: Number of people trained in malaria treatment or prevention with USG funds

These indicators (including 1.2 – number of people trained in TB sub-elements with USG funding; and 1.3 – 1.17./3.1.1 –number of people trained in FP/RH in targeted areas) were set taking into account the need to have complete health staff and community health volunteer coverage for the target areas. Therefore, during Y4 2000 staff were to be trained in Malaria and FP/RH, and 1000 in TB sub-elements.

Indicator 1.4: Number of policies drafted with USG support

This target was reached during year 3 and activities discontinued in year 4.

Indicators 1.5: Percentage of health workers at assisted health centers that use correct methods of diagnosis and treatment of malaria; 1.6- Percentage of health workers at assisted health centers that use correct methods of diagnosis and treatment of tuberculosis; and 1.7- Percentage of health workers at assisted health centers following national norms and procedures in providing reproductive health/family planning services

These indicators were set assuming implementation of the SBM-R strategy and methodology in targeted health facilities, with the assumption that changes in health facility operations would therefore begin to occur more quickly.

Indicator 1.8: Number of Certified Master trainers. This indicator was set based on the number of MTs trained and related budget.

Indicator 1.9 & 1.14: Percent of all registered TB patients who are tested for HIV through USG-supported program. This indicator was calculated at 50% of all registered TB patients who are tested for HIV in Y4. EHSP/SES assumes that an increase in the number of counseling and testing outlets, better integration of TB and HIV and AIDS programs, and a good supply of test kits and other materials for HIV testing will make possible to test for HIV at least half of the registered TB patients

Indicator 1.10: Couple of Years Protection (CYP). This indicator does not directly depend upon project activities. During Year 4 EHSP/SES will collect data from Luanda and Huambo. In Luanda, the province was divided into EISD and EHSP/SES area of intervention for FP, therefore, EHSP/SES will work in its target area, corresponding to 5 municipalities. .

Indicator 1.11: Number of MOH, Provincial, Municipal, and health facility staff trained in data management. Indicator was set by factoring the number of trainings required to cover remaining staff in Huambo, Luanda, and Lunda Norte, at 25 participants each. These training were separate from those planned for data analysis.

Indicator 1.12: Number of MOH, Provincial, Municipal, and health facility staff trained in operational and budget planning. There were no targets set for Y4. During Y3 EHSP/SES found that the MOH was already implementing this activity through the EU-PASS project, which was about to end. In Y3, the project coordinated with EU-PASS and the DPS' to train 30 staff in two municipalities in Luanda and one in Huambo.

Indicator 1.13: Number of MOH, Provincial, Municipal, health facility staff and cooperating partners trained on assuring a coordinated implementation strategy for procurement and logistics planning and management.

Indicator 1.14: Percentage of clients reporting satisfaction with services offered at assisted health facilities. The project baseline was 40%, and the project estimated a 10% annual increase.

Indicator 1.15: Number of USG-assisted service delivery points experiencing stock-outs of specific TB tracer drugs; 1.16: Number of USG-assisted service delivery points experiencing stock-outs of specific FP tracer drugs; 1.17: Number of USG-assisted service delivery points experiencing stock-outs of specific malaria tracer drugs. These three indicators measure levels of stocks-out at health facilities. Targets were calculated based on the number of health facilities providing these services and their likelihood of stocking-out based on historic data.

Indicator 1.18: Number of health facilities implementing basic health package. Targets were calculated based on EHSP/SES interventions that would allow for the updating of training materials. The MOH and DPS would be responsible for training implementation, including acquisition of equipment, materials, drugs, etc.

Indicator 2.1: Percentage of client population that can name at least three services provided through the public health facilities (malaria, TB, and RHFP services). The

project baseline was set at 13%, assuming that with EHSP/SES activities the figure would increase to 30% in Year 2 and 50% in Years 3 and 4.

Indicator 2.2: Percentage of client population that can name at least one prevention or treatment procedure for each of malaria, TB, and RHFP. The target was calculated based on baseline data, and after assessing the project's impact through community outreach activities.

Indicator 2.3: Number of new SME workplace programs. The conservative target was set after taking into consideration the Angolan context and difficulties getting companies to accept then follow-through on these types of activities.

Indicator 3.1: Number of CSO/NGO staff trained in grant proposal development. The target takes into account the number of CSOs working in the project target area, and that could be involved in this type of activity.

Indicator 3.2: Number of municipalities with functioning Municipal Health Committees. This target takes into account the EHSP/SES strategy to focus activities on municipalities with relatively well-functioning health services and strong DPS leadership.

HIVAC Indicators

Since the *United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003* (Public Law 108-25) was enacted, The President's Emergency Plan for AIDS Relief (PEPFAR) has worked to coordinate the U.S. Government's response to HIV/AIDS around the world, harmonizing the planning and reporting processes of all USG agencies working in the area of global HIV/AIDS.

In 2008, PEPFAR's success was recognized when the *Tom Lantos and Henry J. Hyde United States Global Leadership against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008* (Public Law H.R. 5501) was signed into law.

The following list of indicators meet the minimum needs of PEPFAR to demonstrate progress in the fight against HIV/AIDS, and are part of a new wave of indicators that are in effect now in FY2010. The legislation that expanded the U.S. Government commitment to the PEPFAR program began in FY 2009.

1.0 PMTCT and VCT

- 1.1- (P1.1D) Number of pregnant women with known HIV status (includes only women who were tested for HIV and received their results) (PEPFAR).** The target takes into account the number of health service outlets, number of people counseled daily, times 20 days a month, times number of months they would work in a year.
- 1.2- (P1.1D) Percent of pregnant women who were tested for HIV and know their results (PEPFAR).** The target takes into account the number of health service

- outlets, number of people counseled daily, times 20 days a month, times number of months they would work in a year (as a percentage of the above).
- 1.3- **(P1.2D) Number of HIV-positive pregnant women who received anti-retrovirals to reduce risk of mother-to-child-transmission (PEPFAR).** The target assumes HIV prevalence of 3% in pregnant women, and that 40% of HIV+ pregnant women receive prophylaxis.
 - 1.4- **(P1.2D) Percent of HIV-positive pregnant women who received anti-retroviral to reduce the risk of mother-to-child transmission(PEPFAR):** Target calculated assuming HIV prevalence of 3% in pregnant women, 40% HIV pregnant women receive prophylaxis (As a percentage of the above)
 - 1.5- **(P1.3D) Number of health facilities providing ANC services that provide both HIV testing and ARVs for PMTCT on site (PEPFAR).** This target was set based on the INLS plan and budget for Year 4
 - 1.6- **Number of health workers trained in the provision of PMTCT services according to national and international standards.** This target was set based on the number of staff needed to run PMTCT by service outlet (according to Angolan policy and the number of service outlets supported by the project.
 - 1.7- **(P11.1D) Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results**
Male; Female<15 years, 15 + years (PEPFAR); Target calculated taking into account the number of outlets, number of people counseled daily x 20 day a month x number of months they would work in year.

2.- Sexual Prevention

- 2.1 **(P8.2D) Number of individuals reached with individual/small group interventions primarily focused on abstinence and/or being faithful.** Target was calculated based on the number of community health volunteers, the months they would work, and the number of people they could reach monthly in small audiences or peer to peer activities.
- 2.2 **(P8.1D)Number of the targeted population reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards requirements.** The target was calculated based on the number of community health volunteers, the months they would work, and the number of people they could reach monthly in small audiences or peer to peer activities.
- 2.3 **(P8.5D) Number of individuals from target audience who participated in community wide event (PEPFAR).** The target was set based on estimated populations attending activities to commemorate World AIDS Day and Health fairs.

2.4 Number of condoms distributed. The target was calculated according to the number of condoms distributed to clients through ANC clinics, VCT services and individuals receiving ABC messages in small groups.

3.0 Sexual and other risk prevention

3.1 Number of enterprises implementing an HIV/AIDS workplace program, providing at least one of the 4 critical HIV services/activities. The target was set based on the number of existing enterprises that implement workplace programs on HIV.

3.2 Estimated number of people reached through work place programs. The target was set based on people reached through workplace programs on HIV.

3.3 Number of CEC members implementing HIV activities. The target was calculated according to the number of businesses involved in the CEC business committee against HIV, and engaged in HIV activities..

3.4 (P11.1D) Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results Male/Female < 15 years, 15 + years (PEPFAR). The target was calculated by factoring the number of health service outlets, number of people counseled daily, times 20 days a month, times number of months they would work in year.

3.5 Number of PEPFAR supported outlets providing counseling and testing services according to national standards (by type of testing facility). This target was set based on the INLS plan and budget for Year 4.

3.6 Number of community health and para-social workers who successfully completed a pre-service training program (CHVs) (PEPFAR). This target was set according to the number of community health volunteers who were trained in community mobilization.

3.7 (H2.3D) Number of health care workers who successfully completed an in-service training program, by specific types: PMTCT;VCT (general population) (PEPFAR). This target was set based on the number of new health workers trained in PMTCT and VCT, along with those who received refresher trainings in PMTCT and VCT for the general population.

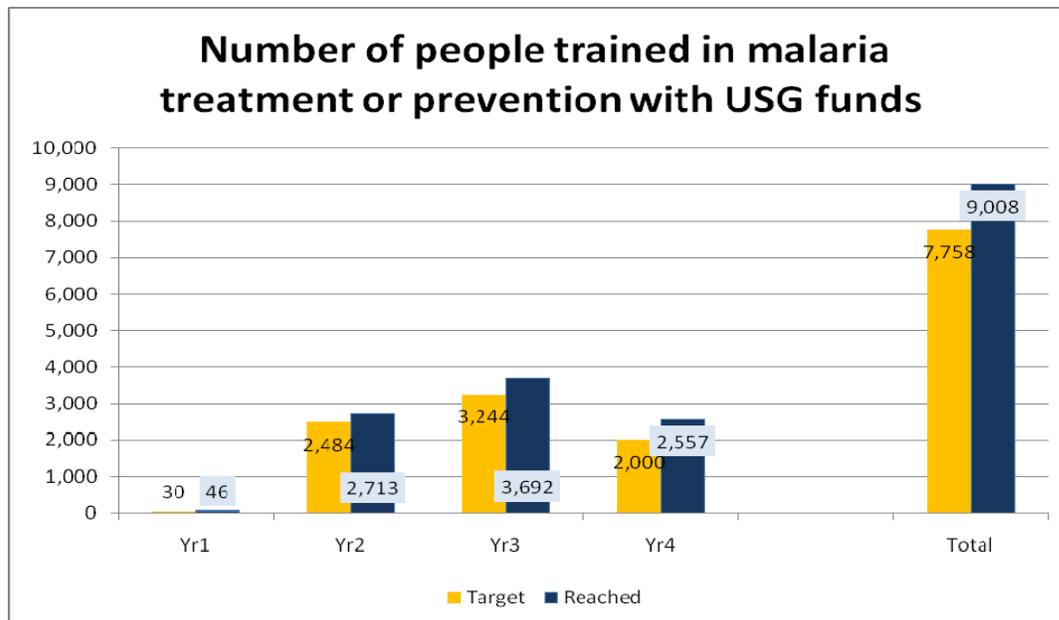
3.8 Percent of units that experienced a stock out for test kits during last month of operations. This target was set based on the number of health facilities that reported stock outs of test kits during the past month.

III. YEAR 4 RESULTS AGAINST TARGETS

Core Project Intermediate Result 1

Indicator 1.1 (1.24/3.1.22): Number of people trained in malaria treatment or prevention with USG funds

- Target Y4: 2,000
- Achieved: 2,557



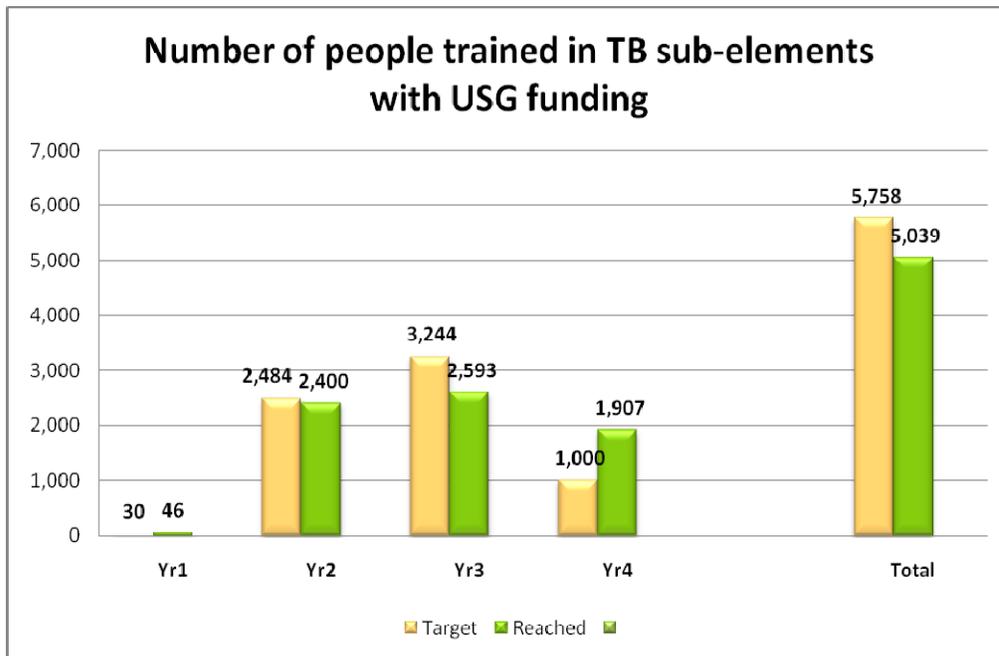
This indicator shows successful training of professional health staff and community agents on prevention, diagnosis and treatment of malaria. These figures reflect the excellent work carried out by the Malaria Provincial Coordinators throughout the life of the project. The number of individuals reached has led to improved malaria prevention, diagnosis and treatment, which has contributed to lower malaria morbidity and mortality rates in the provinces. For example, Huambo has seen a decrease in malaria cases and number of malaria-related deaths. There is still much work to be done, yet progress is underway.

Indicator 1.2: Number of people trained in TB sub-elements with USG funding

- Target Y4 : 1,000
- Achieved: 1,907

This indicator quantifies USG support for training that builds local capacity to deliver various components of TB prevention and treatment, by number of people trained in any of the TB sub-elements (medical personnel, laboratory technicians, health workers, community workers, etc.). Corresponding sub-elements are: 1.2.1 – DOTS Expansion

and Enhancement; 1.2.3 – Improved Management of TB/HIV; 1.2.4 – Multi Drug Resistant TB; 1.2.5 – TB Care and Support.



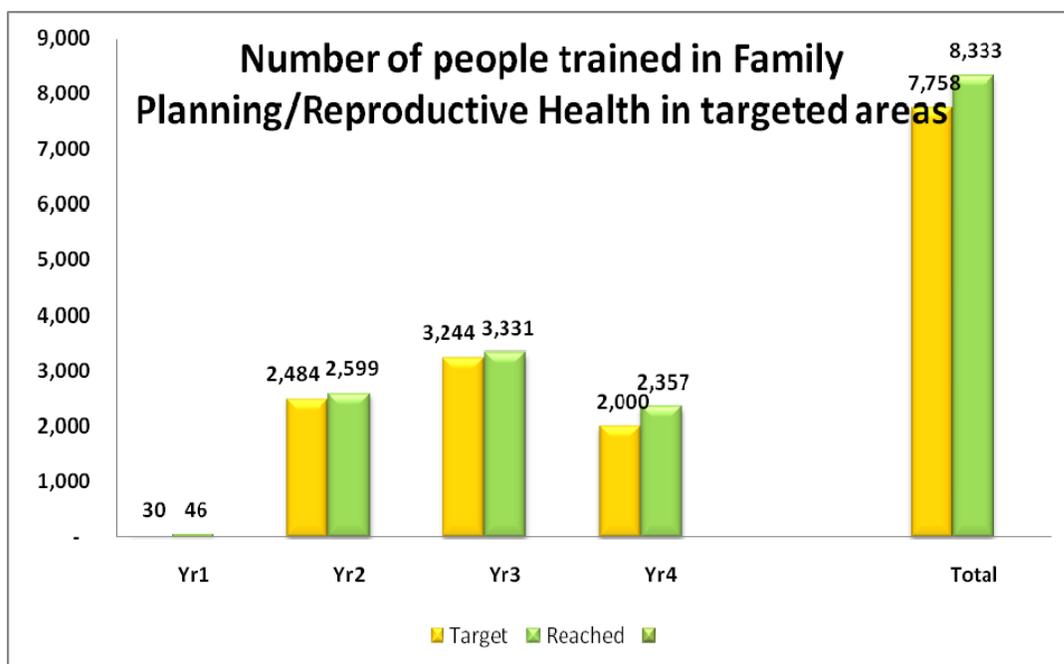
These results reflect the efforts of the EHSP/SES technical team and TB provincial coordinators. Nevertheless, the actual number of health facilities providing diagnosis and treatment is relatively low in comparison to the total number of health facilities, which means there is much to do to ensure staff from all health facilities are trained to identify and refer TB cases. This task has been assigned to MTs, when they train other health staff.

During a technical meeting of the National TB Program, the Project was asked to help develop a pilot on community DOT methodology for Caala (Huambo). The project technical team will present their proposal to the National Program, for implementation during Y5.

Indicator 1.3 (1.17/3.1.1): Number of people trained in FP/RH in targeted areas

- Target: 2,000
- Achieved: 2,357

This indicator measures progress in training health staff and CHVs to provide quality RH/FP services at health facilities by increasing the number of people (health professionals, primary health care workers, community health workers, volunteers, non-health personnel) trained in FP/RH (including training in service delivery, communication, policy and systems, research, etc.).



This indicator is linked to the country's two important commitments related to MDGs and the national campaign to reduce maternal and perinatal mortality.

The Government has given FP activities an important role in reducing maternal mortality. In relation to this, USAID has committed to donate depo-provera, Mycrogynon, Microlute, and condoms. Meanwhile, there remains the need to advocate for improved MOH procurement methods that help to avoid stocks out, for greater sustainability of health services. In sum, the EHSP/SES trainings are helping to address causes of maternal mortality by providing health professionals with technical tools for early diagnosis, making referrals, and treatment.

