



**USAID** | **ANGOLA**  
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# WORK PLAN YEAR 4

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

**TASC2 TASK ORDER CONTRACT NO. GHS-I-08-03-00025-00**

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## Acronyms

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

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

## Section I. Introduction

Year 4 is a consolidation year for EHSP/SES. It is the first year of the two year option approved on September 30<sup>th</sup>, 2009. During the EHSP/SES work planning workshop, both the technical EHSP/SES team and the national counterparts agreed that this would be a consolidation period aiming at sustainability of the major interventions supported by the project and to continue to respond to their identified needs. In Year 3, EHSP/SES invested most of its efforts in identifying needs to be improved, in training health staff to provide quality services and trying to achieve the ambitious targets of reaching individuals with key preventive messages. The project was successful in achieving most indicators and was able to surpass some of the key ones.

Administrative and operational challenges were also encountered. EHSP/SES has not been able to have the technical staff needed on time or for the time it had been planned originally to achieve the targets proposed. Nevertheless we were able to continue the training of MTs and certified 93 in the three Core Provinces, to reach more than the 120 targeted proposed for Year 3. Additionally in Year 4 EHSP/SES will also implement a pilot project to improve TB lab diagnosis in the Province of Luanda and will work to establish the Skills Development Centers in two core provinces to improve quality services especially in maternal and perinatal health. USAID has also asked EHSP/SES to include the Province of Uige to work on strengthening the system with emphasis on HIV and AIDS which will depend on availability of funds.

EHSP/SES in preparing this Work Plan Y4 found that further discussions were required regarding our current budget ceiling. The Year 4 work plan has to focus on core activities that will lead to achievement of contract results. In order to complement the technical activities required during Y4, EHSP/SES has requested an additional obligation from USAID during Y4. These funds which were originally assigned for the Y5 budget will be used during Y4 with a specific emphasis on increasing the sustainability of EHSP/SES interventions. During Y5, the final year of the project, technical activities will slowly be phased out and focused on supervision and in-service training of health personnel. The EHSP/SES team, both in Angola and in the Chemonics Home Office, is working closely with the Mission to ensure priority activities remain fully funded.

### Overview

The Angola Essential Health Services Program, or SES as it is known in Angola, is a task order under the Population, Health, and Nutrition Technical Assistance and Support Indefinite Quantity Contract (TASC2 IQC). EHSP/SES is a five-year effort. EHSP/SES was already granted a two-year option period after a Mid Term Evaluation was conducted on Year 3 with positive results and recommendations on how to improve further. EHSP/SES principal activities have been centered on (i) expanding delivery and improving the quality of health services, including those related to HIV/AIDS, in the target provinces; (ii) improving health systems such as procurement, data management, supervision, quality control, and program monitoring; and (iii) fostering community outreach and local participation in health decision-making. Thus the program has three major components:

- **The core project activities** ensure an integrated and quality strengthening of the Angolan health system, particularly in the key health areas of malaria, tuberculosis (TB),

HIV/AIDS and reproductive health and family planning (RH/FP). The target provinces for the core component are Luanda, Lunda Norte and Huambo. In these provinces:

- EHSP/SES has contributed to **strengthening management** at the provincial, municipal and health facility level. Decision making based on data has been improved based on the results of the measurements of the SBMR standards. EHSP/SES has helped develop standards for health posts and maternal and perinatal areas at the hospital level. EHSP/SES is also developing software to process all of this data so decisions can be taken timely.
- Additionally EHSP/SES has **developed a Maternal and Perinatal Clinical History** that if applied, can significantly help improve quality of care and decision making in these two areas. EHSP/SES has also helped in identifying indicators to help in the prevention of maternal and perinatal mortality.
- EHSP/SES has also started to establish the basis for having at least one **Skill Development Center** in Luanda and one in Huambo. The process of developing an SDC is not an easy task but we are working very closely with Provincial and hospital authorities to make it happen.
- In Huambo and Luanda EHSP/SES has been invited this year by the provincial health directorates and their nursing schools to help review the teaching curriculum. Additionally, EHSP/SES through key provincial health staff has been able to provide not only technical assistance but accompany the process of **capacity building** introducing innovative ways to improve and update skills of the human resources through Scientific Symposiums and Scientific Contests.
- EHSP /SES has also been working closely with the Provincial Health Directorates (DPS) from the targeted provinces for conducting trainings for clinical staff, community agents, pharmacy staff, epidemiological surveillance and statistics staff.
- In regards to **TB activities**, this year EHSP/SES will be emphasizing **on improving diagnosis and treatment**. The project has funded the training of two lab technicians in the Infectious Disease Unit at the University of Espirito Santo in Brazil to develop a simple methodology to confirm diagnosis. Both technicians are working at the INSP which is the National Reference Lab and will be training lab technicians from the two major TB units in Luanda. EHSP/SES will continue working on the evaluation of quality services with the standard developed for that purpose and continue the trainings on diagnosis and treatment.
- EHSP/SES following the MTE recommendations had

**CORE AND MALARIA PROGRAM INTERMEDIATE RESULTS**

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

**HIVAC INTERMEDIATE RESULT**

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

**COMBINED CORE, MALARIA AND HIVAC INTERMEDIATE RESULTS**

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

- all of the **training materials on Malaria reviewed** by Prof. William Brieger, a specialist from Johns Hopkins University and Dr. Milton Valdez, malaria specialist. In Year 4, EHSP/SES will continue working with funds from USAID, the President's Malaria Initiative (PMI) and the Exxon Mobil Foundation to further reduce the burden of malaria in the three core provinces.
- Reproductive Health and Family Planning: EHSP/SES presented USAID with a request on FP methods for the three core provinces at the end of Year 2. The methods started coming at the end of Year 3 and were distributed on the first quarter of Year 4. The DPS, with support from EHSP/SES, will conduct supervisory visits to all FP clinics in the three provinces to assess the management of the depopovera, the needs for FP training, and to provide recommendations on managing the methods and register them. As per the recommendations from the MTE team EHSP/SES will conduct trainings on FP with focus on integration with HIV, RH and maternal services. At the moment not all health facilities provide FP services, Luanda only 43 health facilities, in Huambo 27 and in Lunda Norte 6 (Lucapa, Chitato, Cafunfo, Calonda, Estufa, Cambulo). Trainings will be directed to the health staff that have not received trainings or need refresher trainings especially on insertion of IUD and counseling.
  - The HIV/AIDS component (HIVAC) focuses on improving national and provincial capacity to address the HIV/AIDS epidemic and increasing access to quality HIV counselling and testing (CT) and prevention of mother to child transmission (PMTCT) services. The target provinces for this component have been up to Year 3 Luanda, Lunda Norte, Cunene, Cabinda, Kuando Kubango, Lunda Sul, and Huambo and in Year 4 EHSP/SES may also be working in the Province of Uige depending on availability of funds. The Health Provincial Director sent a letter to EHSP/SES to be included in the project's activities and after the US Ambassador requested more funds to fight AIDS in 2009, USAID intends to assign extra funds for EHSP/SES to work in Uige. Uige has also been the province receiving most of the Angolan refugees expelled suddenly from the Democratic Republic of Congo in 2009 and promoting key messages on how to prevent AIDS and HIV is a needed intervention as well as VCT and PMTCT services. In Year 3 the HIV/AIDS component achieved most indicators and 9 of them were surpassed. EHSP/SES helped established almost 25% of all PMTCT services available in the country and has helped support the mobile clinics in the three core provinces and Cunene for counselling and testing. During year 4 of the project (year 3 of the HIVAC component) EHSP/SES will emphasize on follow up and monitoring of pregnant women and children of seropositive women through support groups.
  - The third component, to increase knowledge, attitudes and practices for healthy behaviours, has been a key area of the project in the past two years, not only in scaling up ways of reaching individuals but in contributing to become a cross element of the strategic planning at the MOH and provincial and municipal level. The EHSP/SES team has been invited to participate as member of the technical teams called by the DNSP and the DPS to incorporate among other concepts, community mobilization and communication for BC as part of health public policies such as the strategy on reducing Maternal Mortality, municipal decentralization and also to include within the health post standards the criteria on

community outreach and health promotion. EHSP/SES has been implementing innovative ways to outreach communities through enter education activities such as Health Fairs. This year the main effort besides reaching individuals with key messages is to finish the Communication Strategy for Luanda and Huambo. EHSP/SES also works with a wide variety of stakeholders working at the national, provincial, municipal and community level to produce synergistic and mutually reinforcing results.