Indicator 1.4: Number of policies drafted with USG support

- Target: 3
- Achieved: 3

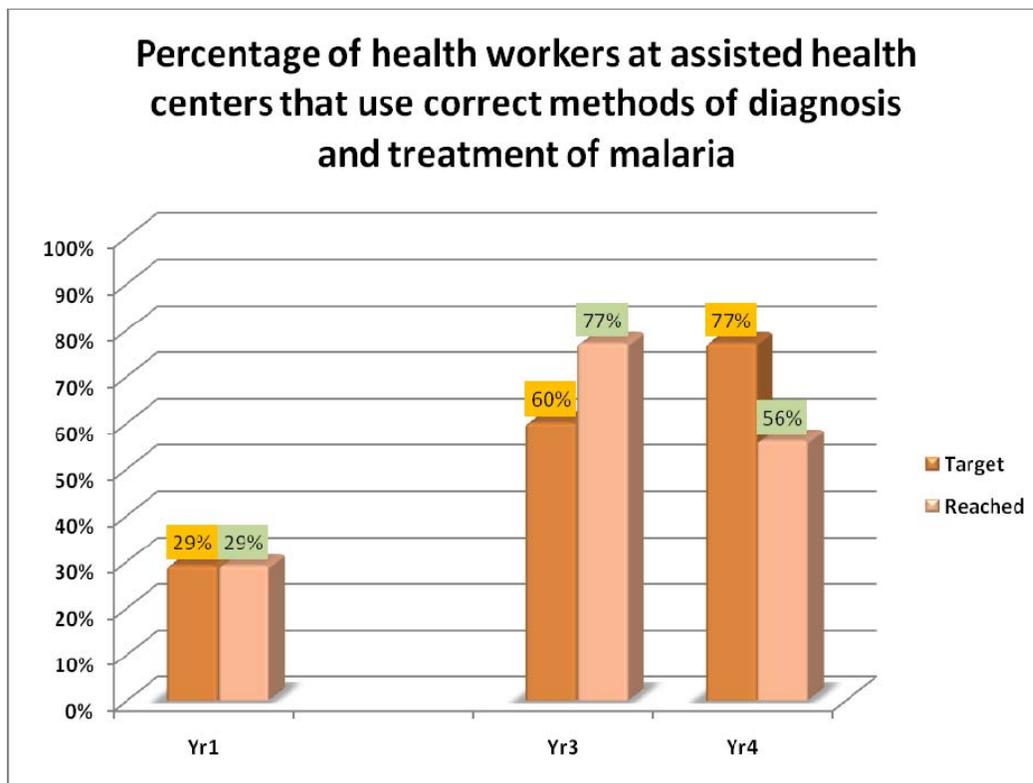
Policies	Yr1	Yr2	Yr3	Total
Target	5	15	3	23
Achieved	-	20	3	23

This activity, which ended in Y3 after meeting its target, measures the number of laws, policies, regulations, or guidelines drafted to support program sustainability and service use and access. This indicator reflects an important program contribution to improving the quality of care and the skills of professionals working in health centers and health posts.

The 23 clinical guidelines developed with EHSP/SES support were approved by the MOH for printing in Y4, yet due to budget constraints will be printed in Y5.

Indicator 1.5: Percentage of health workers at assisted health centers that use correct methods of diagnosis and treatment of malaria

- Target: 77 %
- Achieved: 56%



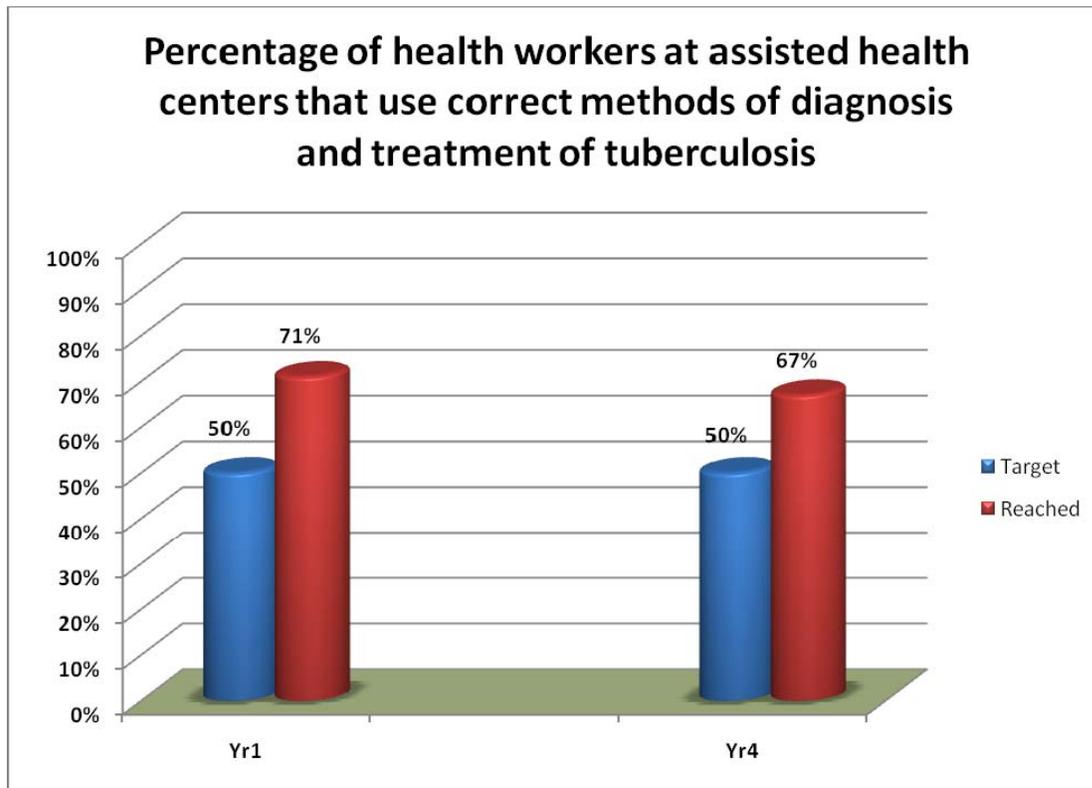
This indicator measures success in reaching and teaching health workers, especially in their field application of what they have been updated on malaria. Data gathered observing health worker implementation will be used to guide future trainings. Of particular importance is the percentage of health workers observed by supervisors to be following correct procedures for treatment and diagnosis of malaria. EHSP/SES developed Malaria standard that was used to measure this indicator.

Though the table shows that targets were not reached during Y4, EHSP/SES feels that quality diagnosis and treatment have actually improved. The evaluation done for Y3 was carried out using eight (8) criteria from the quality standard for children. This year EHSP/SES applied a more strict way to evaluate staff skills on diagnosis and treatment of Malaria - new 9 standards and 62 criteria that were presented to and reviewed by the

NMCP. (Please see ANNEX A). The measurement was conducted using a sample of health centers and health posts in Luanda and Huambo. In Huambo the sample used was 22 health facilities of the whole province, of which 10 were health posts. In the health posts, the level of trained staff is usually very basic and the trainings of health posts staff was carried out during the second semester of year 4. Improvement was noticeable in interpersonal relationship between provider and client, improvement in the correct doses of ITP 1 and 2, increased use of RTDs. (See Annex C for the new standard). Please annex D for the sample of the measurement.

Indicator 1.6: Percentage of health workers at assisted health centers that use correct methods of diagnosis and treatment for tuberculosis

- Target: 50 percent
- Achieved: 67 percent



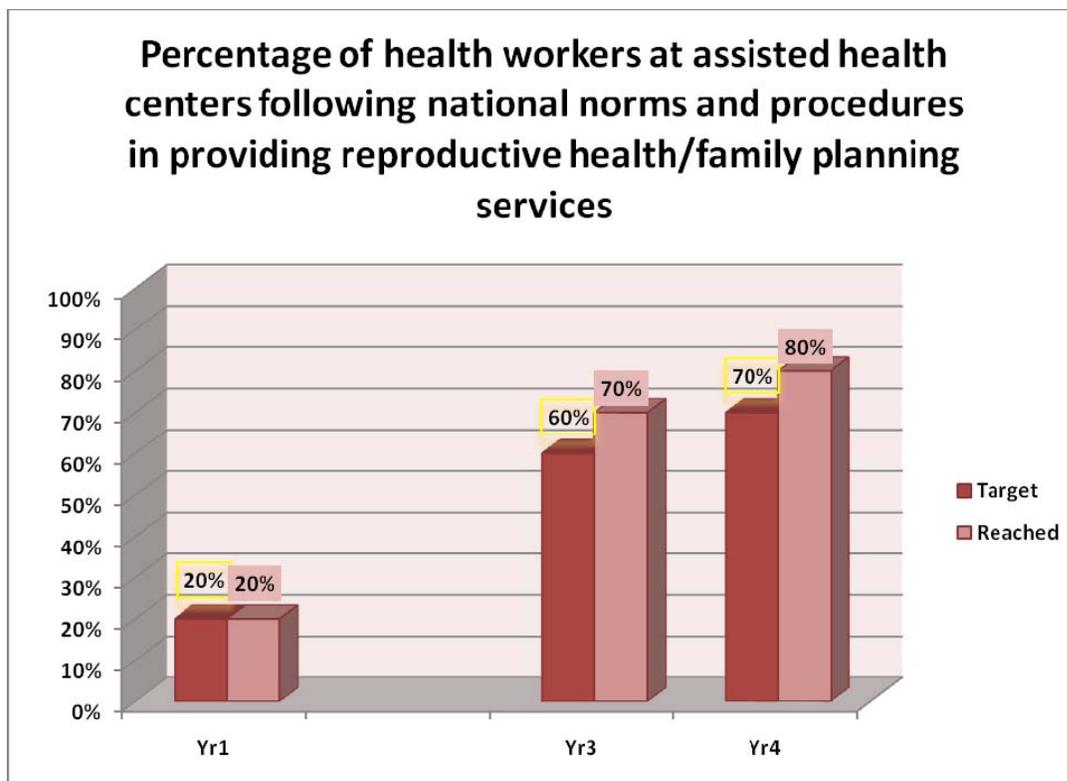
This table shows EHSP/SES success in reaching and teaching health workers, as well as for field application of the new skills acquired. The percentage of health workers observed by supervisors to be following correct procedures for diagnosis and treatment of TB is improving, compared to the baseline set through observation at the beginning of training. This standard shows an increase in the improvement of diagnosis and treatment (Luanda 67% and Huambo 69%). In this case the standard applied this year was basically the same as the one applied last year but re-organized to make its application easier. And

the staff in charge of diagnosis and treatment is usually dedicated solely to TB versus the staff that attends malaria cases. These trainings have been done with the support of the National TB program and the EHSP/SES project. A key success factor in this case has been the coordination at the provincial level between the project, the TB supervisor and the Dept. of Continuing Education.

The calculation numerator = number of health workers observed to be following correct procedures for treatment and diagnosis of TB according to MOH protocols, and as trained by EHSP/SES using SBMR. The denominator = total number of health workers observed by supervisors and who provide quality TB care.

Indicator 1.7: Percentage of health workers at assisted health centers following national norms and procedures in providing reproductive health/family planning services

- Target: 70 %
- Achieved: 80%



* In Year 2 measurement was not conducted.

This indicator measures success in reaching and teaching health workers and field application of this new knowledge and skills. Figures represent the percentage of health workers observed by supervisors to be following correct procedures when providing RH/FP services. The application of the standards in Luanda Province health facilities showed that there are important improvements in the ANC services: the staff has

improved in the provision of routine antenatal care in interpersonal communication with the client, but still does not introduce him/herself. They have improved in taking the vital signs, blood pressure but they still need improvement in screening for syphilis (VDRL test) and ask for blood type. They have also improved in taking fundal height, taking the woman's weight and providing iron and folic acid. In addition, improvement is shown in the correct dosis of prophylaxis against malaria and recommending on how to use mosquito nets. Please see Annex C for list of criteria selected to measure this indicator:

Indicator 1.8: Number of certified Master Trainers

- Target: 50
- Achieved: 56

This indicator measures success in increasing the number of MTs trained and then certified by the DPS, using new/updated SBM/R protocols. MT training is a core EHSP/SES element for improving the national quality of health services, since MTs are a cadre of professionals responsible for training other professionals.



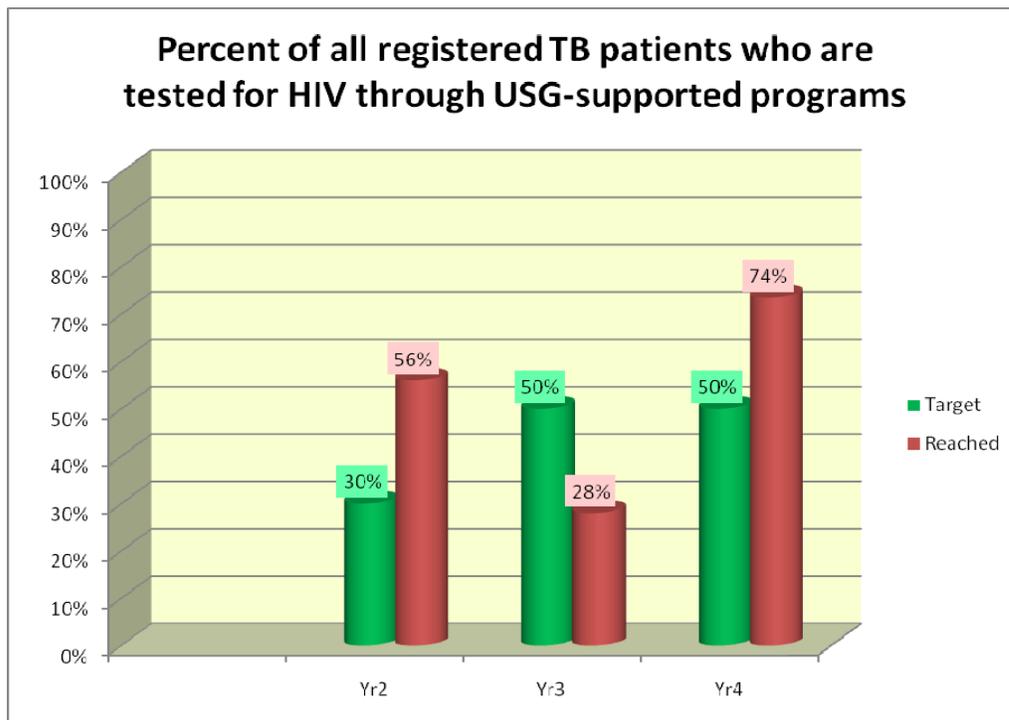
During Y4, the Project trained 99 MTs, and completed the certification process for 56 of them (30 in Huambo and 26 in Luanda). The success of this methodology has been seen in Huambo where Mr. Elias Finde, the Provincial Health Director, has asked EHSP/SES to work with the provincial Human Resources and Continuing Education departments to select and assign recently-certified MT professionals to work at the DPS or the RMS. It is important to note that not all MTs will go through the certification process; The Project with the DPS Continuing Education Dept. selects the Master Trainers that have been outstanding during the training, to undergo a process of certification. EHSP/SES has

certified 45% of the 397 MTs trained (Huambo: 231; Luanda: 124; and Lunda Norte: 42 which has exceeded targets for the last two years.

Indicator 1.9: Percent of all registered TB patients who are tested for HIV through USG-supported programs

- Target: 50%
- Achieved: 74%

This is an internationally recognized indicator to measure the performance of TB programs in terms of testing for HIV. The table shows the percentages of all registered TB patients (over a given time period) who are tested for HIV. Numerator = number of registered TB patients (over a given time period) who are tested for HIV, while the denominator = total number of registered TB patients (over the same time period). The graphic shows the results for the indicator for the last three years since the first year the project did not present results for this indicator.



These figures represent the number of people with TB that are tested for HIV, which is done with great difficulty since health facilities and staff need to follow yet-to-be established national protocols or norms to be able to officially conduct HIV tests for TB patients. The provinces have been working through this sensitive situation, but this effort is still “unofficial” until national standards and norms can be established by both INLS and the National TB program. In the case of Huambo, there has been major progress since the same TB technicians do HIV counseling and testing for TB patients, but this remains an “informal” initiative. The project will continue to advocate for establishment of official protocols, standards, and norms related to HIV testing for TB patients.

In the case of Huambo in the last quarter (June-Sept.2010) the percentage of TB patients tested for HIV has reached 90% which is a significant difference in regards to our two provinces baseline from 2008 with 30%.

Indicator 1.10: Couple of Years Protection (CYP)

A globally-used indicator of success in Family Planning programs. CYP measures the volume of program activity. Program managers use it to monitor progress in the delivery of contraceptive services at the program and project levels. A principal disadvantage of the indicator is that it cannot ascertain the number of individuals represented by CYP, nor can it help to assess changes in the contraceptive method mix.

This indicator was included in EHSP/SES list of indicator for Year 4 per USAID/Angola’s request and replaces the old indicator %of return visits for FP. The result achieved at the end of Yr4 will serve as the baseline for this indicator.

- Achieved: 2,983

CYP is the estimated protection provided by contraceptive methods during a one-year period, based upon the volume of all contraceptives sold or distributed free of charge to clients during that period. The CYP is calculated by multiplying the quantity of each method distributed to clients by a conversion factor, to yield an estimate of the duration of contraceptive protection provided per unit of that method. The CYP for each method is then summed for all methods to obtain a total CYP figure.

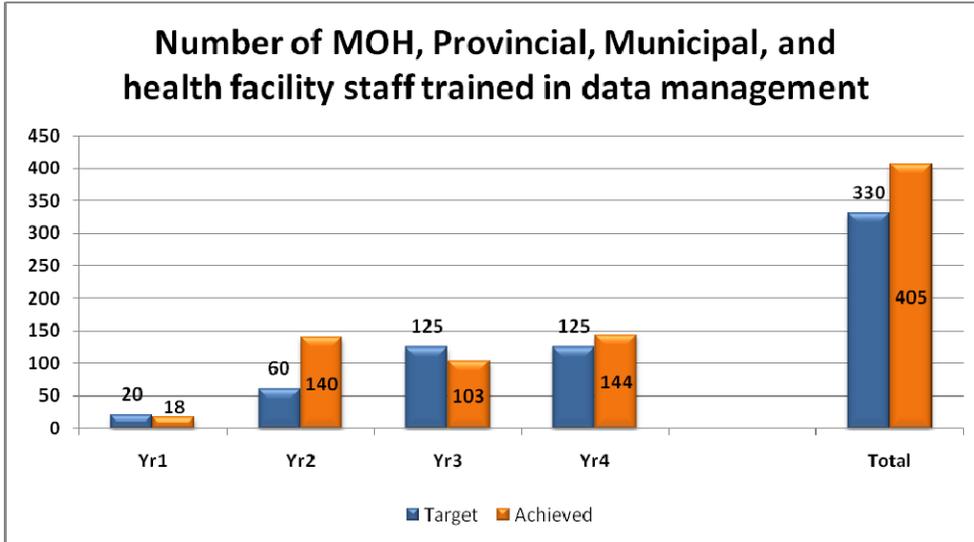
CYP by method and total (Oct 2009 to Sept 2010), Huambo province

Method	Quantity	CYP
Oral Contraceptives	14,117	941
Emergency Contraceptive Pills	230	12
IUDs	132	462
Condoms	60,868	507
Depprovera	4,245	1,061
Total	79,592	2,983

Indicator 1.11: Number of MOH, provincial, municipal, and health facility staff trained in data management

- Target: 125
- Achieved: 144

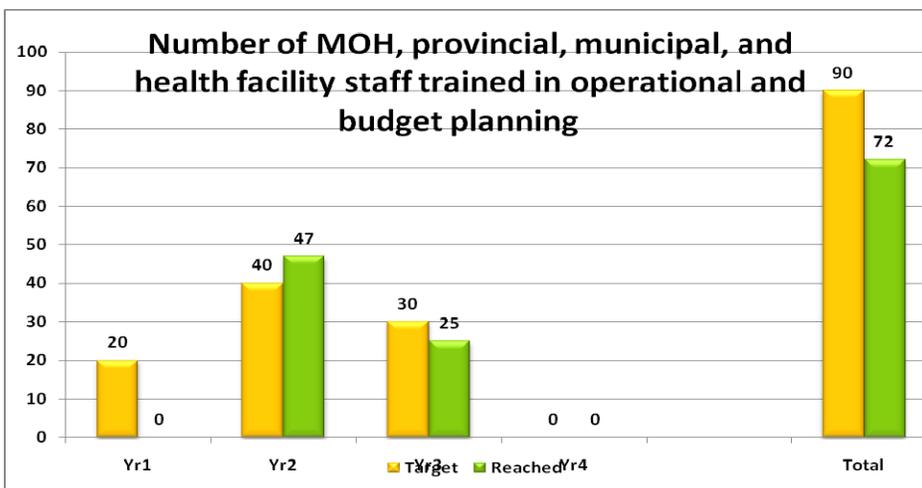
This indicator measures staff capacity to plan on the basis of objective data. EHSP/SES training on data management systems and analysis are meant to help improve data quality at health centers and municipalities, allowing government health services to make informed decisions about how best to address their community’s health needs.