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

### **Advances during the first three years of the project**

#### **Working together with health authorities:**

In the past three years EHSP/SES has been able to develop a good working relationship with health authorities at the National, Provincial and municipal level: at the national level with the Ministry of Health and dependencies such as the National Directorate of Public Health, the Malaria, TB and RH programs, the Institute to fight AIDS and the Cabinet for Health Education. Also at the national level EHSP/SES has established an excellent relationship with the Planning Cabinet with whom the project has worked on the training of how to budget and plan at the municipal level. In year 4 EHSP/SES will develop with GEPE a sanitary map of the Province of Cunene. EHSP/SES has also been working as a member of a Technical team mandated by the Minister of Health and presided by the Vice Minister Dr. Evelize Fresta and the DNSP Director, Dr. Adelaide de Carvalho, to present a plan to reduce maternal and perinatal mortality. With the DNSP, EHSP/SES developed a set of guidelines for RH/FP, Malaria, TB and HIV and AIDS. EHSP/SES has also started to work on a communication strategy for behavioral change and started working with the National Cabinet for Health Education and the DPS on it. At the provincial level, EHSP worked closely with the DPS in the three core provinces and where EHSP/SES is working on HIV and AIDS and Malaria Sentinel Sites. Our work planning seminar for Year 4 was developed with the participation of key authorities of the three core provinces and representatives of the HIVAC provinces and the INLS. The purpose has been to coordinate all activities of the project and to include them in the DPS and MOH annual plans for sustainability.

EHSP/SES continues to work together with provincial and municipal health directorates so project activities are part of their work plan and are not “SES activities”. EHSP/SES staff becomes part of their team such as in the Luanda Quality Supervisory Team. EHSP/SES has also responded to the Provincial team in Huambo to improve capacities to collect and analyze the information that allows program coordinators and technical teams to make evidence-supported decisions. In Huambo also, events such as the Health Fair and the Scientific Symposium are already activities where now, EHSP/SES only provides support and technical assistance, and most of the work have been carried out by the director of continuing education and the coordinators of the main programs. In Luanda in Year 3 the DPS appointed EHPS/SES a member of the organizing Committee for the II Advisory Health Committee and the Organizing Committee of the Health Fair in Luanda.

**Strengthening capacities of Human Resources:** The main request from all authorities throughout these three years of the project, has been training of human resources to improve staff abilities on diagnosis and treatment of malaria, TB, HIV/AIDS and health situations associated with RH. During the XX National Advisory Board meeting held in Huambo, the Minister of Health emphasized the need to plan for mid- and long-term training of human resources and to respond to immediate needs. The Vice Minister of Education was invited to participate and propose a way to work with the health system to help respond to that need.

- **MT training:** EHSP/SES has invested much of its resources in training MTs at the municipalities where the project is working. The strategy of training a cadre of MTs in each core province has been discussed with DPS authorities and the Vice Minister of Health who expressed her support to continue, but recommended taking into account the Nursing schools and Medical schools, so they can continue doing the trainings. EHSP/SES has discussed ways of guaranteeing sustainability on the issue of Human Resources trainings and one way of doing so is the formation of the Provincial Skills Development Centers (SDC) in the three core provinces. EHSP/SES and the DPS have discussed that these SDC established in provincial or municipal hospitals will have trained staff to continue training health professionals from the province. This would be an element of sustainability to the issue of training personnel. MTs will be the ‘liaison’ between the hospital staff and the health center’s staff to both continue in service training and supervisory visits.
- **HIVAC training:** EHSP/SES has also been training a number of counselors and health staff providing tests and treatment for HIV/AIDS in seven provinces. In year 4 EHSP/SES will add another HIVAC province, Uige depending on funds availability.
- **Data management training:** Surveillance and statistics staff has also benefited from EHSP/SES trainings showing significant progress.
- **Community Mobilization trainings:** Community Mobilization staff from the provinces has been receiving trainings on methodologies on how to reach more people with key messages for behavior change.
- **Specific trainings:** Malaria, TB, RH/FP and drug management trainings have been conducted in the core provinces as well as other provinces. With the Malaria Sentinel Sites, EHSP/SES has conducted trainings on Malaria microscopy for lab technicians, use of RTDs, malaria in pregnancy, TIPs, and improvement of diagnosis and treatment. With TB, EHSP/SES has done training on bacilloscopy and improvement of diagnosis and treatment for clinical staff. EHSP/SES also had refresher courses on RH/FP.

After Year 3, although we have to take into account other interventions, we definitely can see that these trainings are starting to show results, the measurements done in each health facility are showing significant progress in comparison to the baseline.

**Develop Normative Framework:** To have quality services a health system needs a normative framework that guides all interventions at all levels. During these three years EHSP/SES has contributed with the DNSP and the DPS to develop normative tools such as the clinical guidelines on malaria, TB, RH/FP and HIV CT; quality standards for health posts and hospitals; basic health services package for health centers, health posts and hospitals (RH, malaria);

standards for laboratories and for measuring improvement on diagnosis and treatment of malaria and TB; proposal for a development skills center; guide for local NGOs to write grants.

As of the last quarter of Year 3, the DNSP asked ESHP/SES to publish the health post standards and the guidelines already approved for using them at a national level.

### **Lessons learned during the past three years of implementation:**

EHSP/SES interventions during the first three years have been shaped by important lessons learned during the process to be more effective and responsive to the health system needs.

***Being a partner to the national health authorities:*** As Mr. Elias Finde, Huambo Health Provincial Director said: "...when we do things together we have better results" referring to the support and work where EHSP/SES participated in the control of a cholera outbreak. He called EHSP/SES COP on a weekend to say "...we have had already 4 days of not having one single case of cholera, thanks for your support". EHSP/SES had helped with a community mobilization and a clinical training plus was a part of the fact finding team in the affected neighborhoods. During this last two years EHSP/SES has partnered with the DPS in training, supervision, drug management and community mobilization.

EHSP/SES has been working with the three Core Provinces in establishing a team of MTs to measure on a continuous basis, progress of each unit on providing quality services. EHSP/SES will also partner with DPS authorities to conduct supervision on the management of FP methods. EHSP/SES has also been a partner with the INLS. The project has helped established 25% of the PMTCT's in the country and 17% of VCTs.

One lesson that EHSP/SES learned is that being a partner is to work together with our counterparts and support those activities that the national and provincial authorities have identified as priorities. A relationship of credibility and trust has been able to develop. Being a partner contributes to sustainability of the actions and interventions.

***Help provide a normative framework for sustainability.*** EHSP/SES has helped produce 22 guidelines, reviewed quality standards for health centers, elaborated health post and hospital's standards, norms for CT on HIV/AIDS for youth and children, presented a proposal for reference and counter reference, and a basic package of health services for health centers and health posts. The DNSP and the Luanda DPS already approved publication of all the guidelines and the health post standards. EHSP/SES is still awaiting the approval of lab standards, Malaria and TB, VCT and PMTCT standards and the technical process to complete the discussion of the hospital standards.

***Strengthening the health system is needed for the implementation of global health initiatives (vertical programs).***

Funding sources from the USG have announced for this year, the need for a more integrated approach and the need for system strengthening. Nevertheless current funding and programming

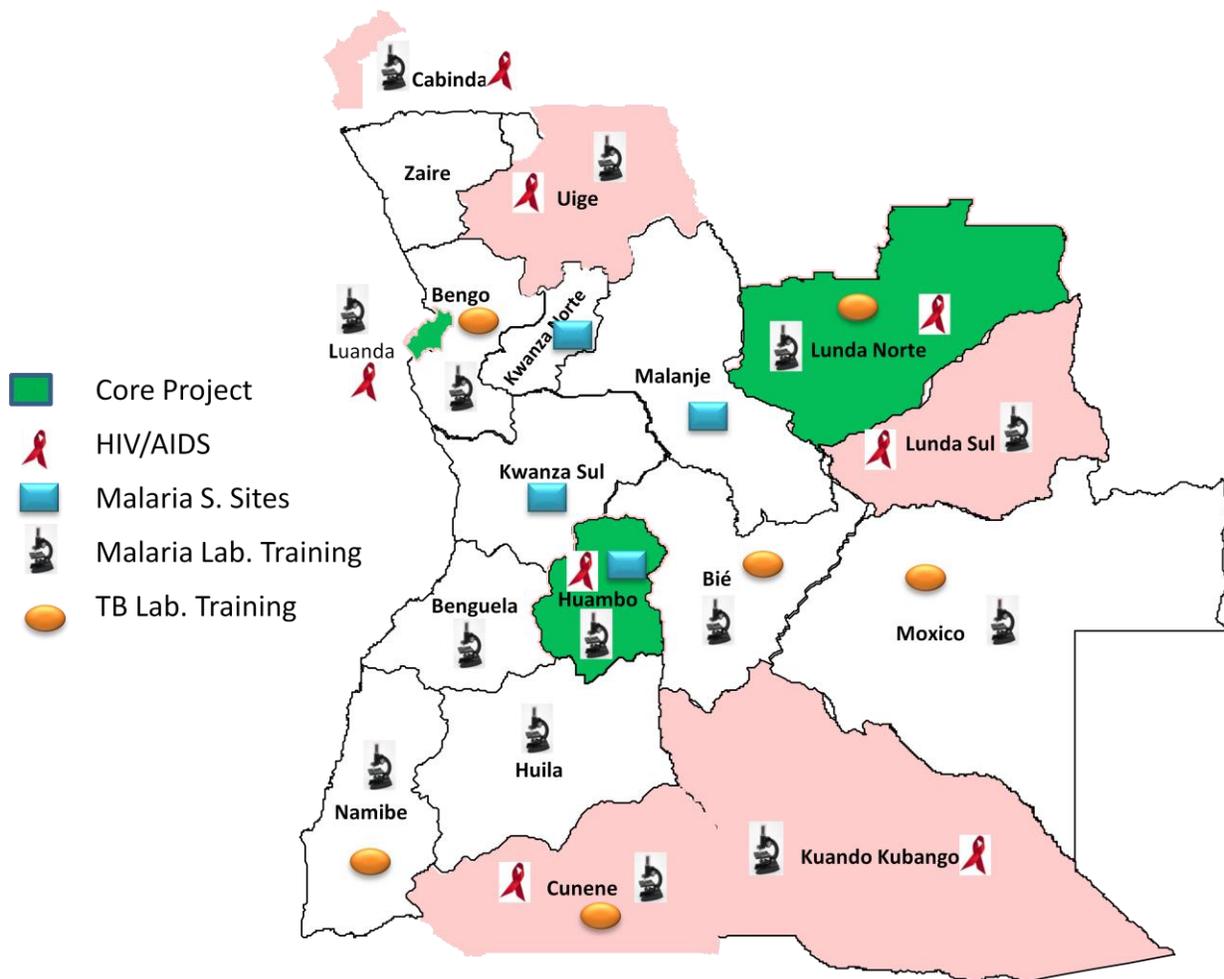
realities are still such that both vertical programs (TB, HIV and AIDS, and malaria) and system strengthening are demanded and combined in the EHSP/SES project. For the desired results of the vertical programs to flourish, the systems that support these programs must also have a strong foundation. EHSP/SES is therefore continuing its core work in strengthening its investments in the health system and introduces other elements in specific activities of Malaria and HIV/AIDS such as improving diagnosis and treatment, drug management, data management and community organization.

***Investing efforts in the primary health care level:*** Angolan health is in the hands of nurses at the Primary Health care level. EHSP/SES has invested most of its efforts at the primary health care level in health posts and health centers. The GOA and the provincial governments have been investing in replacing infrastructure and equipment but still the need for qualified human resources is a major challenge. Trainings and the Skills Development Centers (SDC) will address some of these needs but the country is addressing the need to develop a policy to form qualified human resources.

***Integration of Health Services:*** EHSP/SES will be presenting a proposal for the integration of services in selected facilities both in Huambo and Luanda. The process of integration requires great efforts from the MOH, DPS and health facility level, therefore the heads of the DPS in Luanda and Huambo recommended to start in a few health facilities for them later to increase the number in each province

***Working with the community:*** EHSP/SES has been working with the DPS in Huambo and Luanda on training community agents, religious leaders and TBAs. In year 3 EHSP/SES also, initiated the process of developing a communication strategy for behavioral change and was able to carry out the stages of analysis and qualitative research. In Year 4 EHSP/SES will finish developing the communication strategy with the DPS and will apply a slightly different approach to establish municipal health committees. During this past year it was difficult to have a committee functioning, but during this year EHSP/SES will work on community empowerment but will also promote discussions among all major actors in the community on what health issues concern them and what are the possible solutions.

The following map reflects EHSP/SES program implementation areas for Year 4.



EHSP/SES Work Plan Year 4 activities were the result of discussions held with main counterpart agencies and beneficiaries to mesh SES' activities with priority needs and activities of these entities, Ministry of Health, National Directorate of Public Health, Provincial Health Directorates of Luanda, Huambo, Lunda Norte and also a three day workshop where key health authorities participated in identifying needs and priorities. Recommendations of the Mid Term Evaluation conducted on Year 3 are also included in this WPY4.

### **Consolidating and establishing the basis for sustainability on Year 4 and 5:**

EHSP/SES has identified as a major objective for this year the need for sustainability since the project is entering its fourth of five years approved by USAID. It is an ambitious and complex challenge but EHSP/SES has started working with its national counterparts on this issue.

This is the main task for EHSP/SES in Year 4 and 5 of the project. EHSP/SES will be in the process of consolidating its work in target coverage areas in all municipalities in Luanda, five municipalities in Huambo (with MTs trained in all municipalities) four municipalities in Lunda Norte province under the core component but all 9 municipalities with the malaria component;

and seven provinces of the HIV/AIDS component. EHSP/SES has also identified elements that will contribute to the sustainability of the activities:

**Maintain Focus on quality.** In Year 3 EHSP/SES made efforts to achieve targets updating the skills of health workers and made special emphasis on the provision of quality services. This Year, EHSP/SES will continue working on quality and, with a cadre of MTs, will closely monitor areas needing improvement and solutions.

All efforts developed by EHSP/SES have a major objective which is to provide health quality services through SBM/R strategy. As part of this work EHSP/SES has developed proposals for standards to be applied and be used as a measurement tool in health posts and hospitals that together with Health Center standards are the main tools for the MOH and the DPS to improve quality services and care. EHSP/SES has not yet developed fully the 'R' of the SBM/R strategy to recognize the efforts of workers and health facilities to achieve quality. In years 4 and 5 EHSP/SES will be implementing the recognition part of the strategy.

With the purpose of sustainability, EHSP/SES has worked and supported the Luanda DPS decision to form a Provincial Quality Supervision team that is composed of DPS staff and 'parceiros' working on the issue. In Huambo EHSP/SES identified some of the most dedicated MTs to work part time in Quality Supervision as part of the strengthening capacities in the province and provide sustainability to quality assurance efforts. In Lunda Norte EHSP/SES already started the process with the MTs trained last year and will continue to do so during this year. EHSP/SES will work with the DNSP and the DPSL to advocate the integration of a national Quality team that will oversee the implementation and monitor Quality Assurance Plans at all levels.

EHSP/SES has also advocated that it is necessary to institutionalize the work of these quality teams, create a structure within the DNSP or the MOH and has its provincial and municipal expression.

The important information collected during the measurements per unit is going to be able to provide timely information for decision making through software that the project is developing.

**Continue working on a normative framework:** EHSP/SES has been working with the DNSP and Luanda and Huambo DPS to have **guidelines on malaria, TB, RH/FP and HIV and AIDS**. The project also worked on the following standards: **health post, malaria, TB, VCT and PMTCT, laboratory and pharmacy**. The DNSP already approved the health post standards and EHSP/SES is waiting for the approval of the rest. Advocacy is vital for the approval.

The MOH has been designing a strategy to reduce maternal and infant mortality and EHSP/SES presented to the DNSP a **maternal-perinatal clinical history** that is a key tool for women and infant's health and to reduce maternal and perinatal mortality. The clinical history will allow a follow up of women at the health facility, early identification of alarm signals and will contribute to an adequate decision making.

The maternal- perinatal clinical history has been discussed and approved by the DNSP and the DPS but with the understanding that needs further technical discussion. EHSP/SES estimates that the clinical history will be ready by the third quarter of Year 4. As mentioned before EHSP/SES will develop indicators for monitoring activities to prevent perinatal and maternal mortality.

**Human resources:** Strengthening capacities of human resources has been the major focus of EHSP/SES work during these years. Trainings in several areas have been done in the three core provinces, malaria Sentinel Site provinces and HIV and AIDS provinces. In the core provinces, the training of MTs on quality assurance using the SBM/R strategy has an important component which is recognition. Recognition could be done by the Health System, the community, local and provincial and national authorities. This also adds another dimension which is trust in health providers and accountability to the population they serve. In Year 4, EHSP/SES, as we mentioned above, will implement a process of recognition to health staff and health facilities that show significant progress in providing quality services. EHSP/SES will also be training provincial and municipal facilitators at the **Skills Development Centers** to further improve abilities of the MTs in areas of maternal and infant care. The Vice Minister recommended involving teaching institutions such as nursing schools and medical faculties to guarantee sustainability. EHSP/SES will be reviewing the remaining curriculum of these institutions in Year 4.