In Year 4 EHSP/SES focused on completing the statistics training of health facility staff in Luanda and expanding the training to Municipal and selected hospitals. In Huambo and Luanda the project worked on supervision to strengthen municipal capacity to conduct supervision of health facilities in their own municipalities. On the other side, EHSP/SES conducted basic analysis training for the municipalities to be capable of analyzing their own information, identify and correct errors before sending to a higher level, and make timely decisions based on the data.

In addition the project provided training to all statisticians in Huambo at the hospital, municipal and provincial level including the Military Hospital on CID 10 - the International Catalog of Diseases to standardized classification and reporting at those levels.

Indicator 1.12: Number of MOH, provincial, municipal, and health facility staff trained in operational and budget planning

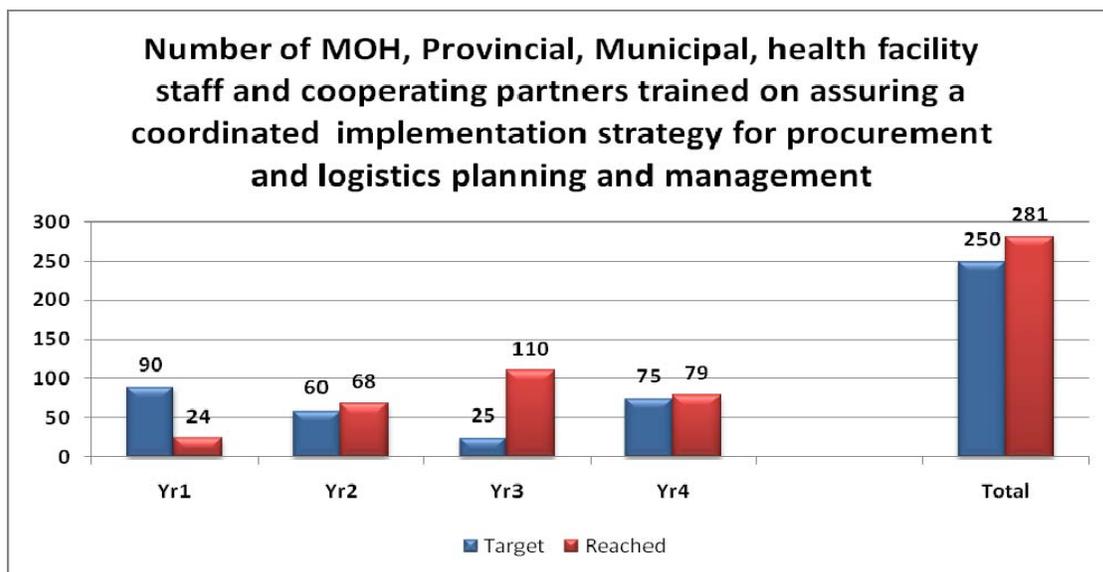


The provinces were not interested in doing this Y4 activity since the EHSP/SES work plan included this approved element after the national annual budget planning exercise had already taken place.

Indicator 1.13: Number of MOH, provincial, municipal, health facility staff and cooperating partners trained on ensuring a coordinated implementation strategy for procurement and logistics planning and management

- Target: 75
- Achieved: 79

This indicator measures project capacity to train health staff for drugs management at a health facility level, to improve forecasting and procurement. Note that this is a numerical target, which includes staff who have received project training with tools designed by the Department of Essential Drugs and Equipment and EHSP/SES

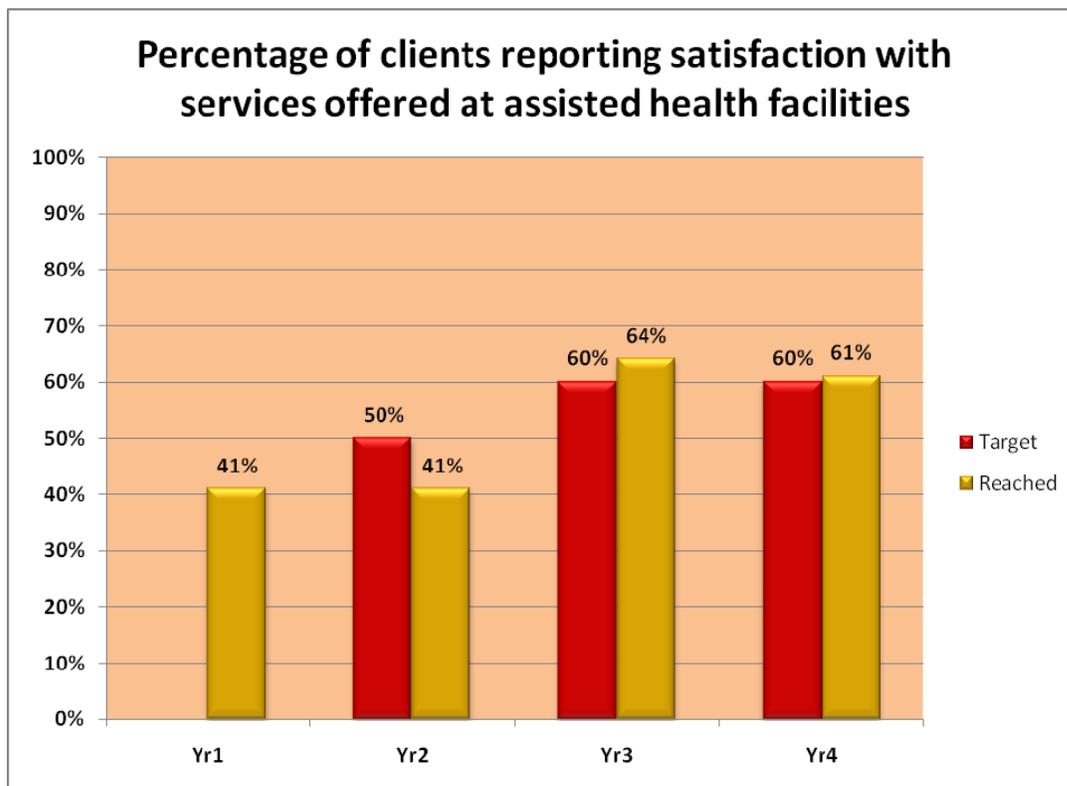


Following recommendations from the Mid Term Evaluation, EHSP/SES conducted a thorough review of USG donated FP supplies in all health facilities providing the service in the three Core Provinces, which helped inform a related assessment of FP health staff training needs. Based on results of the review, which were presented during the first and second quarters of Y4, the project collaborated with the DPSL to organize a series of trainings in coordination with Essential Drugs Department staff at the MOH. All municipalities were asked to send pharmacy and FP staff, since instructions from the DPSL require all FP supplies to be stored at the pharmacy and not at the FP clinic. All health units offering FP services were invited to participate, across all municipalities; in all, 79 health workers were trained on drugs registration, monthly reporting, and procurement requests. The training also emphasized the role that FP plays in the reduction of maternal mortality rates.

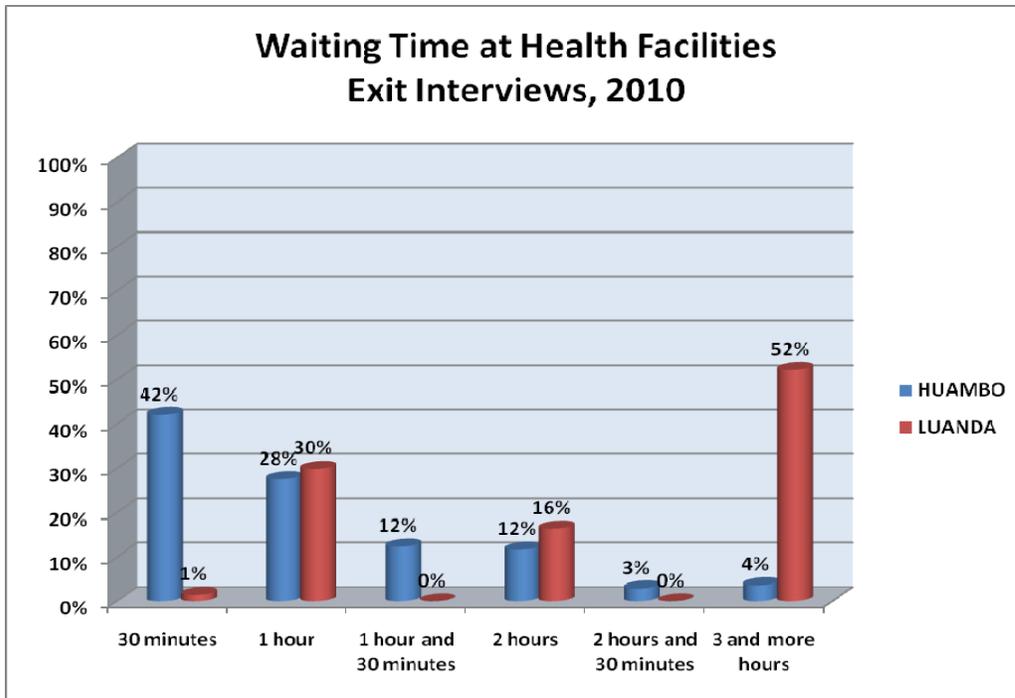
Indicator 1.14: Percentage of clients reporting satisfaction with services offered at assisted health facilities

- Target: 60%
- Achieved: 61%

This indicator measures success in meeting client needs and expectations. Numerator = number of health facility clients responding to a survey with positive assessments. Denominator = total number of health facility clients responding to a survey.

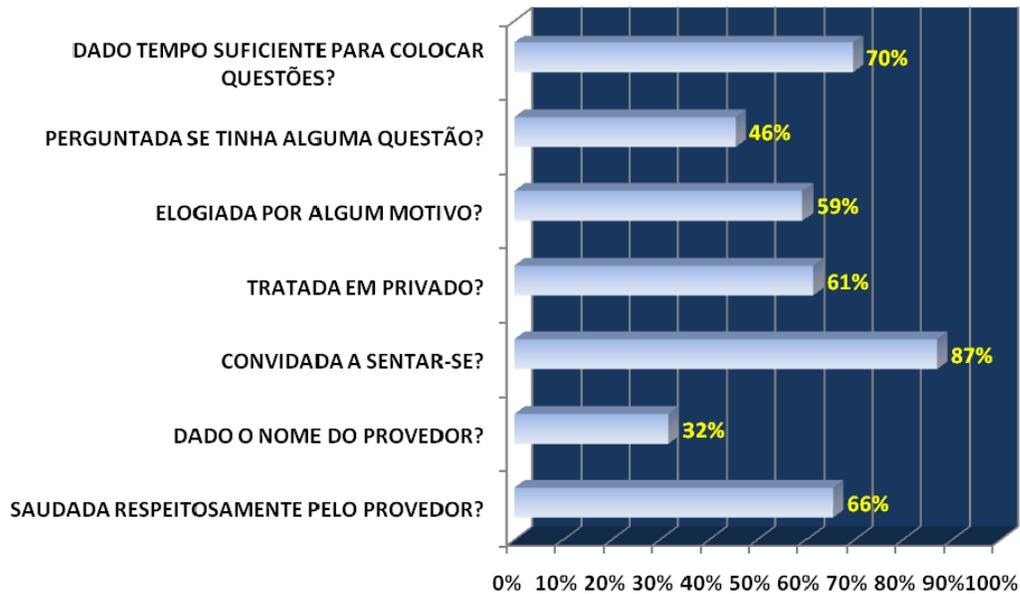


Exit interviews conducted in Luanda and Huambo showed 61% of health facility clients were satisfied with the services provided. This figure is similar to the previous study conducted at the end of Y3 (64%). Although some improvements have been noted – principally with respect to inter-personal communications and service, other services still need to change – waiting time and fee charges for services that are supposed to be free.

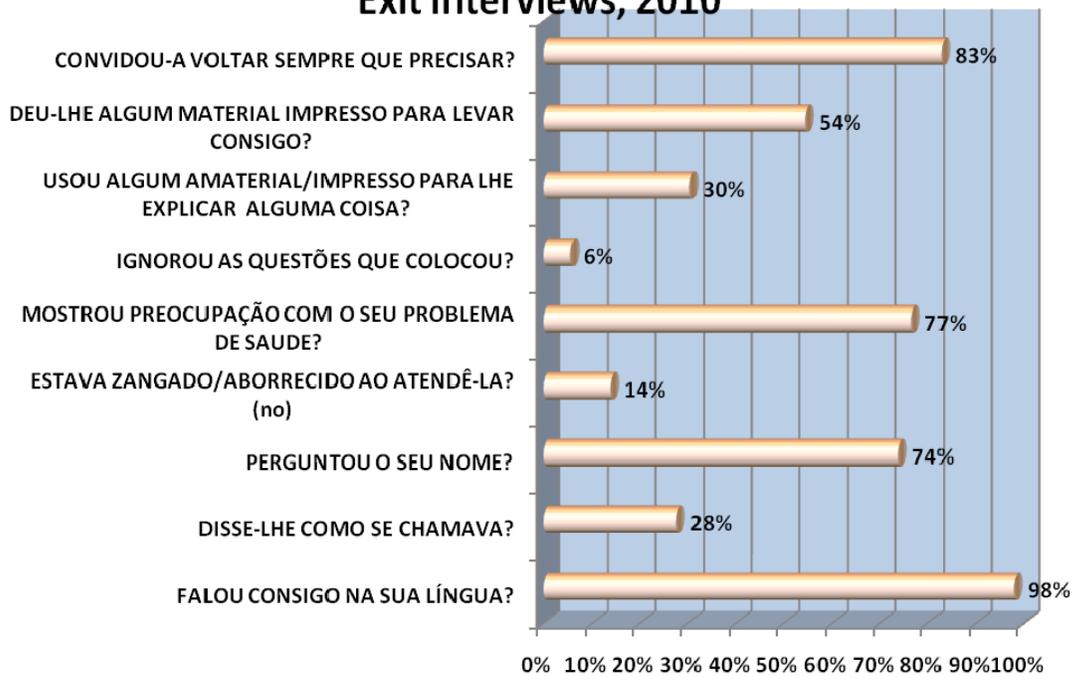


Nearly half of the clients interviewed at health facilities in Luanda stated that their wait for care has improved to an hour or less, and 40% wait less than 30 minutes. However, the other half said that their waiting time is more than 2 hours, while 24% waited more than 3 hours to be seen by a health care provider. In Huambo clients wait less than in Luanda (70% wait less than a hour) to be seen by health providers at health facilities.

Inter-personal Communication Exit Interviews, 2010



Inter-personal Communication Exit Interviews, 2010



Inter-personal communication survey results showed that health care providers are improving communications with their clients, particularly for key behaviors like communicating in a language that the client can understand, and showing concern for the client's problems. There were few cases where clients felt they were annoying the provider(14%) or being ignored (6%). The use of Information, Education and Communication materials continues to be very low – only 30%, which is an important indicator for health client-provider communication.

Indicator 1.15: Number of USG-assisted service delivery points experiencing stock-outs of specific TB tracer drugs

- Target: 50%
- Achieved: 0%*

This indicator measures the ability of the procurement and distribution system to maintain a constant supply of TB tracer drugs. No USG-assisted service delivery points (SDPs) experienced stocks-out at any time during the defined reporting period for specific TB tracer drugs. Drugs required should be based on an SDP-developed list.

*No stockouts of TB tracer drugs (ethambutol, isoniazide and rifampicine) were described during the reporting period.

Indicator 1.16: Number of USG-assisted service delivery points experiencing stock-outs of specific FP tracer drugs

- Target: 20%
- Achieved: 40%

This indicator measures the ability of the procurement and distribution system to maintain a constant supply of FP tracer drugs. It reports the number of USG-assisted service delivery points (SDPs) experiencing FP tracer drug stocks-out at any time during the defined reporting period. Drugs required should be included based on an SDP-developed list.

At the time of the evaluation visits, 40 percent of the 16 health centers surveyed did not have either oral contraceptives or injectables (depoprovera). Mycrogynon represented almost 100% of all stockouts.

Indicator 1.17: Number of USG-assisted service delivery points experiencing stock-outs of specific malaria tracer drugs

- Target: 10%
- Achieved: 33%

This indicator measures the ability of the procurement and distribution system to maintain a constant supply of malaria tracer drugs. It records the number of USG-assisted

SDPs experiencing stock-outs at any time during the defined reporting period for specific malaria tracer drugs offered by the SDP. Drugs should be included based on a locally developed list.

None of the 21 health facilities surveyed (12 health centers and 9 health posts) reported stockouts of Coartem. However, 4 of 12 Health Centers with antenatal care had stockouts of Fansidar. The DPS in Huambo has not received Fansidar from the National Program since the month of April, due to the National Directorate of Essential Drugs' failure to follow-through on their promise to include Fansidar in the malaria kits.

After this last survey, EHSP/SES staff asked the Malaria Supervisor to re-distribute Fansidar from low consumption health posts those health facilities that have a greater demand.