**System Strengthening:** Efforts have been made by the USAID Mission as a funding source, the project and the national counterparts towards a health system strengthening approach regardless of the component (RH/FP, HIV/AIDS, TB and malaria) in order to have better impact and results. EHSP/SES has also been making efforts in providing an integrated approach of both the core and HIV/AIDS component. One area that EHSP/SES has also integrated within the project is the activities focusing on strengthening community awareness and participation in positive health practices and behaviors plus strengthening organizations at the community level. Given the complementarities of these activities, EHSP/SES has combined them into one component, addressing both the core and HIV/AIDS activities.

The DNSP has also established a goal to develop proposals that have an integrated approach. EHSP/SES has been working within its possibilities with this approach and in all of EHSP/SES clinical trainings has been a central component. One of the areas that we have seen better integration has been with ANC and HIV/AIDS counseling and testing. But we have to recognize that we still have to push for an integration of Malaria, PNC, FP and TB. For this year EHSP/SES will be working with the DPS in a proposal for the integration of the different areas. EHSP/SES will present this proposal for the integration of services to the DPSL and the DPSL has already chosen two health facilities to start piloting the experience: Palanca II and Samba Health Centers. Both centers will be providing integrated services with TA from EHSP/SES.

**Participating in the Maternal Mortality Reduction Initiative:** The Ministry of Health asked EHSP/SES to participate in the technical committee conducted by the Vice Minister of Health and the National Director of Public Health to review and update the national proposal to reduce maternal mortality. EHSP/SES has presented a draft based on the three delays that has also been linked to the Reference and Counter-reference System. To participate in the Maternal Mortality Reduction Committee allows EHSP/SES to integrate activities and interventions such as training, work on the maternal and perinatal clinical history, integrate TB, malaria, HIV and AIDS, FP and pre natal control. Additionally this allows for work on the main obstetric emergencies that cause maternal mortality. At the same time this work makes more relevant the Quality Assurance strategy and the Skills Development Centers.

**Consolidating Training efforts:** An introduction to obstetrics and neonatal emergencies will become basic training to diminish maternal mortality. EHSP/SES will continue trainings in the main areas of implementation of the project:

1. **Malaria.** EHSP/SES will continue to support sentinel sites, work with the INSP to train laboratory workers and continue training on improvement of diagnosis and treatment, differential diagnosis, malaria in pregnancy and use of RTDs. EHSP/SES will continue training health staff from the Lucapa Municipal Hospital in Lunda Norte to serve as a sentinel site to monitor and to provide reliable data to the MOH so as to track the incidence and frequency of epidemic and endemic malaria and to rationally distribute drugs.
2. **Tuberculosis.** With the National TB program and the INSP, EHSP/SES will continue to train lab technicians on bacilloscopy, establish a pilot project for improving diagnosis through culture methodology, work on the integration of services and work on improving treatment.
3. **HIV/AIDS:** The project will continue: 1) supporting the MOH goals to provide CT services to all pregnant women; and 2) working with the INLS to provide new VCTs and PMTCTs in seven provinces, training health staff and helping to establish the sites; 3) advocacy for laymen; EHSP/SES focus will also be monitoring and follow up of seropositive women after delivery and their children. There are several questions that need to be answered: Are all pregnant women that receive a positive result receiving treatment? What happens to their children once they have been born? Are they receiving the necessary treatment? EHSP/SES in coordination with the DPS and the network of people living with HIV and AIDS will work on these responses. Trainings will be developed to do this follow up depending on availability of funds.
4. **Family planning.** EHSP/SES in Year 4 will have a strong focus on family planning. The DNSP has identified FP as part of their strategy to reduce maternal mortality. USAID will continue the procurement of modern methods and it is extremely important to work at the community level, to promote the use of methods, maternal health, alarm signals in pregnancy and postpartum, and the need for good communication between young people and parents. EHSP/SES will also supervise the management of USAID donated contraceptives to all health units in the core provinces and in Luanda the ones that EHSP/SES is responsible for in the MOU signed with ESD and will be conducting trainings and in service trainings. EHSP/SES has been developing an integrated approach to FP. The topic of FP is part of all clinical trainings. In the provinces outside of Luanda, we find that FP services are only available at the municipal hospital and are not integrated with the rest of the services. This is a barrier to women that do not live close to the Municipal Hospital. EHSP/SES will conduct a supervisory visit to all FP clinics in the Core provinces and as a request from the Luanda Director for Public Health will have a basic survey on training needs for the FP staff.

Additionally, in Years 4 and 5, EHSP/SES will consolidate and focus on sustainability and institutionalization of activities and proposals to improve quality health services through the

participation of the community. The following are areas that EHSP/SES considers of importance to also continue providing assistance in systems strengthening:

**Data collection:** EHSP/SES will continue to improve the MOH and DPS staff capacities to collect and analyze data and information for decision-making. This year the project will also work with the Planning Cabinet from the MOH to work on a Sanitary Map of the Province of Cunene. Cunene is the province with highest HIV prevalence and to plan all interventions the MOH and other partners have to have a good database of the services provided and other information.

**Drug Management:** EHSP/SES will also continue the training of municipal supervisors and will support supervision to health facilities by the quality assurance supervisory team.

**Community mobilization:** EHSP/SES in its framework results considers Community Mobilization a priority. The experience during these past three years has demonstrated and confirmed that both the clinical and community mobilization components have to go hand in hand to achieve quality results. EHSP/SES has also identified community mobilization as an element of sustainability for health interventions. EHSP/SES in coordination with the DPS in Luanda and Huambo will continue promoting the formation of Municipal/community health committees that will act as intersectoral levels of decision making. These municipal health committees take the lead in developing actions to solve health problems in the communities. These committees are integrated by members of the local government, NGOs, church and traditional leaders, TBAs, youth, private sector and community agents. EHSP/SES will also finish elaborating the Communication Strategy for the two provinces. The identification of key messages towards behavioral change on the main illnesses and health concerns of the population will help prevent morbidity and mortality. EHSP/SES is also scaling up the strategy to promote the creation of municipal or community health committees that will promote intersectoral alliances and will address the main health concerns of their communities. Finally, advocacy for the recognition of the CHVs by the community and all sectors will be used as a liaison between the health unit and the community.

## **Section II. Detailed Work Plan for Year 4**

### **A. Detailed Work Plan for the Core Component**

In this section we present the detailed work plan for the core component, broken down by intermediate result (IR) and the corresponding activities within each result area. Some activities cross more than one component. Subsection C describes the activities in community mobilization and behavioral change for Year 4 in the core and HIV/AIDS components.

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

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

##### **A1. Improved and Integrated Quality Health Service Delivery Standards.**

**Development of clinical guidelines and protocols.** Clinical guidelines are a key element for improving the quality of health services as they provide health staff with clear, easy to follow guidelines for the diagnosis, care, and treatment of diseases. To date, EHSP/SES has developed 23 clinical guidelines, of which 19 cover RH, particularly maternal health, one each address TB and malaria and two for PMTCT and VCT. These guides provide standards of care and service delivery. The DNSP already gave authorization to print the guidelines.

EHSP/SES has been asked to develop clinical guidelines for HIV/AIDS CT of pregnant women, for community mobilization, and quality standards for hospitals and health posts. In Year 3, EHSP/SES presented to the INLS standards for VCT and PMTCT. EHSP/SES also submitted the health post standards to the Luanda DPS and to the DNSP. The Health Post standards have already been approved; EHSP/SES will have them printed and distribute them. EHSP/SES will continue working with the DNSP to have a national office to oversee implementation of a unified national system of quality assurance with offices at the national provincial and municipality levels within the health system; the objective is to establish elements of sustainability. EHSP/SES will continue working in Year 4, with the DNSP on quality standards for hospitals.

The indicator measuring progress in this area is *number of policies drafted with U.S. government support*. By the end of 2010, 23 guidelines and protocols would have been drafted and enacted with EHSP/SES assistance.

## 1. Protocol review, update and curriculum development

### 1.1 Prepare Clinical Guidelines to be published:

After a long and joint process, the DNSP approved the clinical guidelines and authorized EHSP/SES to print and publish them. The National Public Health Director indicated that the Minister of Health will sign a presentation of the guidelines. EHSP/SES has asked JHPIEGO publishing department to design and print the clinical guidelines.

### 1.2 Printing the Clinical Guidelines:

After approval of the draft design, EHSP/SES will continue with the process of printing the guidelines. The final text was already sent to Baltimore. EHSP/SES estimates that the clinical guidelines will be ready for distribution on the third quarter of Year 4.

### 1.3 Distribution of the Clinical Guidelines:

After printing the guidelines, the DPS and EHSP/SES will be in charge of distributing them in the three core provinces: Luanda, Huambo and Lunda Norte. The DNSP will be distributing them to the rest of the country.

### 1.4 Training Courses to utilize the Clinical Guidelines:

EHSP/SES has been using the Clinical Guidelines as part of the training material for the MTs. and will program training courses for the MTs to adequately use the guidelines and through a cascade methodology provide the refresher courses to the rest of the health staff in the different health facilities in the core provinces:

**Table 1: Health Facilities Supported by SES/USAID during Year 4**

Health Facilities Supported by SES/USAID During Year 4						
Provinces	Municipalities	Population	Hospitals	Health Centers	Health Posts	Total
Luanda	Cacuaco	439,743	0	6	13	19
	Cazenga	1,122,340	1	8	1	10
	Ingombota	193,757	1	3	0	4
	Kilamba Kiaxi	647,339	4	6	5	15
	Maianga	582,899	1	5	3	9
	Rangel	211,815	0	2	3	5
	Samba	307,433	0	3	9	12
	Sambizanga	498,327	0	5	0	5
	Viana	665,055	0	6	12	18
	<b>Subtotal</b>		<b>4,668,708</b>	<b>7</b>	<b>44</b>	<b>46</b>
Huambo	Bailundo	197,576	1	4	7	12
	Caala	176,714	1	5	17	23
	Catchiungo*	43,510	1	3	7	11

	Tchicala Tchilohanga	37,534	1	3	12	16
	Chinjenje*	15,795	0	2	4	6
	Ekunha*	49,626	0	3	4	7
	Huambo	493,734	2	17	34	53
	Londumbali	169,642	1	4	3	8
	Longonjo*	55,557	1	4	5	10
	Mungo*	38,648	1	2	3	6
	Ukuma*	21,500	1	3	8	12
<b>Subtotal</b>		<b>1,299,836</b>	<b>10</b>	<b>50</b>	<b>104</b>	<b>164</b>
<b>Lunda Norte</b>	Chitato	177,048	3	0	12	15
	Lukapa	112,063	1	1	4	6
	Cuango	104,017	1	1	2	4
	Cambulo	120,953	1	1	6	8
<b>Subtotal</b>		<b>514,081</b>	<b>6</b>	<b>3</b>	<b>24</b>	<b>33</b>
<b>TOTAL</b>		<b>6,482,625</b>	<b>23</b>	<b>98</b>	<b>171</b>	<b>294</b>

\*activities in these Huambo municipalities are only MT training.

**Table 2: Health Facilities supported by SES/USAID as Malaria Sentinel Sites during Y4**

<b>Malaria Sentinel Sites Supported by PMI/CDCD and SES/USAID During Year 4</b>		
<b>Provinces</b>	<b>Municipalities</b>	<b>Type of Facility</b>
<b>Huambo</b>	Caala	Municipal Hospital
<b>Kuanza Norte</b>	Golungo Alto	Municipal Hospital
<b>Kuanza Sul</b>	Quibala	Municipal Hospital
Malange	Malange	Health Center
Lunda Norte	Lucapa	Municipal Hospital
<b>TOTAL</b>		<b>5</b>

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

<b>Indicator</b>	<b>Achieved to Date</b>	<b>2010 Target</b>	<b>Cumulative Total by End of 2010</b>
No. of policies drafted with USG Support	23	0	23

## Sub IR 2: Improved and integrated quality health services delivery standards

### 2. Training a core group of Master Trainers

EHSP/SES has been developing the strategy of training MTs during the last three years, achieving very positive results in the three Core provinces. The DNSP knowing this experience, has proposed the institutionalization of the strategy and has asked the Project to hold a technical meeting with the Human Resources Department of the Ministry of Health to develop a proposal to extend the experience at a national level.

#### 2.1 Review MTs profile

EHSP/SES with technical assistance of its subcontractor Jhpiego and the participation of the three core DPS will develop a technical meeting to review the profile of the MT as it was recommended in the Mid Term Evaluation report. In Year 3 EHSP/SES had specialists from different areas to review the material used in trainings and in this technical meeting, EHSP/SES will be reviewing it with the Provinces. The purpose of this activity is trying to have sustainability and work with the DNSP to try to institutionalize the technical proposal.

#### 2.2 Training of 106 MTs

EHSP/SES has a commitment with the DPS in the three core provinces to complete the training of one MT per unit. Nevertheless on Year 4, due to budget limitations EHSP/SES will be training 106 MTs (60 in Huambo and 46 in Luanda), including six municipalities in Huambo where EHSP/SES is responsible for training and the DPS is responsible for monitoring and follow-up. If funds are available in Year 5 EHSP/SES will finish training of the 67 MTs remaining.

##### Training of 106 MTs

Province	Municipality	MTs
Luanda	Viana	11
	Sambizanga	11
	K. Kiaxi	5
	Maianga	6
	Cacuaco	13
	<b>Sub - Total</b>	<b>46</b>
Huambo	Longonjo	4
	Ukuma	11
	Chinjenje	7
	Mungo	4
	Ecunha	7
	Tchicala Ch.	6
	Huambo	21
	<b>Sub - Total</b>	<b>60</b>
<b>TOTAL</b>	<b>106</b>	

## **A2. Improved, Integrated Quality Services Delivery**

### **3. Conduct supervision, evaluation, and certification of MTs.**

In Year 3, EHSP/SES achieved the target of 120 MTs certified. The MT model developed by EHSP/SES in the three core provinces had the purpose of ensuring that health professional trainers have access to the most current information on health service delivery. In Year 4 the process will continue both the training and the certification but EHSP/SES will continue strengthening the DPS staff capacities to supervise and apply the criteria for certification of the MTs.

#### **3.1 Supervision of MTs**

EHSP/SES in a joint effort with the DPS in the Core Provinces will develop a supervisory plan to evaluate the MTs and the health facilities. The tools for this supervision will be the quality improvement plans of the MTs and the health facilities, the integrated supervision guide developed by the DPS and the quality standards.

#### **3.2 Integrate a team of 5 as DPS MTs evaluators**

EHSP/SES will coordinate with the DPS a technical meeting to review the certification criteria of the MTs.

#### **3.3 Certification of 20 MTs in Luanda, 20 in Huambo and 10 in Lunda Norte**

In Year 4, based on the experiences of the first three years and after finishing the trainings of 100 MTs, EHSP/SES has proposed to the DPSs the *certification* of another 50 MTs: 20 in Luanda, 20 in Huambo and 10 in Lunda Norte.

In Year 3 EHSP/SES continued to implement trainings to reach one MT for every health unit in the municipalities supported by the project in the three target provinces. To date, EHSP/SES has trained MTs and conducted MT training programs in four municipalities in Lunda Norte and in Huambo conducted trainings in 8 municipalities. In Luanda, EHSP/SES completed the training in the four municipalities and will continue this year to reach all 9 municipalities. The MTs already trained and certified. Currently they are training others under the supervision of the DPS and EHSP/SES. During the first quarter of Year 4 EHSP/SES will carry out a ceremony of 123 MTs that have completed their certification process. During the ceremony, EHSP/SES will also provide as a reward and as part of the SBM/R strategy a kit of a stethoscope and sphygmomanometer to each MT that receives a certification diploma. In addition to the 123 MTs certified on Year 3, EHSP/SES will certify an additional 50 MTs (20 in Luanda, 20 in Huambo and 10 in Lunda Norte).

As part of the MT intensive 10-day training course work, each MT developed a training work plan for his/her health facility. EHSP/SES continues to hold quarterly meetings with MTs in their respective municipalities to monitor the implementation of their work plans. During the quarterly meeting, MTs reviewed the last measurements of the health facilities and their quality improvement plan activities, identifying additional needs and requirements. Each quarter, MT work is reviewed by an evaluation committee integrated by the DPS, the Municipal Health

Directorate (RMS) and EHSP/SES staff as part of certification. Successful MTs are certified at an official ceremony recognizing this significant achievement. The DPS has formed evaluation teams that accompany the efforts of the MT candidates. As required, EHSP/SES provides financial support to training activities (cascade training) implemented by the MTs. During Year 4, EHSP/SES will accompany the process but leaving most of the responsibility to the DPS staff. EHSP/SES has been working with the DPS Department of Continuing Education as the designated counterpart to assume total responsibility for development, mentoring and supervision of MTs after EHSP/SES concludes.