Indicator 1.18: Number of health facilities implementing basic health package

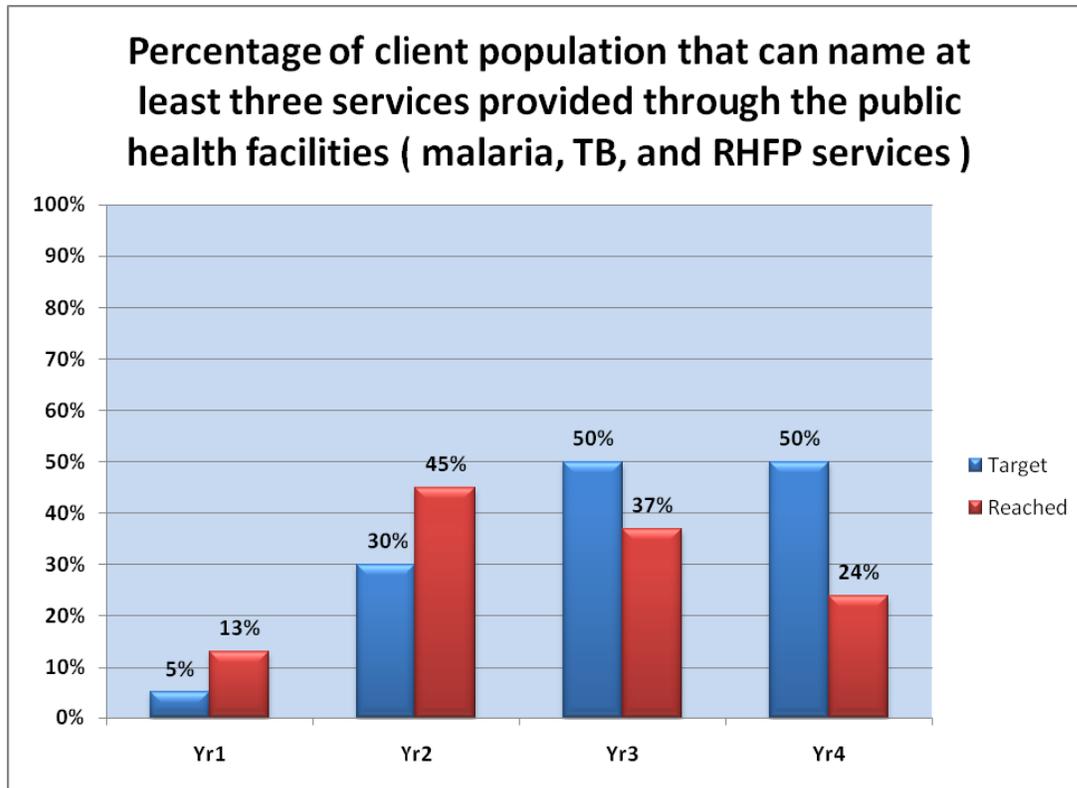
This indicator measures project success introducing and implementing a basic health package at different levels of the health system. During Y3, EHSP/SES presented a basic health package proposal that allowed the DPSL to conduct a technical assessment in health facilities across the nine municipalities in Luanda. The budget required to provide equipment and establishing the services was too steep for project resources, which prevented work on this indicator during Y4.

Core Project Intermediate Result 2

Indicator 2.1: Percentage of client population that can name at least three services provided through the public health facilities (malaria, TB, and RH/FP services)

- Target: 50%
- Achieved: 24%

This indicator measures success in providing accurate, relevant, and comprehensive behavior change communication (BCC) and improving the quality of services. Numerator = number of respondents to LQAS survey who can name at least three services provided through the public health facilities (malaria, TB, and RH/FP services). The denominator = total number of respondents to LQAS survey. The table figure shows percentages of the client population that can name at least three services.

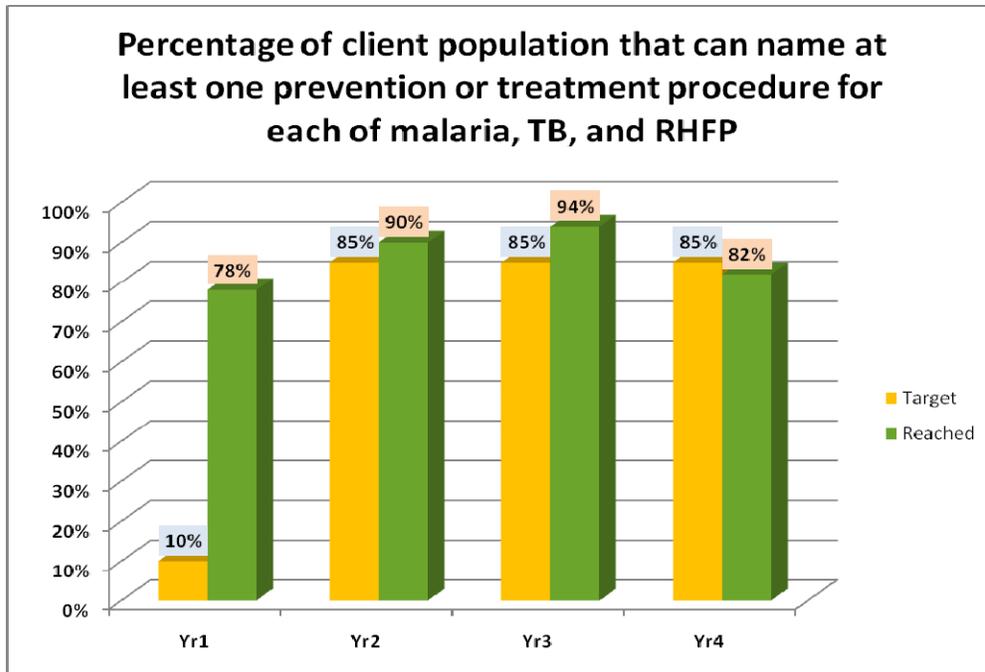


Although health facilities have improved in posting their services at the entrance even if it is on paper, the project has not conducted any campaigns to provide the information due to budget constraints. A large percentage of the population does not read or write, therefore a communication campaign-with a budget to implement it- is needed to be able to provide information about the services to the general population.

Indicator 2.2: Percentage of client population that can name at least one prevention or treatment procedure for each of malaria, TB, and RH/FP

- Target: 85%
- Achieved: 82%

This indicator measures success in disseminating BCC information. Numerator = number of respondents to LQAS survey who can name at least one malaria, TB, and RH/FP service provided through the public health facilities. The denominator = total number of respondents to LQAS survey.



A communication campaign is needed and the project does not have a budget to implement it in the media or alternative media.

Indicator 2.3: Number of new SME workplace programs

- Target Y4: 4
- Achieved: 10

This indicator measures success in working with the business coalition to generate interest and participation in workplace programs. It reports the number of new workplace health care programs begun as a result of participation in the program.

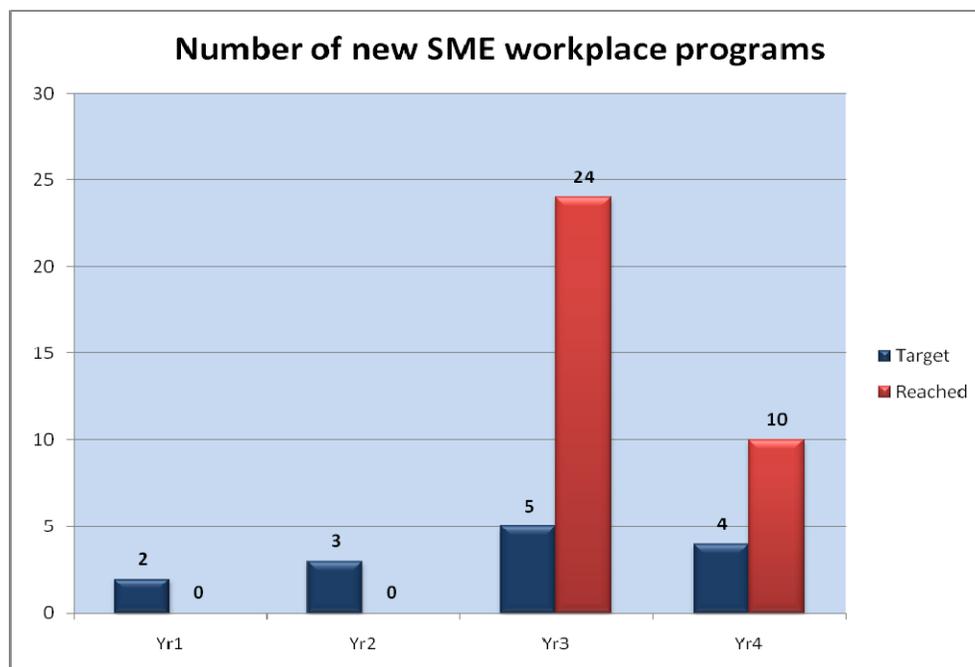
EHSP/SES worked in coordination with MAPESS in Huambo to identify companies where new health committees could be formed. Based on a MAPESS risk assessment along with related findings, 10 companies were selected. A program was prepared whereby each company was invited to a training for the purpose of forming a health committee. Priority was given to high-risk/injury companies as defined by MAPESS. Training included identification of important alarm signals with respect to TB, malaria, diarrhea, respiratory diseases, and pregnancy. The training program included BCC activities, and concluded with the formation of the Health Committee. Each company names a three-person team for implementation: the coordinator, the person in charge of health and the organization’s leader. EHSP/SES proposed a First Aid kit based on each company’s history/risk for particular injuries in the workplace, and will provide follow-up training on how to use its contents. Please see Annex E with list of SME.

Core Project Intermediate Result 3

Indicator 3.1: Number of CSO/NGO staff trained in grant proposal development

- Target: 20
- Achieved: 0

This indicator measures success by soliciting interest from organizations and providing training. It reports the number of CSO and NGO staff trained by the program to write proposals for funding programs.

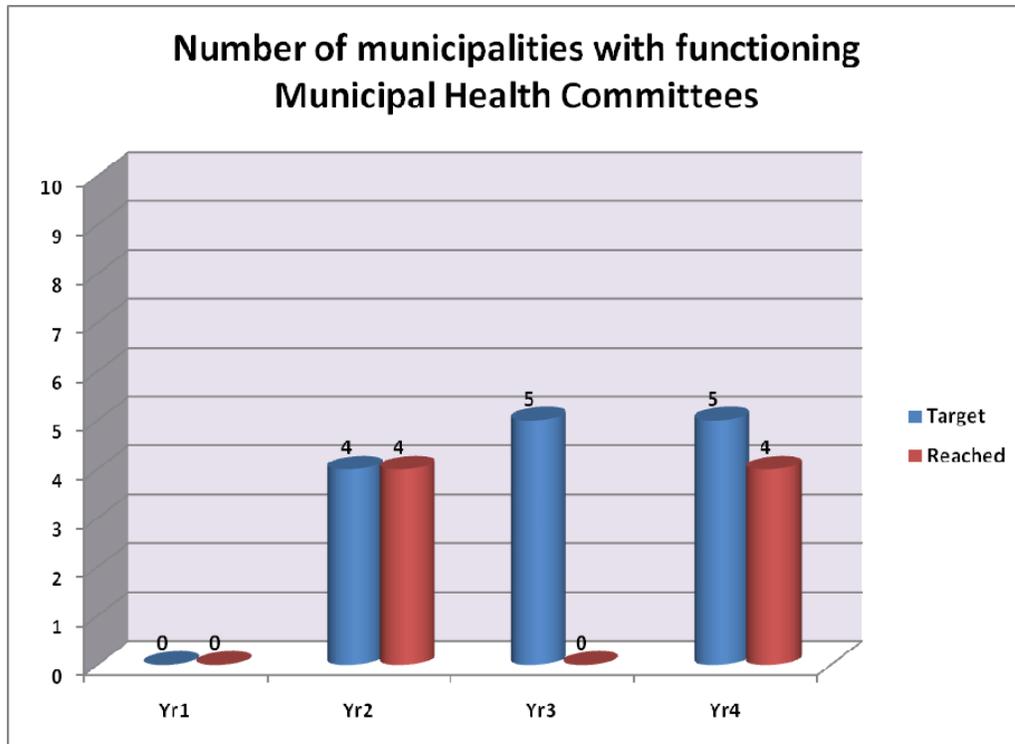


During Y3 EHSP/SES staff trained local NGOs on how to present funding proposals. Out of the 16 NGOs, six presented proposals that were accepted by the project. All proposals were for US\$10,000, to be implemented with co-funding from the NGO or other projects that the NGO is managing. Due to limited funding EHSP/SES was not able to honor this commitment during Y4.

Indicator 3.2: Number of municipalities with functioning Municipal Health Committees

- Target: 5
- Achieved: 4

This indicator measures the number of targeted municipalities with functioning Municipal Health Committees – comprised of municipal authorities (administrative and health), community leaders, and representatives of faith-based and other local organizations.



EHSP/SES developed the methodology to form or integrate the Municipal Health Committee, which was presented to the Director of the DPS in Huambo. The Health Committees are part of the framework presented by the National Forum on Maternal Mortality, with an implementation mandate for all Municipal Administrators and Provincial governments. For implementation, EHSP/SES developed the following steps: 1) advocate with municipal and provincial authorities; 2) integrate technical municipal teams headed by the DPS and the RMS; and 3) prepare a municipal forum to form the Municipal Health Committee. During the program, the Municipal Health Director prepared a presentation on the epidemiological situation in the municipality, the list of participants, and organized the forum logistics – place, invitations, program, etc.

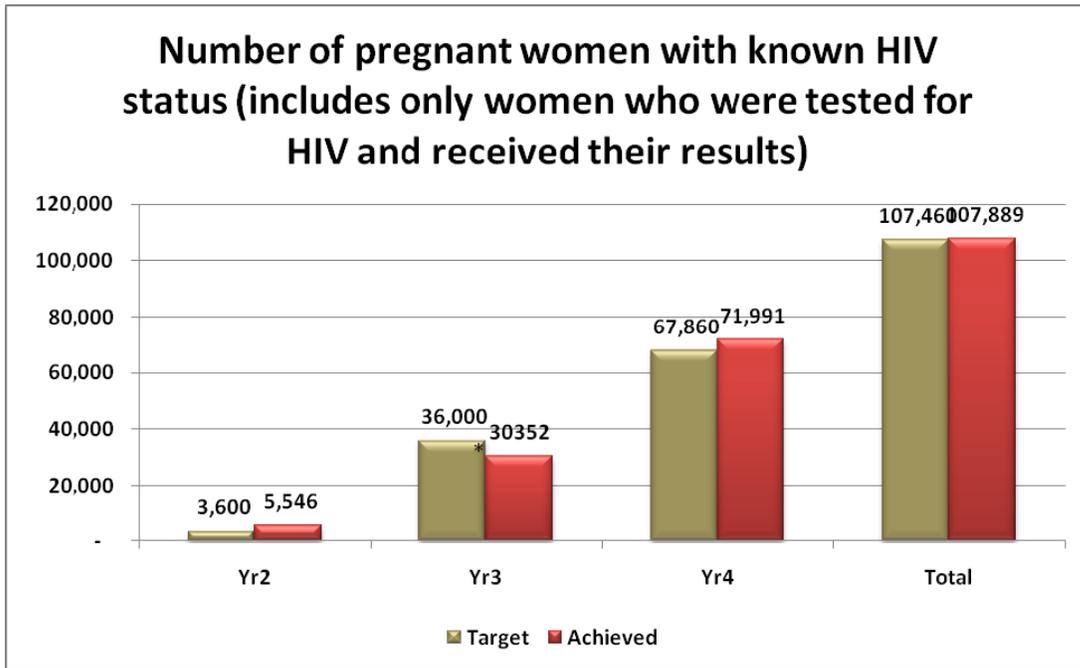
HIVAC Intermediate Result 1

The Next Generation Indicators reflect PEPFAR’s strategy to increase country ownership of HIV/AIDS efforts and ensure that host countries are at the center of decision-making, leadership, and management of their HIV/AIDS programs. The next generation indicators seek to strengthen country programs with the inclusion of ‘coverage’ and ‘quality’ measurements.

HIVAC indicator changes below reflect revised PEPFAR terminology and new list of indicator and those dropped from PEPFAR I.

Indicator 1.1: (P1.1D) Number of pregnant women with known HIV status (only includes women who were tested for HIV and received their results) (PEPFAR)

- Target Y4 : 67,860
- Achieved: 71,991



This indicator shows project success in reaching pregnant women with HIV counseling and testing services to prevent the risk of Mother-to-Child Transmission by measuring the number of women who receive HIV counseling and testing for PMTCT and know their HIV status. This indicator is measured by daily and monthly registers, antenatal care records and delivery book records.

Between October 2009 and September 2010, 71,999 pregnant women were counseled and tested and know their HIV status in the USG supported health outlets, compared to the Y4 target of 67,860, exceeding the set target by 4,139 (106%). 2,218 women tested positive for HIV (3.1%), and 69,635 pregnant women tested negative, while 138 had discordant tests.

It should be noted that Y4 achievements compared to Y3 are mainly due to improved data collection skills and introduction of innovative ways to improve communication between the rural areas, provincial DPS' and the EHSP/SES project in Luanda. Having identified the gaps in Y3, EHSP/SES staff invested more in on-the-job training of health staff in data collection, introduced register books rather than forms to keep the information, and used mobile phones to collect information from the provincial HIV focal points and health facilities.

The EHSP/SES project recognizes the exemplar contribution by Luanda and Lunda Norte in these achievements. EHSP/SES has exceeded the three-year target set by 429 pregnant women tested. Graphs included in this report show Y3 figures higher than those reported

in the Y3 annual report due to the late submission of data from health facilities last year, after the Y3 report had been written and submitted.

In accordance with MOH policy, pregnant women attending antenatal services are offered HIV counseling and testing that are integrated within the antenatal care consultations rooms, delivery rooms and family planning services. Collective counseling is offered first at the waiting room, where clients are informed about the importance of taking a rapid test, and given information about HIV AIDS prevention and living positively. Later, individually and privately, the woman is offered to take a test using the national algorithm of two rapid tests. The pregnant woman has the right to decline the test; those willing to take it sign a consent form. The national algorithm stipulates the use of Determine as the first triage test, confirmed by UNIGOLD if the first test is positive. Results are confidentially offered by the same nurse in the same room within 15 minutes; blood collection is by finger prick. In the event of a positive result, the client is counseled to bring her partner and children under 10 years of age for counseling and testing. An HIV+ positive woman receives post-test counseling and is referred to a trained physician and a nurse for ARV prophylaxis and follow-up until delivery. HIV+ pregnant women who have discordant tests (Determine positive and UNIGOLD Negative) are advised to repeat the test after thirty days using the same algorithm. If the tests continue to be discordant, a specimen is sent to the national laboratory for confirmation via an ELISA test.

The minimum PMTCT packages in Angola include:

- Provision of antenatal care as an entry point, where a pregnant woman receives the routine antenatal care services that should include screening for syphilis; taking fundal height; and measuring weight and blood pressure. In addition, the patient receives prophylaxis against malaria and anemia, along with a vaccine for tetanus toxoid.
- Counseling and testing for HIV/AIDS using the national algorithm of Determine and UNIGOLD rapid tests
- HIV test in the labor/delivery room for pregnant women who did not have an opportunity to test during their ANC visit.

Despite meeting project targets, challenges remain –offering HIV tests to all women who attend clinics. According to the 2009 INLS report, only 32.3% of the ANC attendees receive counseling and testing for HIV. Some of the barriers identified during supervisory visits include the fact very few staff are deployed at the ANC clinics and hence are overworked; trained PMTCT staff are deployed elsewhere in the health facilities; lack of motivation to conduct the tests; and stockouts of rapid test kits.

The INLS has developed tools to collect patient information and for reporting purposes – daily registers and monthly reporting forms. In addition, flow grams and algorithms are fixed on the walls at health facilities, for easy follow up. EHSP/SES has reproduced these materials for each service outlet. Reports are submitted on a monthly basis to the municipal health director, with a copy to EHSP/SES.

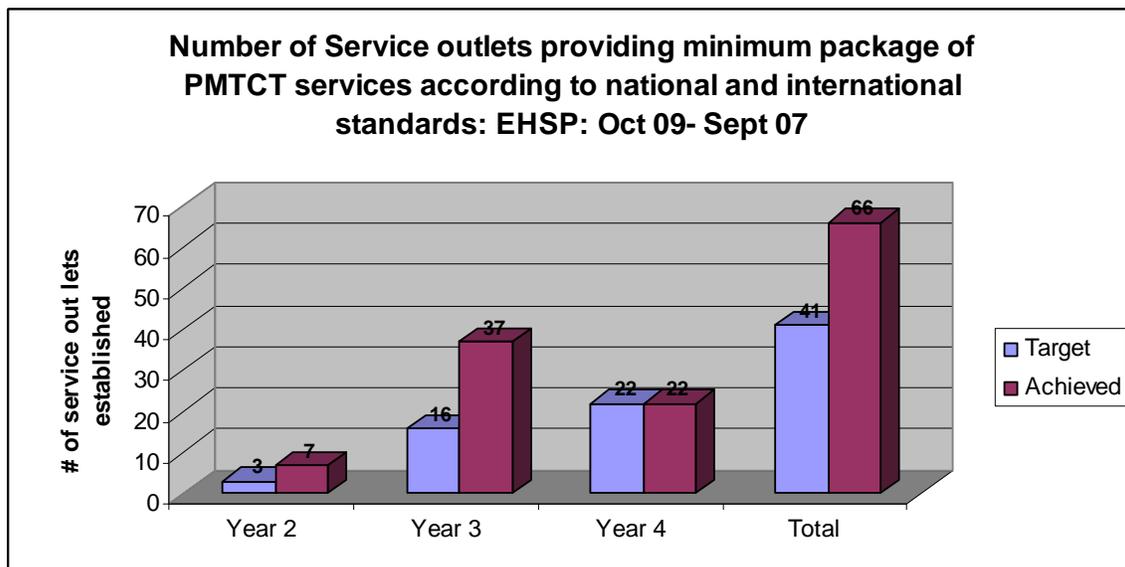
Indicator 1.2- (P1.1.D) Percent of pregnant women who were tested for HIV and know their results (PEPFAR)

- Target Y4: 100%
- Achieved: 100%

This indicator shows project success in reaching pregnant women with HIV counseling to avoid Mother-to-Child Transmission, as measured by the number of women who receive HIV counseling and testing for PMTCT and receive their results. This indicator is measured by daily and monthly registers, antenatal care records and delivery book records.

Indicator 1.2.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards

- Target: 22
- Achieved: 22



One of the project’s main activities is the establishment of PMTCT services. This indicator measures the number of targeted health centers incorporating a minimum package of PMTCT services according to national and international standards, as measured by visits to health centers and quarterly reports. This indicator is not included in this year’s reporting requirements.

By the end of the Y4, the project established or strengthened 22 PMTCT service outlets (20 new and 2 strengthened) in 11 municipalities located in the provinces of Cunene, Huambo, Luanda and Lunda Norte (Please see Annex G).

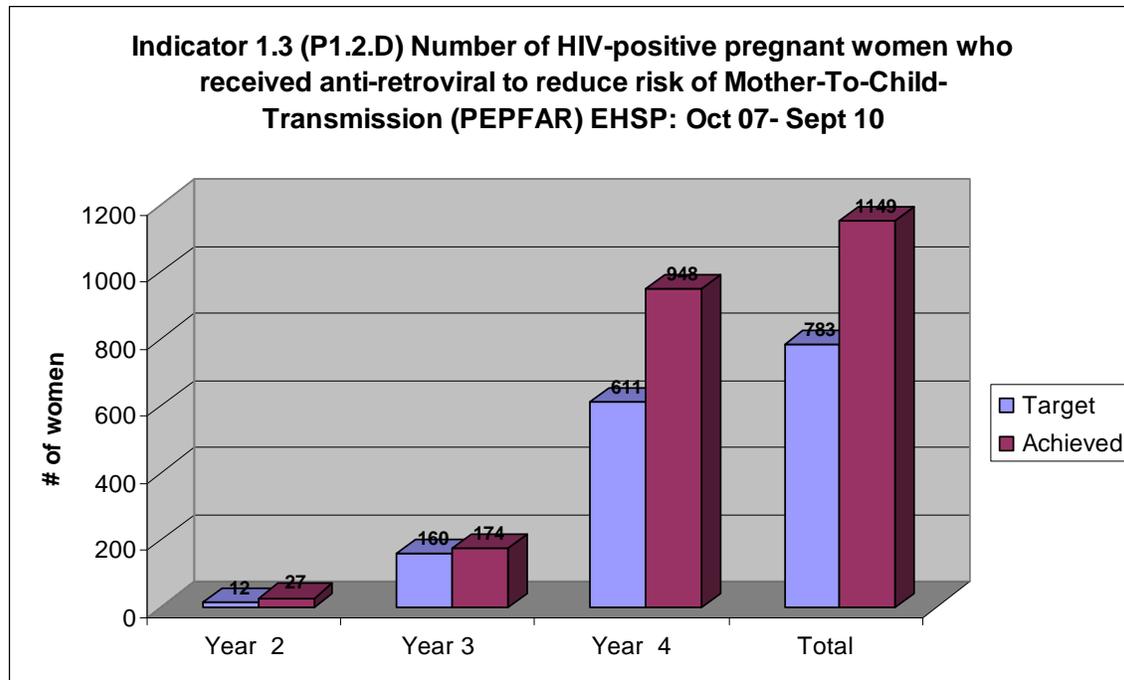
The INLS has prioritized PMTCT services for all maternity wards in the country, with an emphasis on Luanda, where the majority of the Angolan population resides. At the request of Dra. Isilda Neves, the DPS Public Health Director in Luanda, the project established four more PMTCT services during this past year. To date, the project has established and supported PMTCT services in 16 of the 33 Luanda health facilities that have delivery rooms (48,5%). EHSP/SES has helped to establish 66 out of 177 PMTCT service outlets in the country, 37% of the national total. (for the distribution of PMTCT services, refer to annex F)

PMTCT services are integrated into the existing antenatal care, labor/delivery and family planning services at health facilities. To ensure services are provided in an appropriate environment where privacy, dignity, and biosafety measures are observed and guaranteed, EHSP/SES facilitated basic rehabilitation of the spaces where antenatal and labor/delivery consultations are currently being conducted. The rehabilitation work included partitioning, painting, and placing windows and doors. In addition, the project also provided basic furniture per INLS specifications, including desks, tables, chairs, filing cabinets, shelves, basic equipment such as waste disposal buckets, and water filters. In addition, the project has contributed to provided quality care through the provision of ANC equipment, including, examination beds, tape measures.

The establishment of PMTCT services (implantacao) also requires staff training, including health staff working in ante natal care and delivery rooms. These trainings are conducted with the DPS HIV/AIDS Focal Point and an INLS facilitator. This EHSP/SES supported training is an in-service training done in partnership with the INLS, part of their requirement that a person from the Institute participates in all of trainings to ensure health facility compliance with all national norms and requirements.

Indicator 1.3: (P1.2.D) Number of HIV-positive pregnant women who received anti-retrovirals to reduce risk of mother-to-child-transmission (PEPFAR):

- Target: 611
- Achieved: 948



This indicator measures the number of HIV+ pregnant women provided with a course of ARV prophylaxis to prevent the risk of mother to child transmission. This indicator is measured by daily and monthly registers and delivery book records.

From October 2009 to September 2010, 948 HIV positive women received a course of ARVs to prevent the risk of transmission of HIV from the mother to the baby, against a set target of 611. The project successfully met and exceeded this target by 155%, an achievement due in large part to the integration of ARV treatment services in health facilities with ANC and delivery services. In addition, this indicator became more specific in Y4, changed from those women who completed a course of ARVs to women who received ARVs to reduce the risk of MTCT.

According to national algorithm, HIV-positive pregnant women diagnosed during ANC are referred to trained physicians for follow-up.

In Antenatal clinics

- HIV positive mothers initiate combined triple ARVs therapy from the 20th week, under the observation of a trained medical doctor; a highly effective protocol, and in accordance with WHO recommendations.
- HIV positive pregnant women are counseled about where to deliver and for lactation.
- HIV+ pregnant women's spouses and children under the age of 10 are urged to be counseled and tested for HIV, and receive follow-up by trained physicians.

During Labor and Delivery

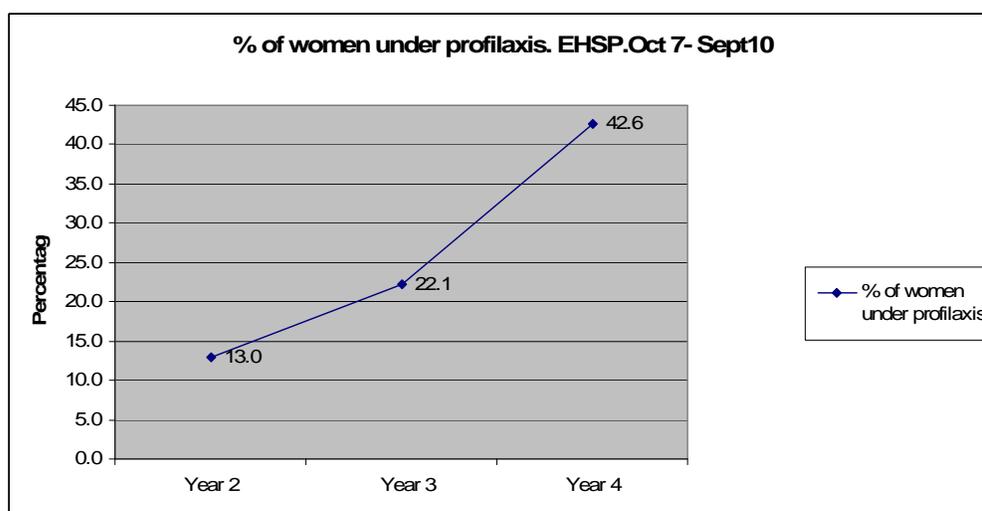
- HIV positive pregnant women are administered AZT via IV or oral
- Exposed newborns are provided with oral AZT for four weeks.

- Counseling services are provided for child nutrition and lactation
- Special delivery kits are distributed to all delivery rooms
- Pregnant women who had no opportunity to test during the ANC are offered test.

Post natal care

- HIV positive mothers are referred to a specialized physician for follow up
- Exposed newborns receive follow-up and Cotrimoxazole prophylaxis for 18 months until diagnosis is confirmed.
- Mothers are counseled on infant nutrition while exclusively breast feeding and continue with ARVs for six months while nursing.
- Exposed children are offered tests at 12 and 18 months to rule out HIV infection.

Indicator 1.4 – (P1.2.D) Percent of HIV-positive pregnant women who received anti-retroviral to reduce the risk of mother-to-child transmission (PEPFAR):

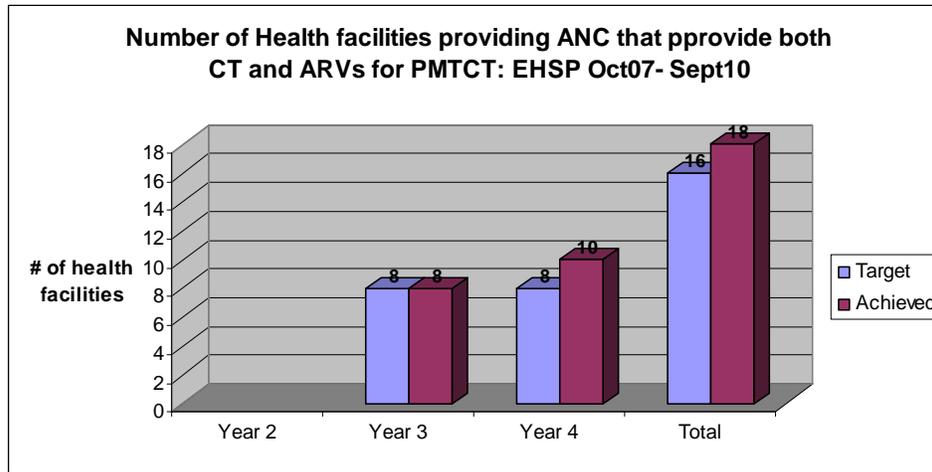


EHSP/SES supported outlets provided 948 HIV positive pregnant women with antiretroviral drugs to reduce the risk of MTCT, which represents 43 percent of the HIV positive pregnant women detected in these outlets (2,224 total women). This effort has increased from 13 percent during Y2, in 2007. These results have exceeded the set target of 30%.

In the event of exposed children, they are confirmed for treatment at eighteen months of age, by rapid HIV test. A pilot project on Early Infant Diagnosis (EID) is currently being conducted by CDC and INLS in four health centers in Luanda. EID will facilitate diagnosis of HIV in exposed children as young as two months old. Access to ARV prophylaxis continues to be a challenge for many HIV positive mothers due to lack of task shifting policy in the Angolan health system. ARV prescriptions and clinical follow up for HIV pregnant women is currently being done only by physicians.

Indicator 1.5- P1.3D Number of health facilities providing ANC services that provide both HIV testing and ARVs for PMTCT on site (PEPFAR):

- **Target: 8**
- **Achieved: 10**



To facilitate access to ARV prophylaxis for HIV positive pregnant women, the project in collaboration with the INLS and DPS integrated ARV prophylaxis services into some of the facilities with ANC and delivery rooms. Selection of the facilities was based on the availability of PMTCT trained physicians to conduct adequate patient follow up. In the 10 health facilities supported by the project, ARVs prophylaxis services were integrated with ANC and delivery services (Cuango, Canfunfo, Xamuteba, Capenda Camulemba in Lunda Norte province; and CS Sta Terezinha, CS Zango, CS bairro Opearrio, CS Prenda, CS Terra Nova and CS Zangado in Luanda province). In Lunda Norte, an EHSP/SES trained nurse took initiative to provide follow up to HIV positive women and trained other nurses after the only PMTCT trained physician who provided support to the four health centers fell ill for almost six months. See success story annex HIVAC 3.

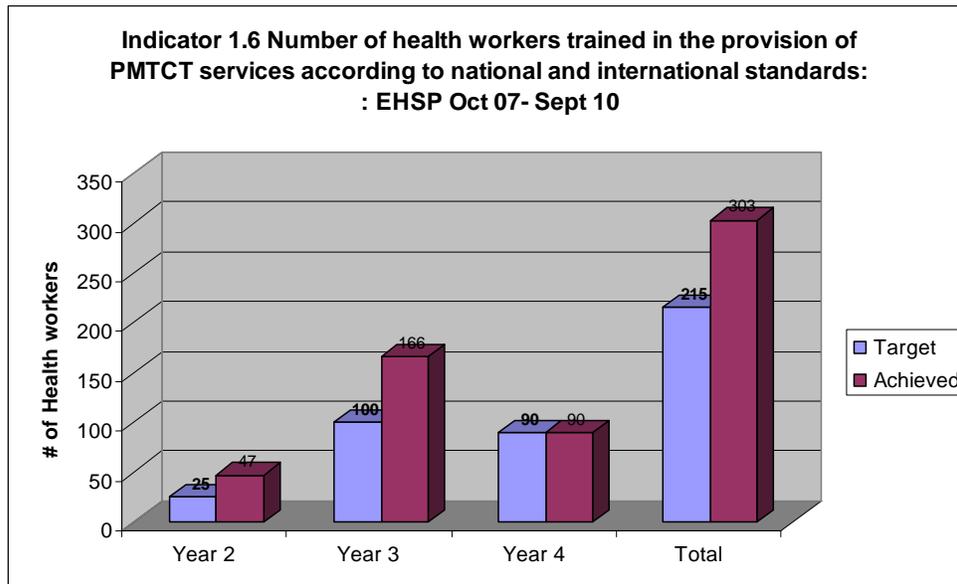
The following tools are used to collect information about patients:

- Individual clinical forms (processos individuais) where personal data is entered, including results from the physical examination, laboratory tests, and CD4 count, if available. In addition, forms will have type of delivery, and whether the patient has received ARVs (if so, which kind). Individual clinical history form for HIV-positive pregnant women, with information about whether newborns received AZT or not.
- An emergency room letter.
- An antenatal card marked HIV-positive or negative.
- EHSP/SES receives a copy of monthly reports compiled by the health facility and submitted to the municipal director; each health facility has one person in charge of statistics who collects the information and submits it to the municipal authorities. During supervisory visits, EHSP/SES and DPS staff check the registers and reports to make sure information is correct before submission.

This indicator was established and reported upon beginning only in Y3.

Indicator 1.6 - Number of health workers trained in the provision of PMTCT services according to national and international standards:

- **Target:** **90**
- **Achieved:** **90**



This indicator measures success related to training of health staff in the provision of PMTCT services, in accordance with national and international standards. This indicator is measured by training reports, training participants lists, and pre- and post-test evaluation results.

During Y4, EHSP/SES successfully met its PMTCT services training target – 90 health providers. In collaboration with INLS and DPS’, the project used national and provincial trainers to conduct PMTCT training for 90 health staff (F 71; M 19) in the provinces of Huambo, Luanda and Lunda Norte.

Province	# Participants		
	Total	Male	Female
Luanda	41	34	7
Lunda Norte	22	12	10
Huambo	27	25	2
Total	90	71	19

The three-week training curriculum was divided as follows:

- One week for theoretical classes
- One week for practical sessions where participants work in established PMTCT services under the supervision of the facilitators
- One week of direct application to establish services (implantação) in their own health facilities.

A team of six health staff (nucleus) from each health facility is selected by DPS, DMS, and the health facility administration to attend the training. Each team includes two nurses from prenatal care, two nurses from labor and delivery, one nurse from family planning, and the head nurse/ director of the health facility (usually a medical doctor). During the last week of implementation, the nucleus team meets with the municipal administrator and hospital administration to emphasize the importance of the PMTCT program and promote support for its activities. The team is also responsible for training all other staff from the antenatal, labor, and emergency rooms. Program facilitators included someone from INLS, a team of provincial facilitators already trained and accredited by INLS, and EHSP/SES staff.