**Table 3: Target Number of Health Facilities with MTs**

Health Facilities with Master Trainers - Targets 2010					
Province	Municipality	No. of Health Facilities	Health Facilities with MTs Trained to Date	Target Number of Health Facilities for MT Training in Year 4	Total Number of Health Facilities Having MTs by Year 4
<b>Huambo</b>	Bailundo	12	12	0	12
	Loundimbali	8	8	0	8
	Tchicala	16	10	6	16
	Huambo	53	17	21	38
	Caala	23	6	0	6
	Other Municipalities		52	10	33
<b>Subtotal, Huambo</b>		<b>164</b>	<b>63</b>	<b>60</b>	<b>123 (*)</b>
<b>Luanda</b>	Cazenga	10	10	0	10
	Ingombota	4	4	0	4
	Rangel	5	5	0	5
	Samba	12	12	0	12
	Vianna	18	0	11	11
	Cacuaco	19	0	13	13
	K.Kiayi	15	0	5	5
	Maianga	9	0	6	6
	Sambizanga	5	0	5	5
	<b>Subtotal, Luanda</b>		<b>97</b>	<b>31</b>	<b>40</b>
<b>Lunda Norte</b>	Chitato	15	15	0	15
	Cambulo	8	8	0	8
	Cuango	4	4	0	4
	Lukapa	6	6	0	6
<b>Subtotal, Lunda Norte</b>		<b>33</b>	<b>33</b>	<b>0</b>	<b>33</b>
<b>TOTAL</b>		<b>294</b>	<b>127</b>	<b>100</b>	<b>227</b>

(\*) Depending of funds availability 41 MTs will be trained for the remaining Health facilities in Yr 5.

(\*\*) Depending on availability of funds will be trained MTs for the remaining 26 HF in Yr5.

Indicator	Achieved to Date	2010 Target	Total by End of 2010
No. of certified MTs			
Percent of all registered TB patients who are tested for HIV through USG-supported programs	71%	50%*	50%
Percentage of return FP visits, by type of facility (public, NGO, private, village health worker) in targeted areas	70%	70%	65%
Percent of all registered Malaria patients who are tested for HIV through USG-supported programs	77%	77%	77%
Percentage of clients reporting satisfaction with services offered at assisted health facilities	64%	66%	60%

#### **4. Provide assistance to DPS to implement Basic Health Services Package**

EHSP/SES developed a tool that allows the DPS to evaluate the health facility capacity to offer the BHSP proposed by the MOH. As per request of the Luanda DPS, EHSP/SES developed one tool that the DPS through the Health Municipal Directors applied in 41 health facilities in the 9 municipalities and the survey showed that none of these facilities has the capacity to provide the BHSP (33 Health Centers and 8 posts).

##### **4.1 Present the BHSP evaluation tool to the DPS in Huambo and Lunda Norte.**

EHSP during Year 4 will continue providing technical assistance to the DPSs. EHSP/SES will ask the DPS to review the BHSP evaluation tool in light of the experience conducted by the Luanda province and program its application to all health facilities in the three provinces.

#### **5. Technical assistance in malaria activities**

During the first three years of the project and given the situation of malaria in the country, malaria activities and interventions have been a priority for EHSP/SES. The relationship with the National Program, the malaria coordinators at the DPS and the health facility staff has allowed EHSP/SES to elaborate a series of training tools for the technical staff, lab technicians and evaluate the quality of care. All of these tools have always been presented to the National Program to be reviewed.

During the second semester of Year 3, after having several evaluation meetings with the DPS, EHSP/SES started working on strengthening knowledge and abilities of the technical staff through “in service training” methodology. After the MTs trainings, in service trainings help further improve skills and strengthen knowledge.

##### **5.1 Replicate the “in service training” experience in Kilamba Kiaxi.**

The experience of in service training has been developed by the Project in Huambo and Luanda. Facilitators have been professionals with broad experience in the topics. Nevertheless the same planning session with the DPS representatives, agreed to systematize the experience developed in the municipality of Kilamba Kiaxi where Dr. Nbuya was the trainer.

EHSP/SES will develop this systematization and will present the results to the DPS so they can allow the replica of the experience.

### **5.2 Continue carrying out in service trainings for plasmodium search and RTDs.**

During Year 3, in coordination with the National Institute of Public Health, the project developed trainings addressed to laboratory technicians in 14 provinces. The improvement in lab diagnosis has been significant. The INSP, EHSP/SES and the Malaria Provincial Coordinators have asked to continue reinforcing these trainings with in service trainings.

Trainings for the lab staff and MTs include a module to train in administering the RTDs. Nevertheless during the supervisions, we still find deficiencies in the technical staff. Furthermore, EHSP/SES will continue providing in service trainings for administering RTDs.

### **5.3 Provide Technical Assistance to the DPS to review AIDI and integrate malaria**

In technical meetings with the National Program staff and the DPSs, the need to review the IMCI strategy and integrate malaria treatment for children in it has been discussed.

EHSP/SES will coordinate with the National Public Health Directorate, the National Malaria Program and the DPS of the three provinces to develop a technical meeting with this objective.

### **5.4 Support the integration of RTDs in the pediatric malaria consultations.**

During supervision visits to Sentinel Sites and different health facilities, we have found that there is a permanent need to have RTDs for the clinical staff in outpatient pediatric clinics and Emergency Rooms. Whenever these services have RTDs, they can confirm diagnosis faster and are certain to provide malaria treatment to patients that have been confirmed with malaria. EHSP/SES will advocate with the National Program and the DPS to see if these services can have RTDs.

## **6. Updating FP counseling and offering FP methods**

### **6.1 Review the FP curricula or training module with practical training on IUD.**

EHSP/SES has an FP integrated module in the MT's training courses. Nevertheless given the situation of FP in the country and the decision of the National Public Health Directorate (DNSP) of positioning the program with the importance it requires in the struggle against maternal mortality, EHSP/SES considers that we should continue providing specific trainings on FP. EHSP/SES will coordinate with the National RH program and the DPSs to have a technical meeting and review the training modules.

### **6.2 Updating courses on Counseling and FP methods directed to FP staff in the health facilities.**

Once the training curricula and training modules have been reviewed, EHSP/SES will support the staff trainings working on FP Counseling and use of FP methods. The methodology will be the same used with the MTs, the FP technicians trained will use the cascade methodology to train others. The training will integrate theory and practice and will include IUDs insertion.

### **6.3 Supervision to monitor counseling, management of methods and stock outs.**

EHSP/SES, with the FP Coordinators at the provincial and municipal level and a selected group of MTs, will develop a supervisory program. This supervision will include logistics and management of FP methods and monitor inventories to avoid stock outs.

### **6.4 Work with the DNSP, the National RH/FP program and USAID to identify needs of FP methods in the three Provinces where SES works.**

EHSP will provide the needs for FP methods for Huambo, Lunda Norte and municipalities in Luanda, according to the MOU with ESD.

### **6.5 Participate in a planning session with ESD to clarify functions and avoid duplication.**

EHSP/SES will discuss with the USAID Mission and ESD the activities proposed in the MOU and each organization's responsibilities.

## **7. Implement TB Activities**

TB is an endemic disease in Angola. The number of cases detected is done in a passive way; all suspected cases with cough for more than 3 weeks undergo a bacilloscopy test. The number of health facilities with TB diagnosis and treatment capabilities is 33 in the three core provinces. EHSP/SES will continue to develop to ensure correct methods of TB diagnosis and treatment on Year 4.

### **7.1 Development of TB standards**

EHSP/SES has developed TB standards with evaluation criteria for diagnosis and treatment. A representative sample of health units will be selected at different levels for evaluation. A supervision visit every six months will determine progress and address other needs.

### **7.2 Improve TB diagnosis**

After a lengthy coordination with the Nucleus de Doenças Infecciosas of the Federal University of Espirito Santo in Brazil, USAID Washington/USAID Angola and the INSP, two lab technicians from the INSP were able to go to Brazil and be trained in a culture methodology known as Ogawa Kudoh. This methodology was recommended by EHSP/SES TB specialist Dr. Eddy Jones after an assessment done on a visit in Year3. The technicians finished their training in the first month of Year 4 and during the year they will develop a pilot project in two main TB facilities in Luanda. EHSP/SES will work with them to prepare a calendar of implementation, conduct an assessment of the facilities, and identify the equipment and material needed to start the culture in both facilities.

EHSP/SES will also continue supporting trainings on bacilloscopy in the three core provinces.

### **7.3 Improve HIV testing for TB patients**

The risk of developing TB disease in those individuals that are infected with HIV increases 5-15% annually, rising as immune deficiency worsens. Death rates of HIV positive TB patients on treatment have reached 20-50% compared with 5% achieved by adequate TB control programs without HIV. Conversely, TB accelerates the progression from HIV to AIDS and is responsible

for 50% of AIDS associated mortality. Angola has available ART therapy and it drastically improves survival in HIV associated TB.

Although EHSP/ SES will not have the funds for training in co-infection, the project will recommend both national programs to increase HIV counseling and testing for all TB patients in two types of settings: TB treatment units including DOTS and in facilities with laboratories. Physicians and nurses should be trained in management of co- infection.

**7.4 Training of CHVs.** EHSP/SES conducts programs to train CHVs on prevention of TB, and HIV/AIDS. Please refer to the Community Mobilization section.

## **8. Follow-up on implementation of norms and standards of quality service delivery at health centers and health posts.**

### **8.1 Review and updating Health Center standards**

EHSP/SES based on the experienced developed in the elaboration of the Health Post and Hospital's quality standards, has presented the need to review and update the Health Center standards this year.

### **8.2 Training DPS staff on how to use the SBM/R software.**

EHSP/SES with the subcontractor Jhpiego has developed software to process the results of the quality measurements in three core provinces. This software will be finished by the third quarter of Year 4 and EHSP/SES in coordination with the DPS and a specialist will provide training for the DPS staff designated to use the software.

### **8.3 Carry out quarterly meetings to analyze the SBM/R data and provide support in elaborating the Provinces quality improvement plans.**

In the three provinces EHSP/SES will propose the use of the SBM/R software and analyze it on a quarterly basis to provide information and help take decisions to improve the services.

The institutionalization of this proposal will help provide sustainability to the efforts to improve quality services. Additionally EHSP/SES has proposed a Situational Room in the Luanda DPS where the information collected by the System can be analyzed on a regular basis and provides better information for decision making at the management level.

### **8.4 Printing Health Post Standards.**

EHSP/SES considering the high costs of publications in the local market asked the support of Jhpiego publishing dept in Baltimore to print the quality standards approved for Health Posts by the MOH and the Luanda DPS. Depending on availability of funds, we would expect that we will receive them by the third quarter of Year 4.

### **8.5 Update the Health Center Standards format.**

At the request of the Luanda DPS, EHSP/SES is working on a proposal to update Health Centers Standards, adapting it to the format that EHSP/SES is proposing for Health Posts. With this adaptation of the format its use will be friendlier and it can also allow the use of the software to rapidly process the results of quality measurements.

## **9. Strengthening the referral system**

This activity has been proposed since the first year of the project, but its development turned out to be difficult since the project does not provide the resources for its implementation. Different international experiences show that the implementation of a Reference and Counter-Reference System requires besides a political decision, financial resources and this has been the main obstacle for its implementation.

### **9.1 Design a document for collecting data: Human Resources, infrastructure, equipment.**

EHSP/SES has been in this activity with the Luanda and Huambo DPS. In the case of Luanda the proposal considers the implementation of one pilot experience with the Luanda General Hospital. In this experience, the hospital will be the head of the micro network, where all of the health facilities that refer patients to them will be part of this micro network.

The proposal has been presented and this year EHSP/SES will have technical meetings that are necessary to define at the different levels the tools that can provide a baseline and know what are the human resources, infrastructure and equipment in the health facility that are part of this pilot experience. In the case of Huambo, EHSP/SES will develop a pilot experience in the Caala Municipal Hospital and the health units that refer to that hospital.

## **10. Strengthen capacities of selected hospitals to conduct trainings as “Skills Development Centers”**

The Vice Minister of Health Dr. Evelize Fresta requested EHSP/SES to present to her the proposal for Skills Development Centers. EHSP/SES presented the proposal to her in the month of November 2009. Chemonics Angola EHSP/SES PMU Director, Dr. Oscar Cordon, participated in the meeting. In that meeting the Vice Minister requested that the proposal include the nursing schools and the medical school as they are the ones that will continue forming health human resources in each province. EHSP/SES will meet with the directors of those institutions and the Human Resources Department at the MOH to define the role in the proposal as requested by the Vice Minister.

### **10.1 Select one hospital in Luanda and Huambo**

To contribute to the targets presented by the MOH and decrease maternal mortality, EHSP/SES will develop a proposal to select one hospital in two of the three core provinces. These hospitals will act as Skills Development Centers. Luanda and Huambo will select one hospital in coordination with the DPS and the Human Resources Department of the Ministry of Health.

The proposal for a SDC was already presented to the two DPS. Luanda and Huambo have developed technical meetings to discuss the proposal and EHSP/SES will start developing them on the second quarter of Year 4.

### **10.2 Define participants’ profile**

The selected hospitals will be aiming at obtaining the category of teaching hospitals (since they have to train Provincial health staff) and it will be necessary to define a profile of the health professionals that will participate in the implementation of this proposal. EHSP/SES will present a draft of this profile to the DPS for approval.

### **10.3 Develop a training curriculum to meet the Province's needs**

EHSP/SES will support the development of a training curriculum and the respective modules. This curriculum will prioritize the main direct and indirect causes for maternal and perinatal mortality. On a second stage, the curricula will include other illnesses that are part of the epidemiological profile of each province.

### **10.4 Selecting participants: evaluation of candidates and interviews**

Once defined the profile of the participants, EHSP/SES will provide TA to the Public Health Departments and the Offices of Continuing Education of the DPS, the Health Municipal Sections and the selected hospitals for an adequate selection of the professionals to participate in this activity.

### **10.5 Training on the main causes (direct or indirect) of maternal mortality as well as other illnesses that are part of the epidemiological profile in each province**

Once the curriculum has been defined and the participants selected, EHSP/SES will support the training of these professionals on main causes of maternal and perinatal mortality. To that effect EHSP/SES will identify local professionals with proven experience in each of the modules to be developed. Emphasis will be placed on the practical side of the training, in order for these future trainers acquire the necessary teaching and clinical skills.

### **10.6 Provide training material to the SDC hospitals.**

EHSP/SES already acquired the necessary teaching materials for the selected hospitals to help them develop into SDC. This material will be handed over to the facilitators, once the initial training has finished.

The SDC proposal requires that the hospital has to create a laboratory like environment where the facilitators can use this material and the trainees can acquire abilities and skills before they work directly with patients.

## **11. Design a Maternal and Perinatal Clinical History and improve pre natal and post partum registry book**

### **11.1 Design a format of a Maternal and Perinatal Clinical History as well as a pre natal and post partum Registry Book**

EHSP/SES consultant Dr. Bruno Benavides participated in two meetings during the month of September 2009 with the DNSP and the Luanda DPS. In these meetings it was agreed that EHSP/SES will develop a new format for the ANC Registry Book and a proposal for a MPC history.

In the first semester of Year 4 EHSP/SES will develop both activities and will present the proposal to the DNSP and the DPS for their approval.

### **11.2 Pre test of the Maternal and Perinatal Clinical History format and the Pre natal and Post partum Registry Book in a technical meeting.**

In the second quarter EHSP/SES will ask for and support a technical meeting with the DNSP representatives and the three DPS provinces to validate the MPCH and the new ANC registry.

### 11.3 Pre test of the Maternal and Perinatal Clinical History with health staff at the health facilities.

In the second quarter EHSP/SES will also support the pre testing of the maternal and perinatal clinical history and the registry book for ANC with health staff at the health facilities. The results will provide a final version both for the MPCH as well as for the ANC registry sheet. Both will be presented to the DNSP for approval.

### 11.4 Print and distribute MPCH formats and the new ANC Registry Book.

EHSP/SES, in coordination with the Jhpiego publishing department, will print the new MPCH. Afterwards, EHSP/SES will help distribute the clinical history to all health facilities in the three core provinces.

### 11.5 Train TOTs on the correct use of the MPCH and the new Registry Book, and develop cascade trainings.

EHSP/SES, with the support of an international consultant, will provide technical assistance to the DPS in training in Luanda to train professionals in how to fill out the new MPCH. Afterwards these trained professionals will conduct cascade trainings for other health technicians.