Pre- and post-tests are administered to gauge the knowledge of participants, and continuous evaluation is carried out during training. Topics for the course include:

- Natural history of the virus
- HIV epidemic in Angola
- HIV transmission
- HIV prevention including key messages on AB/ ABC
- Counseling skills
- Conducting and interpretation of rapid tests
- Ethics and confidentiality
- Follow-up for HIV positive pregnant women
- AZT protocol during labor and delivery
- AZT protocol for newborns
- Postpartum follow-up
- Breastfeeding counseling and nutrition for the newborn

Per INLS guidance, course facilitators are provincial TOTs already trained and certified by INLS. Supervised by a national facilitator from INLS and EHSP/SES staff, TOTs carry out the training at the provincial level using the same curriculum and materials already developed by INLS. The following tools are used to collect information about training participants:

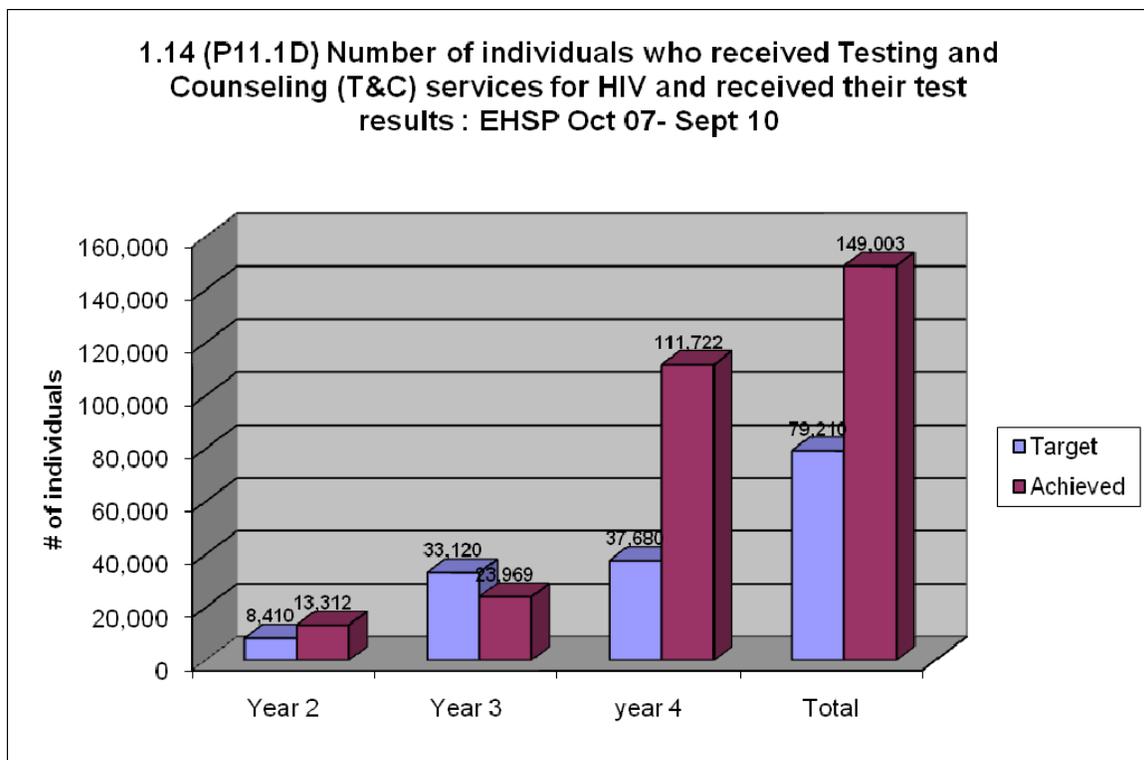
- Daily participants list
- Pre- and post-test evaluations
- End-of-course reports

Only participants who attend at least 75 percent of the workshop sessions receive a certificate.

Periodic supervisory visits are carried out by EHSP and DPS staff to monitor progress of the service provision; any weaknesses noted are corrected during the supervision. Refresher training is provided after each visit to update health staff on new concepts, reinforce positive skills and correct any weaknesses. See annex HIVAC 5 for lists of participants.

Indicator 1.14 P11.1D Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results : Male; Female <15 years, 15 + years (PEPFAR);

- Target: 37,680
- Achieved: 111,722



Between October 09 and September 2010, the project trained counselors provided HIV counseling and testing services to 111,722 clients. Of these, 5,163 tested positive for HIV (4.6%). The breakdown by gender was as follows: 95,720 females, of whom 4,115 tested positive (4.3%); and 16,002 males of whom 922 tested positive (5.8%). Breakdown by age was as follows: 1,866 children under the age of 15 were counseled and tested, of whom 162 tested positive (8.6%); and 109,856 adults were counseled and tested, of whom 4,988 tested positive (4.5%). This activity exceeded its target of 37,680 by 297%, a new indicator for this year, which includes all individuals who received counseling and testing. It should be noted that this indicator was changed at the beginning of this year, whereby people counseled and tested include also pregnant women, that is why the ratio between women and women tested is almost double.

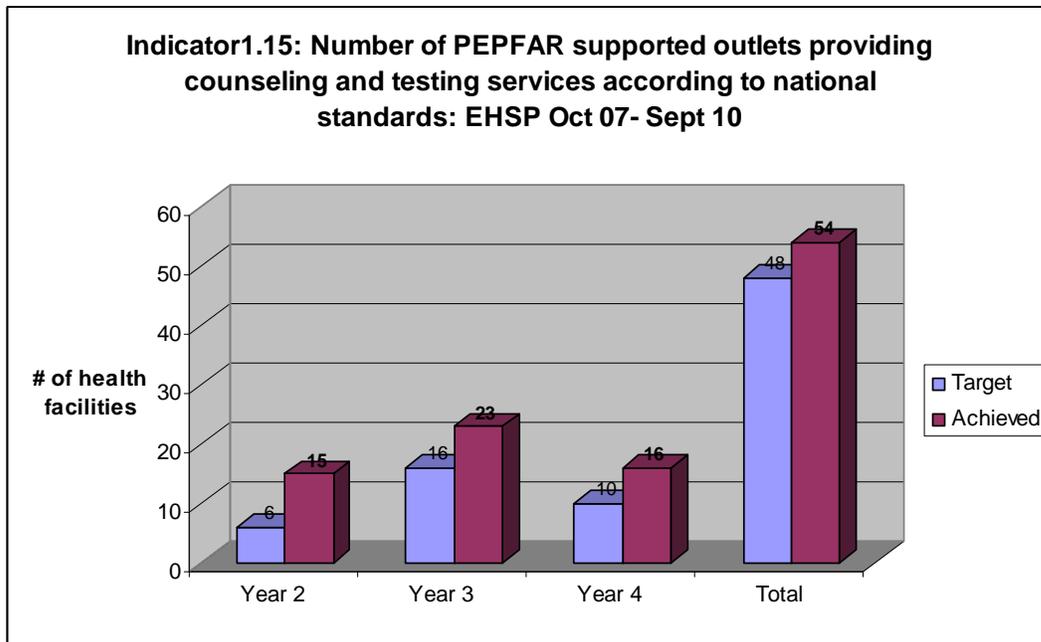
The major focus of this project is to reach pregnant women. As stated, there is an effort from the provider to urge partners to be counseled and tested, especially if the woman is HIV+, but there is still a lot of unwillingness for the partners to participate as a couple to take an HIV test.

The project has been using a combination of strategies to increase the uptake of counseling and testing services for HIV. These included 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 with community mobilization techniques to reach hard-to-reach areas and individuals, especially men and young people who do not otherwise visit clinics. These strategies proved to be very successful in reaching larger numbers of beneficiaries.

Additionally when test kits arrived after a period of stock outs, quick measures were taken by DPS and EHSP to provide logistics for transportation and distribution of test kits especially in Luanda.

1.15- Number of PEPFAR supported outlets providing counseling and testing services according to national standards (by type of testing facility):

- **Target:** 43
- **Achieved:** 54



This indicator measures the number of voluntary counseling and testing (VCT) centers that are fully operational, meaning facilities that offer testing, counseling for HIV and TB, and STI referrals. This indicator is measured by physical visits to the sites and

monthly reports. EHSP/SES and DPS supervisors conduct monthly supervisory visits to ensure that the supported services are functioning within the established norms and guidelines.

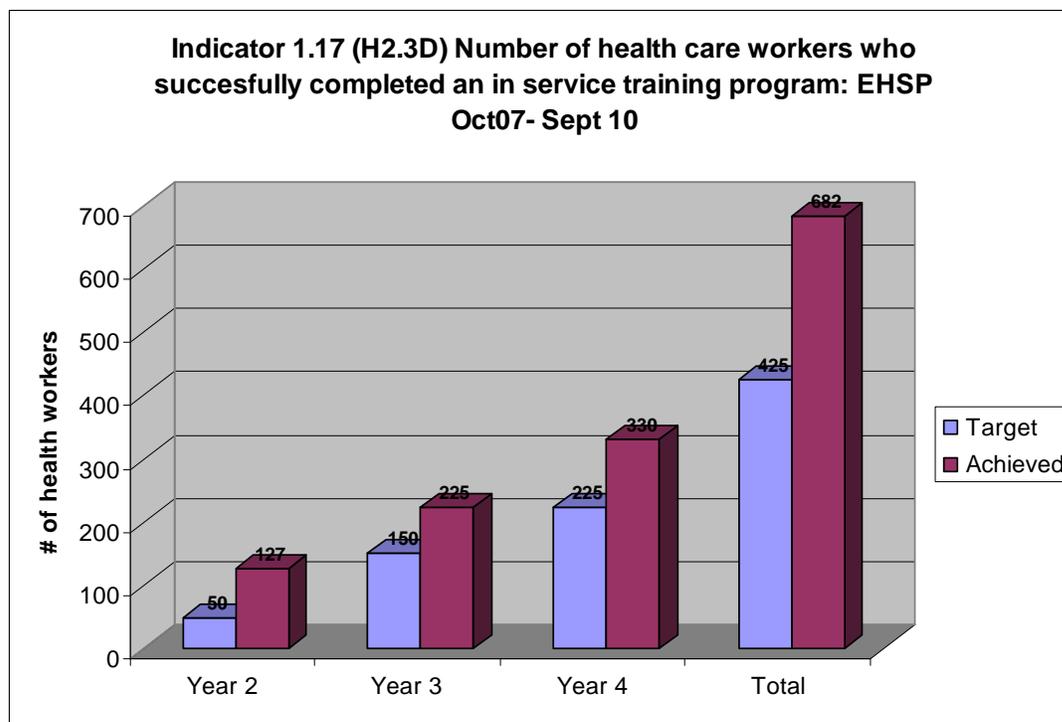
It is important to note as part of this activity that the national VCT strategy includes establishment of a room within the health facilities to be used by clients referred from other services or others who want independent access to the C&T services.

During Y4, the EHSP/SES project supported the establishment of 16 new outlets providing voluntary counseling and testing services, resulting in a total of 54 VCT outlets supported by the project, hence exceeding the Y4 target by 16 services. Additionally, the project continued to support two mobile clinics in the Luanda municipalities of Samba and Cazenga, targeting hard- to-reach population groups who would not otherwise visit clinics, namely men and youth.

In some facilities with few staff, the same trained PMTCT staff provide both PMTCT and VCT services. In these health facilities the EHSP/SES project continues to provide supervisory and materials support. According to the 2009 INLS report, as of December 2009 there were 240 fixed outlets and 45 mobile clinics nationwide providing counseling and testing services for the general population. During the two years of this project, EHSP/SES helped establish and strengthen 38 outlets (16 %) of the national outlets through training, supervision and provision of materials.

1.17- H2.3D Number of health care workers who successfully completed an in-service training program: By specific types: PMTCT; VCT (General population (PEPFAR))

Total Target:	226	Total Achieved :	330
PMTCT:	113	PMTCT:	163
VCT for general population:	113	VCT for gen. pop.:	167



This is a new PEPFAR indicator that measures success in providing in-service training of health workers for PMTCT and VCT. This includes training of new health workers as well as those who receive refresher trainings. The indicator is measured by training reports, participant’s lists, and pre- and post-test results.

Table: Health workers who received in-service training

Training	Target	Achieved
PMTCT	113	163 (F117; M 46)
VCT	113	167 (F127, M 40)
Total	226	330

From October 2009 to September 2010, in collaboration with the INLS and DPS, the project conducted in-service PMTCT and VCT trainings for 330 health workers, exceeding the Y4 target by 104. The project conducted in-service PMTCT trainings for 163 health workers (F117; M46), and VCT trainings for 167 health staff (F127; M 40).

VCT training course is comprised of five days of theoretical sessions and five days of practical sessions conducted in the VCT center under the supervision of the experienced facilitators.

Pre- and post-test evaluations are administered to gauge the knowledge of participants, and continuous evaluation is carried out during the training.

Participants included health staff from different departments within the health facilities, and normally included two nurses selected by the health facility administrator and the municipal director.

Project supervisory visits included on- the-job training for health workers who did not participate in the classroom training and those who need to strengthen their skills and knowledge.

1.18- Percent of Health units that has experienced a stock out during last month of operations for Test kits

This indicator measures the number of health facilities with functioning logistics systems in accordance with SBMR standards (facilities have stock cards for HIV kits and drugs that are present, information properly filled-out, a three-month buffer stock, and monthly requisition forms present).

Only 12 health facilities reported stock outs of test kits (18.2%) during the last month of activity –6 health facilities in Cunene: Municipal Hospital of Curoka, and the following health centers: Chitado, Evale, Hanhanga, Nehone and Marco 12,5. Two facilities in Lunda Norte: Municipal Hospitals of Lukapa and Cambulo; three health facilities in Luanda: Paz, Benfica and Kilamba Kiaksi Health Centers; and one health facility in Cabinda: Necuto health center. Some facilities also had stock outs of Buffer solution. Meanwhile, 81.8 % of health posts had functional logistics systems, compared to 65% in Y3.

HIV/AC Intermediate Result 2

1.7 - P8.2 D Number of individuals reached with individual/small group interventions primarily focused on abstinence and/or being faithful :

Target:	57,600
Achieved:	17,006

Project targets for this indicator were not achieved due to budget limitations and project vehicle breakdowns. Furthermore, PEPFAR funding arrived very late in the year, which meant the project implemented less costly alternatives. For example, the EHSP/SES Communications and Community Mobilization Director’s (CCMD) team began working with CSOs and school teachers to increase knowledge of HIV and practice healthy behaviors.

The CCMD also worked with a theater group in Huambo, along with the National Malaria Journalists Network on BCC messaging, with the same objective. The project supported the theater group with BCC training, and strategic planning for improved communication skills. Theater group members also learned about audiovisual production, and how to write scripts for theater and TV, as additional outlets to spread BCC messaging. In all, the project trained 10 theater group members, 36 journalists, and 78 Huambo elementary and middle school teachers.

With respect to working with schools, the project has coordinated with the DPS in Huambo and Luanda to form alliances with the Provincial Education Departments from both provinces to train teachers on AB and ABC, and key malaria, TB, and RH messages. The objective is to incorporate key health messages into the education curricula. The Huambo Provincial Education Directorate (DPEH) selected a number of schools and municipalities to be trained during the last quarter of Y4; teachers from 7th to 9th grades were selected to receive the training. The goal is to reach more elements of the population to increase sustainability around the promotion of healthy behaviors.

The process followed to establish BCC activities through the Provincial Department of Education was the following: 1) draft a methodological proposal for presentation to the DPS; 2) identify key messages in collaboration with the provincial technical team from the different health program areas; 3) present the proposal and key messages to the DPE; 4) determine municipalities and schools where the program will be implemented, piloting with 40 schools.

EHSP/SES re-designed a tool to collect reliable information on number of individuals reached with AB and ABC messages. One of the most important features of this new tool is the standardization of messaging for uniform delivery of information no matter the person delivering the training. The tool also serves to evaluate the educational chats.

1.8 - P8.1D Number of the targeted population reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards requirements:

Target:	34,560
Achieved:	24,574

The number of individuals reached with ABC messages was higher than AB messaging since the main educational chats were done in health facilities with adults, and in schools where the educators allowed discussions about condom use. The target was difficult to achieve for the same reasons described in the prior indicator. At the end of Y4 the project began trainings in Huambo for teachers, where in less than a month educational chats on ABC messages were given to 2,052 students. During Y5 EHSP/SES will continue with this model in Luanda and Lunda Norte as well.

1.9? - P8.5D Number of individuals from target audience who participated in community wide event (PEPFAR);

Target:	20,000
Achieved:	18,851

During the first quarter of Y4, the project provided TA to the DPS' in Cabinda and Lunda Norte to commemorate World AIDS Day. The event in Lunda Norte was a complete success, drawing more than 11,000 people to the health fair, while XXX people attended the health fair in Cabinda. During both events XX individuals were reached with AB and ABC messaging. The health fair celebration as part of Malaria Prevention Day in Cunene, which included EHSP/SES staff who were part of a caravan from Luanda, attracted similar numbers. EHSP/SES staff helped promote counseling and testing during the fairs, as well as through the mobile clinics. In Huambo, where EHSP/SES is President of the Malaria Forum, a whole week of activities were programmed including mini-Fairs with provision of integrated health services. The HIV program provided all mobile clinics for counseling and testing, as well as educational chats on AB and ABC messages. Numbers for this indicator only reflect figures for Cabinda and Lunda Norte.

Indicator 1.10- Number of condoms distributed:

Target: 1,766,964
 Achieved: 2,179,705

EHSP/SES staff, in collaboration with DPS and INLS, assisted in the distribution of 2,179,705 male condoms. Distribution outlets included: World AIDS day, Health fairs, ANC clinics, VCT outlets, and during community mobilization activities. This condom distribution activity exceeded the set target of 1,766,964 condoms by 412,741.

Condom Distribution by Province Oct 09 Sept 10:

Province	Quantities
Cabinda	362.448
Cunene	57.600
Huambo	79.212
Kuando Kubango**	
Luanda	1.339.200
Lunda Norte	17.245
Lunda Sul	324.000
Total	2.179.705
Target	1.766.964

** Information not available at the time of this writing

HIV/AC Intermediate Result 3

1.11- Number of enterprises implementing an HIV/AIDS workplace program, providing at least one of the 4 critical HIV services/activities

Target: 4
 Achieved: 10

EHSP/SES, in coordination with MAPESS, has been able to work with the private sector in Huambo. During Y3, the project was able to complete trainings for 24 companies.

During Y4, the project has been able to work with 10 more companies. Each business has been able to prepare a program of educational chats for their workers, and EHSP/SES staff have been able to present an appropriate First Aid kit for the needs of the company, which MAPESS has standardized as a norm for this activity.

1.12- Estimated number of people reached through workplace programs.

In relation to workplace program activities with the above-mentioned companies, the project and MAPESS have provided educational chats to 223 individuals on HIV stigma and discrimination, ABC messaging, as well as the importance for HIV counseling and testing.

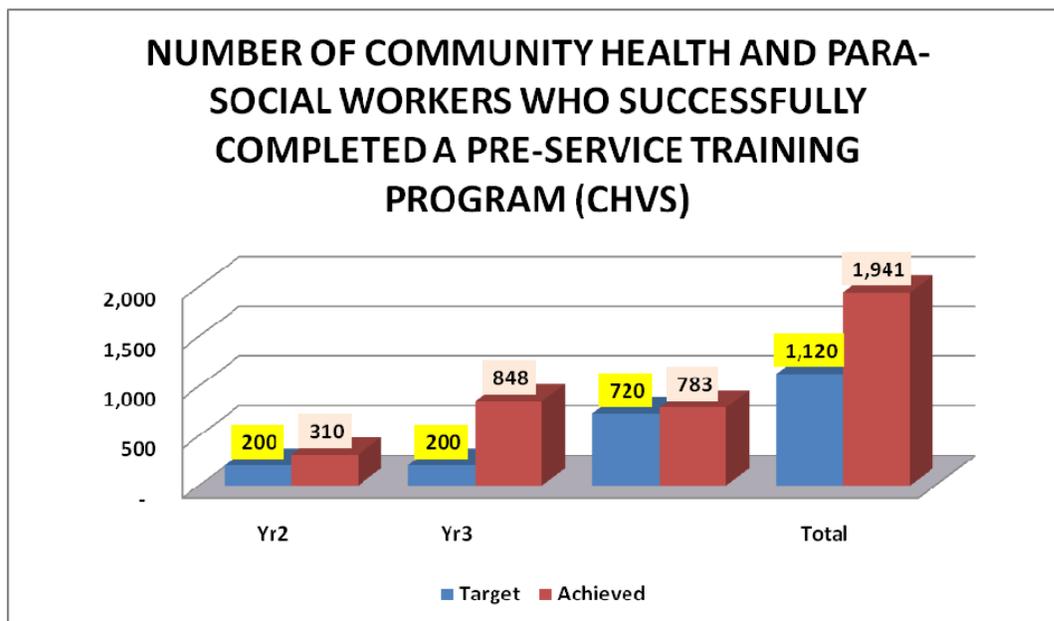
1.13- Number of CEC members implementing HIV activities

EHSP/SES re-initiated the talks with the business alliance against HIV during Y4 (CEC members), though did not have a sufficient budget to coordinate and monitor activities.

1.14- H.2.2 D Number of community health and para-social workers who successfully completed a pre-service training program (CHVs) (PEPFAR)

Target: 720

Achieved: 783



The EHSP/SES project has been training community agents during the life of the project. During Y4, however, the project identified working with schools and teachers as an opportunity to work with students as true community change agents for promotion of healthy behaviours in the school, among family and friends, and within their communities. The project was able to leverage this strategy to train 705 community agents in Huambo and Luanda, and 78 teachers from 40 schools in Huambo province (Huambo 20, Bailundo 10, Caala 10).

IV. IMPLEMENTATION CHALLENGES AND LESSONS LEARNED

During Y4, the EHSP/SES project faced numerous challenges, but made all efforts to overcome them through creative and innovative solutions.

Staff :

- Staff turnover posed the usual challenges for the project. During Y3, Dr. Fernando Vicente, the Huambo Coordinator, was offered the position of General Director at the Caala Hospital, and thus resigned from his position. During recruitment to fill this position, the EHSP/SES Technical Director served as interim Huambo Coordinator. A few other support staff were replaced during the year yet, despite these changes, project field staff have grown professionally and are adapting to their new roles. The project's significant successes also represents the maturation of staff capacity, and the knowledge transfer that is occurring among Angolan staff.
- Changes among Head Office project staff continued during Y4, limiting optimal project support through institutional knowledge and staff continuity.
- Visa issues for senior project staff wasted valuable project staff time and resources, since they had to leave the country for weeks and months at a time while administratively fighting for their visa renewals before returning (Community Mobilization and Communications Director and M&E Specialist).

Financial and Administrative:

- During Y4 and based on results from the mid-term evaluation, the project added two new long-term expatriate staff – a Community Mobilization and Project Communications Director, and an Operations Manager. As a result of this, together with continued implementation of project activities, the resulting limited budget meant the need to reduce Y4 work plan activities. These budgetary constraints presented unique opportunities to work with counterparts to develop alternative strategies for reaching project targets. One noteworthy example of this was the initiative to work with school teachers on cascade trainings for AB and ABC messages to students.
- The cost of doing business in Angola remains exorbitant, placing an added strain on implementation of project activities with an already tight budget.

Counterparts:

General aspects:

- The constant demand for information from different project stakeholders and clients requires significant effort and time investment from senior project staff.

Visitors to the project:

- During Y4, the EHSP/SES project was honored to receive several visits from US Ambassador to Angola Dan Mozena, and his delegation. EHSP/SES was able to provide the Ambassador first- hand information on project work in Kwanza Norte, Cabinda, and Huambo. In Kwanza Norte, the Ambassador visited a Malaria Sentinel Site; in Cabinda he visited EHSP/SES-supported PMTCT/VCT health facilities; and in Huambo, the Ambassador celebrated World Malaria Day by attending the certification of Master Trainers ceremony and visiting the Bailundo nursing school that is providing the next generation of health care providers for Huambo province.
- A Chemonics International delegation from Washington visited the project during the last week in September. Mr. Richard Dreiman, President; Ms. Joanne Moore, Senior Vice President for Africa; and Mr. Matthew Breman, Angola EHSP/SES PMU Director visited with senior health officials in Luanda and project activities in Huambo, where they met with Mr. Elias Finde, the Huambo Provincial Health Director. The Huambo visit included meetings with Provincial Coordinators for the different health programs, the Huambo EHSP/SES team, a visit to the São João Health Center, and attendance at the MT certification ceremony. The delegation also had an opportunity to visit with the recently formed Municipal Health Committee of Caala, where the Vice Administrator and Municipal Health Director provided a general overview of the municipality's epidemiological situation. The team also held a meeting with the USAID/Angola Mission Director and health team.
- The project also received visitors from other counterparts such as CDC, WHO.

V. CONCLUSION

During this past year, the EHSP/SES project has matured to the point that the DPS' from Luanda and Huambo have seen the opportunities that health fairs provide; and the Master trainer certification process is not only providing a new cadre of trained health professionals able to take on added responsibility at the provincial and municipal levels, but the entire training and coordination of the MT concept is being assumed by the provincial Continuing Education departments.

Y4 results have helped EHSP/SES project staff identify Y5 priorities: establishment of Skills Development Centers; development of a MT communications strategy; expansion of health messages through schools and Municipal Health Committees; expansion of VCT and PMTCT services; monitoring and follow up of HIV pregnant women and their babies; continued improvement for the diagnosis and treatment of Malaria and TB; and further strengthening of project mechanisms for data collection and analysis.

V. SUCCESS STORY

SUCCESS STORY

Task sharing: a need in Angola

“I want to treat the women so their babies can be born virus free”



Jose Makuta Iko (in white), a MT trained by USAID/Angola through SES, demonstrates the need for task sharing in Angola.

USAID through EHSP/SES has trained 303 health professionals in PMTCT and in VCT 165 in seven provinces during the past three years (Oct.2007-Sept. 2010). A total of 54 VCT services have been established and 66 PMTCTs, (37% of the total services in the country)

Photo: SES/DR. JHONY JUAREZ

To the casual observer, José Makuta Iko is a 48 old EHSP/SES master trainer and a proud and dedicated nurse. In the eyes of HIV patients in the remote municipal hospital in Canfufo, Angola, he is a hero.

On the afternoon of June 13, José was urgently called to assist a Korean doctor who had accidentally pricked himself with a medium caliber needle while assisting a patient with a blood infusion. When José arrived at the scene, the doctor was very worried that the patient he was treating might be HIV positive. After conducting counseling and testing for both individuals, José discovered that the patient was HIV positive.

There was no doubt that the doctor had exposed himself to HIV and needed prophylaxis within 24 hours. Without hesitation, José proceeded exactly as he was trained to in such instances. He cleaned the needle wound with soap and water and gave the doctor ARVs. He then immediately contacted a technical advisor in Luanda by phone to seek further guidance.

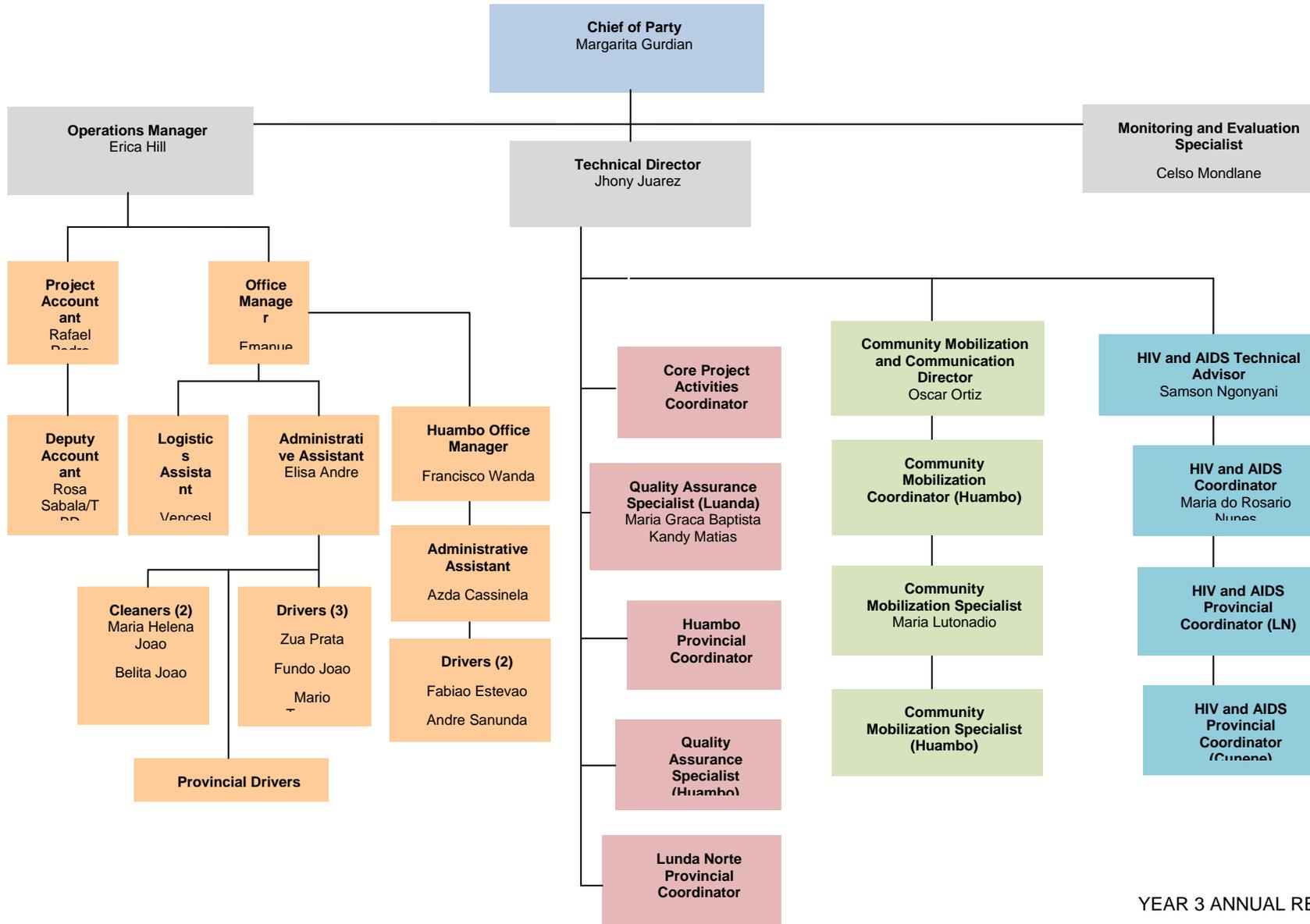
José is one of 22 nurses from Canfufo’s Hospital and three municipal health centers who were trained in PMTCT through a course conducted by EHSP/SES. Canfufo Hospital is currently treating 140 patients with ARVs. Its only trained doctor has been on sick leave for the last five months. Due to his absence, HIV-positive pregnant women cannot start their prophylaxis on the 20th week of pregnancy as stipulated by national protocol. Since most cannot afford the journey to the nearest provincial hospitals in Malange (400 KM) and Saurimo (500KM), they are left with no hope for treatment.

José was a trainee of the now absent physician and had been assisting in monitoring the treatment of HIV patients for months. He could not just observe the frustration of these women. He was trained to treat them and that is what he resolved to do. Putting the health and wellbeing of others before protocol, José began administering treatment to HIV pregnant women in their 20th week.

José is currently treating 36 of the 36 HIV positive pregnant women in Canfufo. The others he referred to the nearest provincial hospital for a physician’s evaluation and CD4 count before they begin an ARV regimen. A EHSP/SES HIV technical advisor visited José to ensure he was administering treatment correctly and was struck by the positive impact he is having in the lives of some of the country’s most vulnerable women.

Task shifting has yet to start in Angola. Only trained physicians can initiate and prescribe ARVs. As a result, many HIV positive pregnant women do not receive the prophylaxis necessary to prevent the transmission of the virus to their new born babies. Despite this hurdle, dedicated individuals like José work tirelessly to improve the lives of individuals living with HIV in Angola.

ANNEX A. YEAR 4 ANGOLA EHSP/EHSP/SES ORGANIZATIONAL CHART



ANNEX B. ANGOLA EHSP/EHSP/SES PMP

SES PROJECT									
No	Indicators	Yr1		Yr2		Yr3		Yr4	
		Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved
IR 1 Improved Capacity of the health system to in Target Provinces to plan, budget, deliver quality health care and services									
1.1	1.24./3.1.22. Number of people trained malaria treatment or prevention with USG funds	30	46	2484	2713	3244	3692	2000	2,557
1.2	Number of people trained in TB sub-elements with USG funding	30	46	2484	2400	3244	2593	1000	1,907
1.3	1.17./3.1.1 Number of people trained in FP/RH in targeted areas	100	46	2484	2599	3244	3331	2000	2,357
1.4	Number of policies drafted with USG support	5	NA	15	20	3	3	0	na
1.5	Percentage of health workers at assisted health centers that use correct methods of diagnosis and treatment of malaria	29%	29	45%	Pending	60%	77%	77%	67%
1.6	Percentage of health workers at assisted health centers that use correct methods of diagnosis and treatment of tuberculosis	Pending	Pending	35%	Pending	50%	71%	50%	67%
1.7	Percentage of health workers at assisted health centers following national norms and procedures in providing reproductive health/family planning services	20%	20%	40%	Pending	60%	70%	70%	80%
1.8	Number of Certified Master trainers	30*	99*	30	30	90	93	50	56
1.9	1.14 Percent of all registered TB patients who are tested for HIV through USG-supported programs	NA	NA	30%	56%	50%	28%	50%	74%
1.10	Couple of Years Protection (CYP)							Baseline	na
1.11	Number of MOH, Provincial, Municipal, and health facility staff trained in data management	20	18	60	140	125	103	125	144
1.12	Number of MOH, Provincial, Municipal, and health facility staff trained in operational and budget planning	20	-	40	47	30	25	0	na
1.13	Number of MOH, Provincial, Municipal, health facility staff and cooperating partners trained on assuring a coordinated implementation strategy for procurement and logistics planning and management	90	24	60	68	25	110	75	79
1.14	Percentage of clients reporting satisfaction with services offered at assisted health facilities	NA	41%	50%	41%	60%	64%	60%	61%

1.15	Number of USG-assisted service delivery points experiencing stock-outs of specific TB tracer drugs	NA	NA	10	0	25%	**0(4)	50%	0%
1.16	Number of USG-assisted service delivery points experiencing stock-outs of specific FP tracer drugs	NA	NA	10	10	33%	**7(10)	20%	40%
1.17	Number of USG-assisted service delivery points experiencing stock-outs of specific malaria tracer drugs	NA	NA	10	0	20%	**5(15)	10%	33%
IR 2: Increased knowledge, attitudes, and practices related to TB, malaria, and reproductive health									
2.1	Percentage of client population that can name at least three services provided through the public health facilities (malaria, TB, and RHFP services)	5%	13%	30%	45%	50%	37%	50%	20%
2.2	Percentage of client population that can name at least one prevention or treatment procedure for each of malaria, TB, and RHFP.	10%	78%	85%	90%	85%	94%	85%	78%
2.3	Number of new SME workplace programs	2	-	3	0	5	24	4	10
IR 3: Increased individual and civil society's demand for and participation in improving quality and health services									
3.1	Number of CSO/NGO staff trained in grant proposal development	NA	NA	15	22	20	13	20	0
3.2	Number of municipalities with functioning Municipal Health Committees	NA	NA	4	4	5	0	5	4

* Trained Master trainers

** In brackets number of facilities visited - denominator

SES PROJECT	Indicators	Baseline	Target	Achieved Yr4					Target
		2009	Yr4	Qtr1	Qtr2	Qtr3	Qtr4	Annual	Yr5
PMTCT (1-MTCT)									
1.1	Number of pregnant women with known HIV status (includes only women who were tested for HIV and received their results);	26,197	67,860	10,714	14,707	22409	24161	71,991	94,860
1.2	Percent of pregnant women who were tested for HIV and know their results;	100%	100%	100%	100%	100%	100%	100%	100%
1.3	Number of HIV-positive pregnant women who received anti-retroviral to reduce risk of mother-to-child-transmission;	160	611	0	262	174	512	948	1,138
1.4	Percent of HIV-positive pregnant women who received anti-retroviral to reduce the risk of mother-to-child transmission;	22.1%	30.0%		56%	33%	75%	75%	40.0%
1.5	Number of health facilities providing ANC services that provide both HIV testing and ARVs	8	16	4	5	1	12	22	24

	for PMTCT on site;								
1.6	Number of health workers trained in the provision of PMTCT services according to national and international standards;	166	90	0	22	61	7	90	198
Sexual prevention (2-HVAB)									
2.1	Number of individuals reached with individual/small group interventions primarily focused on abstinence and/or being faithful	54,505	57,600	5,405	4,918	0	6683	17,006	108,000
Sexual prevention (3-HVOP)									
2.2	Number of the targeted population reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required		34,560	5,405	11,394	0	7,822	24,621	64,800
	Sexual prevention (2-HVAB) and (3-HVOP)		92,160	10,810	16,312	0	14,505	41,627	172,800
2.2.1	By sex: Male and Female; By Age (0-15, 15-24, 25+))							0	
2.2.2	Number of condoms distributed		1,766,964					0	2,552,523
Counseling and Testing (15-HVCT)									
3.1	Number of individuals who received Counseling and Testing (CT) services for HIV and received their test results	23,684	52,080	18,335	24,319	33,014	36,054	111,722	59,520
3.1.1	By sex: Male and Female;	10,421	22,915	M:3,116; F: 15,219	M: 4094; F: 20,225	M:4,182; F:28,832	M: 4,610; F: 31,444		26,189
3.1.2	By age: <15 and 15+;	947	2,083	<15: 302; 15+: 18,033	<15: 487; 15+: 23,832	<15:395; 15+:32,652	<15: 682; 15+:35,372		2,381
3.2	Number of enterprises implementing an HIV/AIDS workplace program, providing at least one of the 4 critical HIV services/activities		12	7	7	7	0	21	17
3.3	Estimated number of people reached through work place programs		300	0	0	0	0	0	425
3.4	Number of CEC members implementing HIV activities	7	12	0	0	0	0	0	17

3.5	Number of PEPFAR supported outlets providing counseling and testing services according to national standards (by type of testing facility)	38	43	38	43	43	0	124	59
3.6	Number of health care workers who successfully completed an in-service training program	225	105	29	22	0	51	102	378
3.7	Number of community health and para-social workers who successfully completed a pre-service training program (CHVs)	848	720	402	271	0	110	783	792
3.8	Percent of units that has experienced a stock out during last month of operations								
3.8.1	For ARV's						18% (11)*	18%	
3.8.2.	For testkits						0	0	
3.8.3	For condoms						0	0	

* In brackets the denominator = 11

ANNEX C: SBM/R STANDARD FOR DIAGNOSIS AND TREATMENT OF MALARIA

MINISTERIO DA SAÚDE				
DIRECÇÃO NACIONAL DE SA SAÚDE PÚBLICA				
PROGRAMA NACIONAL DE CONTROLO DA MALARIA				
SES - USAID Angola				
ESTANDARES PARA MEDIR O DESEMPENHO DOS TECNICOS NO DIAGNOSTICO, TRATAMENTO E PREVENÇÃO DA MALARIA				
PROVINCIA: _____				
MUNICIPIO: _____				
UNIDADE SANITARIA: _____				
DATA DE APLICAÇÃO: _____				
AVALIADOR: _____				
ESTANDARES E CRITERIOS DE DESEMPENHO	S / N / NA		OBSERVAÇÃO	
1. A Unidade garante o fornecimento de materiais/medicamentos para prevenção, diagnostico e tratamento de Malaria				
Verificar se existe na Farmacia os seguintes medicamentos:	S / N / NA			
a. Coartem B 6				
b. Coartem B 12				
c. Paracetamol em charope				
d. Coartem B 18				
e. Coartem B 24				
f. Arsucam				
g. Paracetamol				
h. Quinino comprimidos				
i. Quinino ampolas				
j. Acetaminofen ampolas				
k. Diazepan 10 mg. ampolas				
l. Test Rapido de Malaria (TDR)				
m. Mosquiteiro tratado com insecticida de longa duração				

n. Fansidar/SP			
o. Copos limpos			
p. Água potável			
q. Cadernos da Gravida			
r. Material de IEC			
2. A Unidade dispõe de material informativo sobre malária, as medidas de prevenção e realiza actividades educativas na Unidade e na comunidade			
Verificar se:	S / N / NA		
a. Materiais informativos são visíveis na unidade e estão em bom estado de conservação			
b. Existe um plano actualizado para o desenvolvimento de actividades educativas na Unidade Sanitaria e na comunidade			
c. Existe registo das actividades educativas realizadas no último mês			
3. A Unidade garante a referência e contra referência para doentes com quadro de malária grave			
Verificar se:	S / N / NA		
a. Existe ambulância para a referência das doentes com Malária grave			
b. Existe rotina escrita para o transporte em caso de emergência, referência e contra-referência			
c. As cópias das guias de transferência do último mês estão correctamente preenchidas			
d. Existe e estão funcionando meios de comunicação (rádios, telemóveis, etc.)			
e. Existe uma lista dos meios de transporte disponíveis, para esta finalidade, na comunidade.			
f. Existe uma lista telefónica das salas de Urgencia das Unidades Sanitarias para as quais se pode fazer a referência.			
4. Os/as prestadores/as estão actualizados sobre diagnostico e tratamento de malária simple, malária grave e toma do teste rapido para dignostico de malária			
Verificar se existe registo de participação em formações de Diagnostico e tratamento de malária no último ano			
5. O prestador de saúde realiza adequadamente o acolhimento da utente na consulta. Se mais de um profissional realiza este atendimento, observar os diferentes profissionais. Se somente um profissional realiza este procedimento, observar as 03 consultas com este profissional.			
Observar em 03 consultas se o profissional:	1	2	3
	o	o	o
a. Cumprimenta a utente cordialmente e			

com bondade				
b. Apresenta-se				
c. Informa a utente que toda a conversa será sigilosa				
d. Assegura privacidade durante o atendimento:				
§ Mantém a porta do consultório fechada				
§ Não permite a entrada e saída de pessoas durante a consulta				
6. O/a prestador/a realiza adequadamente a HISTORIA CLINICA da utente				
Observar em 03 consultas se o prestador/a:	1 o	2 o	3 o	
a. Utiliza linguagem adequada				
e. Verifica a informação pessoal da utente: nome, idade, endereço, motivo da visita, etc				
f. Investiga o motivo da consulta				
g. Pergunta se teve recentemente sinais ou sintomas de malária: febre, cefaleia, dores articulares, anemia, tosse (em crianças), arrepios de frio, anorexia astenia, vomitos e/ou diarreia.				
h. Pergunta outros sinais ou sintomas com o objetivo de fazer um bom diagnóstico diferenciado.				
i. Pergunta se houve alguma mudança nos hábitos diários				
j. Identifica e conversa sobre as necessidades, dúvidas e preocupações				
k. Encoraja a utente a fazer perguntas				
7. O/a prestador/a realiza correctamente o EXAME FÍSICO na utente.				
Observar em 03 consultas se o/a prestador/a:	1 o	2 o	3 o	
a. Verifica e avalia sinais vitais (tensão arterial, temperatura, FR, pulso)				
b. Executa o exame da cabeça aos pés com atenção especial no abdómen, pulmões e sistema nervoso				
c. Verifica e/ou avalia estado nutricional através do peso				
d. Verifica a cor da conjuntiva				
e. SE NECESARIO Ajuda a utente a se posicionar deitada na marquesa				
f. Cobre a utente com o lençol				
g. Lava as mãos com água limpa e sabão e seca em toalha limpa individual				
8. O/a prestador/a utiliza análises como ajuda para fazer um bom diagnóstico:				
Observar em 03 consultas se o/a prestador/a solicita e/ou avalia as	1 o	2 o	3 o	

seguintes análises:				
§ Teste de malária (gota espessa ou teste rápido)				
§ Grupo sanguíneo				
§ Teste de hemoglobina				
§ Urina sumária				
§ Falciformação				
§ VDRL para a sífilis				
9. O/a prestador/a trata a Malária de forma adequada em crianças menores de 6 meses				
Se é observação directa, observar se o/a prestador/a:				
	1	2	3	
	o	o	o	
a. Faz o diagnóstico de Malária				
§ Descarta outras causas da febre (infecções urinária, infecção intestinal, otite, doença respiratória)				
§ Faz o teste rápido para Malária (TRD) e/ou pesquisa de plasmodio, antes de dar o tratamento				
b. Faz o Tratamento de Malária				
Dose de carga: 20 mg sal /Kg/ dose. Diluido em Solução isotónica (gluc 5 à 10%): 5 à 10 ml / Kg. Max: 500 ml Em 4 horas				
Dose de manutenção: 10 mg sal/ Kg / dose. Diluido em Solução isotónica (gluc 5 -10%): 5 à 10 ml / Kg. Max: 500 ml. De 8/ 8 horas				
10. O/a prestador/a trata a Malária de forma adequada em crianças maior de 6 meses e adultos				
a. Faz o diagnóstico de Malária simples na utente				
§ Descarta outras causas da febre (febre tifóide, infecções urinária, otite, doença respiratória o ginecológica)				
§ Faz sempre o teste rápido para Malária (TRD) e/ou gota espessa, antes de dar o tratamento				
b. Faz a tratamento de malária simples segundo as normas				
§ Entrega Lumefratina e Artemeter (Coartem) na dose recomendada por cada faixa etária e indica tomar-los da seguinte forma: 1º dia - Primeira dose no momento da consulta e segunda dose 8 horas depois, 2º dia – de 12h/12h e 3º dia – de 12h/12h, O Coartem deve-se tomar de preferência				

com alimentos que contenham gordura (leite, yogurte)				
Se nao tem Coartem entrega Amodiaquina + Artesunato (Arsucam) e indica tomar 3+3+2 doses por 3 dias, orientando sobre o seu uso				
§ Realiza tratamento presuntivo da Malária na presença de sinais e sintomas sugestivos de Malária, com TRD ou gota espessa negativa e sem outra causa identificada				
§ Orienta o uso de Paracetamol caso apresente dor de cabeça ou dor muscular (500 mg por via oral de 8 em 8 horas)				
c. Realiza o seguimento das utentes com Malária simples:				
§ Solicita à utente para voltar à unidade sanitária se não melhorar depois de 3 dias de tratamento (com Coartem)				
§ Recomenda o uso correcto de rede mosquiteira tratada com insecticida				
§ Refere imediatamente ao centro de referência caso não exista melhora dos sinais e sintomas de Malária simples (Malária resistente) ou apresenta sinais e sintomas de Malária complicada (vómitos de difícil controle, palidez de mucosas acentuada, adinamia)				
Se não se apresentou um caso durante o período de observação, realizar uma entrevista perguntando ao/à prestador/a:				
a. Como se confirma o diagnostico de Malária simples?				
§ Descartar outras causas da febre (febre tifóide ou hemorrágica, infecções urinária, doença respiratória o ginecológica)				
§ Fazer o teste rápido para Malária (gota espessa)				
b. Qual o tratamento indicado no caso de Malária simples segundo as normas?				

§ Entregar Lumefratina e Artemeter (Coartem) na dose total de 24 comprimidos e indica tomar-los da seguinte forma: 1º dia - 4 comp. no momento da consulta e 4 comp. 8 horas depois, 2º dia – 4 comp. de 12h/12h e 3º dia – 4 comp de 12h/12h, O Coartem deve-se tomar de preferência com alimentos que contenham gordura (leite, yogurte)				
Se nao tem Coartem entrega Amodiaquina + Artesunato (Arsucam) e indica tomar 3+3+2 doses por 3 dias, orientando sobre o seu uso				
§ Realiza tratamento presuntivo da Malária na presença de sinais e sintomas sugestivos de Malária, com TRD ou gota espessa negativa e sem outra causa identificada				
§ Orienta o uso de Paracetamol caso apresente dor de cabeça ou dor muscular (500 mg por via oral de 8 em 8 horas)				
c. Como deve ser feito o seguimento da Malária simples na gravidez?				
§ Solicitar à utente para voltar à unidade sanitária se não melhorar depois de 3 dias de tratamento (com Coartem)				
§ Recomendar o uso correcto de rede mosquiteira tratada com insecticida				
§ Referir imediatamente ao centro de referência caso não exista melhora dos sinais e sintomas de Malária simples (Malária resistente) ou apresenta sinais e sintomas de Malária complicada (vómitos de difícil controle, palidez de mucosas acentuada, adinamia)				
11. Sempre sob observação directa pelo técnico de saúde, O pessoal de saúde realiza adequadamente o Tratamento Intermitente Preventivo (TIP) para Malária na grávida com base nas constatações, Normas Nacionais e protocolos				
O tecnico deve perguntar a paciente sobre uso anterior de Bactrim.				
Primeira dose de TIP				
3 comprimidos de sufadoxina pirimetamida/Fansidar (TIP), quando a mulher tem 20 semanas de gestação ou depois dos movimentos fetais term sido sentidos pela mãe (nunca administrar sufadoxina pirimetamida/Fansidar antes das 20 semanas).				

<u>Segunda dose de TIP</u>				
3 comprimidos de sulfadoxina pirimetamida/Fansidar no terceiro trimestre, no mínimo 4 semanas depois da primeira dose. (nunca administrar sulfadoxina pirimetamida/ Fansidar depois da 32ª semana)				
<u>Terceira dose de TIP. Apenas para as grávidas seropositivas</u>				
3 comprimidos de sulfadoxina pirimetamida/Fansidar no terceiro trimestre, no mínimo 4 semanas depois da dose anterior, até a 32ª semana de gestação (nunca administrar sulfadoxina pirimetamida/ Fansidar depois da 32ª semana)				
12. O pessoal de saúde realiza adequadamente o Tratamento da malária simple na grávida com base nas constatações, Normas Nacionais e protocolos				
1. Se a grávida está no primeiro trimestre orienta o uso de Quinino 300 mg (1 comprimidos de 8 em 8 horas por 7 dias).				
2. Se a grávida está no segundo ou terceiro trimestre entrega Lumefratina e Artemeter (Coartem) na dose total de 24 comprimidos, distribuídos da seguinte forma: 1º dia - 4 comp. no momento da consulta e 4 comp. 8 h depois, 2º dia – 4 comp. de 12h/12h e 3º dia – 4 comp de 12h/12h, NAO EM JEJUM :de preferência com alimentos que contenham gordura (leite, iogurte, abacate, jerjelin)				
Na falta de Coartem, podesse dar ARSUCAM (Amodiaquina + Artesunato) 2 COMPRIMIDOS DE 12 EM 12 HORAS POR TRES DIAS. A primeira dose deve-se dar sob observação do tecnico				
3. Realiza tratamento presuntivo da Malária na presença de sinais e sintomas sugestivos de Malária, com teste rápido para Malária ou gota espessa negativa e sem outra causa identificada.				
4. Orienta o uso de Paracetamol caso apresente dor de cabeça ou dor muscular (500 mg por vez).				
13. O prestador realiza adequadamente as seguintes tarefas:				
a. Orienta o uso diário de sulfato ferroso composto ou sulfato ferroso mais ácido fólico;				
b. Fornece a profilaxia anti parasitária (500 mg de mebendazol em uma dose única				

ou 100 mg do mebendazol duas vezes por dia durante três dias);				
c. Dá tratamento a todos os problemas identificados;				
d. Oferece a gestante e explica como usar o mosquiteiro impregnado.				
e. Marca a data da próxima consulta.				

ANNEX D: ASSESSMENT OF MALARIA CARE –SUMMARY TABLE (SBM/R MALARIA STANDARD)

SERVIÇOS ESSENCIAIS DE SAÚDE

Tabela resumo de avaliação da qualidade no atendimento da Malaria

Julio 2010

Provincia	Município	US	Tec. 1			Tec. 2			Tec. 3		
			Critérios	Critérios	Porcenta	Critérios	Critérios	Porcenta	Critérios	Critérios	Porcenta
			Avaliado	atingidos	gem	Av.	atingidos	gem	Av.	atingidos	gem
Luanda	Cazenga	CS Asa Branca	9	6	67%	9	9	100%	9	4	44%
	Kilamba K.	CS Sta. Teresinha	9	7	78%	9	7	78%	9	8	89%
	Maianga	CS Alegria	9	8	89%	9	7	78%	9		
	Cacuaco	CS Cacuaco	9	8	89%	9	7	78%	9		
		PS Paraíso	9	8	89%	9	6	67%	9	8	89%
		PS Camicuto 1	9	7	78%	9	7	78%	9		
		PS Mulenvos de Baixo	9	8	89%	9	7	78%	9		
	Rangel	PS Zangado	9	6	67%	9	5	56%	9	4	44%
	Samba	PS Sao Jose	9	7	78%	9	7	78%	9	8	89%
		PS Kinanga	9	8	89%	9	7	78%	9	6	67%
	Sambizang	CS Agostinho Neto	9	8	89%	9	7	78%	9	6	67%
	Viana	CS Calumbo	9	5	66%	9	5	66%	9	4	44%
		PS Barra de Kuanza	9	6	67%	9	6	67%	9	7	78%
		PS Caquila	9	8	89%	9	6	67%	9	5	56%

ANNEX E: REPRODUCTIVE HEALTH/ FAMILY PLANNING SBM/R STANDARD

7. O/a prestador/a de saúde realiza adequadamente o acolhimento da grávida na consulta pré-natal.	
7h	Pergunta se teve recentemente sinais ou sintomas de perigo (sangramento vaginal, dor de cabeça severa ou visão ofusca/borrosa, convulsões / perda de consciência, dificuldade para respirar, febre, dor abdominal severa, dor de parto);
8. O/a prestador/a realiza adequadamente a História Clínica da grávida na CPN.	
8a	Investiga a historia menstrual: último período menstrual normal;
8b	Acha a data estimada do parto e idade gestacional;
8c	A historia da gravidez actual: identificação dos movimentos fetais, algum problema de saúde, alguma preocupação com a gravidez actual;
9. O/a prestador/a realiza correctamente o Exame físico-obstétrico na grávida durante a CPN.	
9b	Lava as mãos com água limpa e sabão e seca em toalha limpa individual;
9c	Executa o exame da cabeça aos pés com atenção especial aos movimentos e andamento da mulher, higiene geral, pele;
9d	Verifica e/ou avalia estado nutricional através do peso;
10. Exame Ginecológico (a ser realizado na primera consulta e se necessario na consulta de retorno)	
10a	Explica à mulher o que vai ser feito e porque e solicita respeitosamente seu consentimento verbal;
10c	Calça luvas de procedimentos em ambas as mãos;
11. O/a prestador/a realiza adequadamente as TAREFAS DE PÓS EXAME na CPN.	
11d	Ajuda à mulher a sentar-se;
11e	Informa a mulher sobre seu estado e as etapas seguintes;
12. Discute com a mulher sobre o seu plano do parto:	
12f	Quem irá tomar conta dos filhos e da casa enquanto estiver na maternidade;
12h	Caso de urgência, como conseguir transporte, caso necessite
12i	Ter alguém que possa acompanhá-la quando chegar a hora de ter o bebé;
12j	Disponibilidade de doadores de sangue, caso seja necessário;
13. O prestador realiza adequadamente as seguintes tarefas:	
13a	Ensina a mulher sobre: Substâncias prejudiciais
13c	Ensina a mulher: Higiene pessoal
13d	Ensina a mulher sobre: Relação sexual e sexo seguro (uso de camisinha)
14. O prestador utiliza adequadamente o cadeno de seguimento da grávida durante a CPN.	
14a	Regista correctamente no livro de registo todos os dados da consulta;
14b	Regista correctamente no caderno de seguimento grávida todos os dados da consulta;

ANNEX F: LIST OF SME WORKPLACE PROGRAMS

RELATÓRIO SOBRE FORMAÇÃO DE COMITÉS DE SAÚDE NOS LOCAIS DE TRABALHO

	Empresa	Nome	Ramo de actividade
1	Ango - Segó	Amílcar Tossoni Baptista Paulo Garcia Catito	Prestação de Serviço
2	Nocebo	Maria Isabel da Cunha Valentin Bart. Lourenço João Cabres da Silva	Indústria
3	C.V.Ass.B combustiveis	Valentin Chis. Baptista Eulária de Lourdes M. Viega Francisco Calvino Mango	Prestação de Serviço
4	Firma Afonso Hossi*	Sidney C. L. Frederico	Agricultura
5	Firma Afonso Hossi*	Isaac Malengue Paulo Florindo	Indústrial transformadora (Fábrica de Racões) Comércio
6	Padaria Ekende	Domingos Alberto Sanondolo José Salembé Neves	Indústria
7	Hospedaria Isaltex	Oseias Ramalho Tamar Albino Daniel Muhundo	Comércio e Prestação de serviço
8	Pomobel	Enriqueta Eufrásia Lote Firmino João Pascoal Bernardo Gilacalima	Comércio
9	Hotel Tchimina	Filipe Santos Tchicupe Arlete Nenenhe Bom-Ano Felismina E. Albino	Hoteleiro
10	Hospedaria Restaurante Kubata 3 ês	lida Gomes Angelo de Oliveira Ana Maria C. Justino	Hoteleiro e Prestação de serviço

* Firma Afonso Hossi sao duas empresas: uma de Agricultura e outra de Industria

ANNEX G: DISTRIBUTION OF PMTCT SERVICES SUPPORTED BY USG

PMTCT service Outlets Established in year 4

PROVINCIA	MUNICIPIO	UNIDADE SANITARIA	DATA IMPLANTACAO
Cunene	Kwanhama	CS Evale, CS Oshakati	Nov-09
	Ombadja	CS Humbe, CS Mukope	Nov-09
Huambo	Huambo	HM Cambiote	Mai 10
Lunda Norte	Cuango	HM Canfunfo*, Loremo, CS Cuango	Marco 2010
	Xamuteba	CS Xamuteba	Marco 2010
	Capenda Camulemba	CS Capenda Camulemba	Marco 2010
	Cacuaco	CS Funda, CS Kikolo, CS santa Terezinha	Julho 10
	Viana	CS Zango, CS Calumbo, CS KM12	Julho 10
	Sambizanga	CS Agostinho Neto*, CS Bairro Operario	Aug-10
	Maianga	CS Maianga, CS prenda	Julho 10
	Rangel	CS Terra Nova, CS Zangado	Julho 10
	Total		22
New	PMTCT	20	
optimizado	* Supported by the project but established by the INLS : HW retrained:	2	