## **12. Distance Education** ( See Community Mobilization Section).

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

**Table 3: Indicators**

Indicator	Achieved Year 1	Achieved Year 2	Achieved Year 3	Achieved to Date	2010 Target	Cumulative Total by End of 2010
No. of people trained in malaria treatment and prevention with USG funds	46	2,713	3,692	6,451	975	7,428
No. of people trained in TB sub-elements with USG funds	46	2,400	2,593	5,039	650	5,689
No. of people trained in FP/RH in targeted areas	46	2,599	3,331	5,976	720	6,696
Number of Certified Master Trainers	0	30	93	123	50	173
Percentage of health workers at assisted health centers that use correct methods of diagnosis and treatment of malaria	0.29	0	77%	77%	77%	77%
Percentage of health workers at assisted health centers that use correct methods of diagnosis and treatment of TB	NA	NA	71%	71%	50%	50%
Percentage of health workers at assisted health centers following national norms and procedures in providing RH/FP	0.2	NA	70%	70%	70%	70%

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

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

#### **1. Building capacity of provincial and municipal staff in data analysis and reporting**

Reliable and accurate information is critical for informed decision-making. EHSP/SES will support the work of the MOH to build staff capacity to ensure that data is captured, analyzed and reported accurately. That will include EHSP/SES technical assistance at provincial and municipal levels to support the training of DPS and RMS in the use of the health management and information system.

##### **1.1 Technical Assistance for database development at provincial and municipal levels.**

EHSP/SES will continue to provide technical assistance to DPS and RMS to produce databases and analyze data, using the EPIINFO, and the Excel packages. EHSP/SES will conduct 3 trainings in data management and analysis in Luanda, Lunda Norte and Huambo, reaching 75 health staff.

##### **1.2 Support the training of DPS and municipal staff in the use of HMIS**

EHSP/SES will support the training of 25 municipal and health facility staff in Lunda Norte, 50 in Huambo and 50 in Luanda in the use of HMIS.

##### **1.3 Complete data collection manual for Health Facilities**

EHSP/SES, working closely with DPS statisticians, developed a draft data collection manual for use by DPS staff at health facilities as a means to accurately and consistently collect critical health information for management purposes. The manual includes templates for data collection forms approved and in use by the national health information system to be used to calculate health indicators and to feed the health management and information system and for epidemiological surveillance.

##### **1.4 Support the in-service training and supervision for staff at health facilities**

EHSP/SES will continue to support supervision of health staff doing statistics at health facilities using a supervision tool that was designed at the end of Year 2 and beginning of Year 3.

##### **1.5 Provide technical assistance to the DPS for the production of health bulletins**

EHSP/SES will continue supporting the Luanda DPS in producing a health situation analysis bulletin. This experience will be expanded to the Lunda Norte and Huambo DPS. Initially, EHSP/SES will start by supporting the production of an annual report, and this will lead to a more regular edition, first every six months and then quarterly.

##### **1.6 EHSP/SES discusses with USAID Mission deliverables**

EHSP/SES will continue to have meetings with the USAID Mission to discuss all quarterly reports, Annual Report and WPY4.

##### **1.7 EHSP/SES will review with the Mission the project's PMP**

EHSP/SES M& E specialist with senior technical team will review indicators with the USAID Mission to update PEPFAR, PMI, TB and MCH global indicator measurement processes.

EHSP/SES will continue monitoring process indicators and use them for programmatic adjustments. EHSP/SES will identify with USAID which indicators have to collect but not devote project efforts towards achieving them.

Indicator	Achieved to Date	2010 Target	Cumulative Total by End of 2010
No. of MOH, Provincial, Municipal, and health facility staff trained in data management	261	125	386

**Develop national health accounts.** EHSP/SES will sign a grant with the World Health Organization (WHO) to provide support and collect information on MOH National Accounts. The support will be provided in Year 4. This is a major effort to provide the MOH and the GOA a tool to improve planning and budgeting.

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

Indicator	Achieved to Date	2010 Target	Cumulative Total by End of 2010
No. of MOH, Provincial, Municipal, and health facility staff trained in operational and budget planning	202	25	227

## **A5. Improved Logistics and Procurement Management**

### **1: Strengthening the pharmaceutical logistics system at the health facility, municipal and provincial level.**

#### **1.1 Supervision of contraceptive methods in the three Provinces**

EHSP/SES will coordinate with each DPS to evaluate and monitor management of methods donated by USAID and other commodities.

EHSP/SES COP will present the situation to the National Director of Public Health, the National Program Director and the Luanda DPS authorities. The Luanda DPS has asked EHSP/SES to do it within the Provincial Quality Team where each DPS municipal QA coordinator will accompany the EHSP/SES team to the supervisory visits. The results will be presented to the DNSP, the RH/FP program and the DPS. They want this to be done with all drugs sent to the health facilities. The DPS in Luanda also asked to include a basic survey to find our needs for FP trainings.

#### **1.2 Provide technical assistance in preparing the plan for distribution of the methods in each province.**

EHSP/SES in coordination with other cooperation agencies will work with USAID, the DNSP, and the DPS to prepare a plan of distribution for the USAID donated commodities and start establishing yearly consumption per province based on their registries.

### 1.3 Prepare a calendar of trainings for health staff working on FP

Based on the supervisory visits findings and availability of funds from different partners working in the province EHSP/SES with the DPS will prepare a calendar of trainings and the topics they need to strengthen.

### 1.4 On-the-job trainings for provincial and municipal supervisors in supervision, monitoring and distribution.

EHSP/SES will provide on-the-job training to provincial, municipal supervisors on how to improve supervision and help them monitor. EHSP/SES will take the USAID donated contraceptives as an example to supervise other drugs and commodities such as vaccines in Luanda.

### 1.5 Provide on-the-job training for health facility staff on correct record keeping for pharmaceutical ordering and disbursements

EHSP/SES will continue with a training program in record keeping for pharmaceutical ordering and disbursements. Using the on-the-job methodology, and in close coordination with the provincial drug supervisor, this training/supervision will be done in the three Core Provinces.

**Table 4: Indicators**

Indicator	Achieved Year 1	Achieved Year 2	Achieved Year 3	2010 Target	Cumulative Total by End of 2010
Number of MOH, Provincial, and Municipal, health facility staff and cooperating partners trained on assuring a coordinated implementation strategy for procurement and logistics planning and management	24	68	110	25	227
Percentage of USG-assisted service delivery points experiencing stock-outs of specific TB tracer drugs	14%	45%	0(4)	50%(10)	50%
Percentage of USG-assisted service delivery points experiencing stock-outs of specific FP tracer drugs	14%	50%	70%(10)	20%(50)	20%
Number of USG-assisted service delivery points experiencing stock-outs of specific malaria tracer drugs	14%	40%	33%(15)	10%(99)	10%

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

**Table 5: Indicators**

Indicator	Achieved to Date	2010 Target	Cumulative Total by End of 2010
Percent of all registered TB patients who are tested for HIV through USG-supported programs	28%	50%	50%
Percentage of return FP visits, by type of facility (public, NGO, private, village health worker) in targeted	63%	65%	65%

areas			
Percentage of clients reporting satisfaction with services offered at assisted health facilities	64%	60%	60%

## B. Detailed Work Plan for the HIV/AIDS Component

The purpose of the HIV/AIDS component is to prevent HIV/AIDS transmission in Angola by improving the national and provincial capacity to address the HIV/AIDS epidemic, and to increase access to quality integrated PMTCT and VCT, including follow-up for HIV-positive individuals. During Year 2 and 3, the HIV/AIDS component was implemented in eighteen municipalities of seven provinces of Angola; Cabinda, Cunene, Huambo, Kuando Kubango, Luanda, Lunda Norte and Lunda Sul. During year 4 the project will be expanded to 14 new municipalities of the same provinces, while continuing providing support, supervision and refresher trainings to staff in health services already established in years 2 and 3. The specific health facilities to be supported in the new municipalities/ in Year 4 will be discussed with INLS and DPS and be finalized by the first quarter in 2010.

**Table 6: Geographic Areas of Implementation Year 4**

<b>Geographical Areas of Implementation Year 4</b>		
<b>Province</b>	<b>municipalities covered in 2009</b>	<b>Proposed Municipalities for 2010</b>
Cabinda	Cabinda, Buco Zau, Cacongo	
Cunene	Namakunde, Kahama	Curoka, Ombandja, Kuanhama
Huambo	Huambo, Caala	Longonjo, Cachiungo, Chicala, Tchinjenje,
Kuando Kubango	Menongue, Cuito Cuanavale, Mavinga	
Luanda	Cazenga, Samba, Kilamba Kiayi	Viana, Cacuaco, Sambizanga, Maianga
Lunda Norte	Chitato, Lukapa, Cambulo	Cuango, Xamuteba, Capenda,
Lunda Sul	Muconda	
Uige	Uige, Sanza Pombo	(depending on funds availability)
Total	20	14

<b>Table 7: Number of VCT and PMTC outlets to be established Year 4</b>			
<b>Province</b>	<b>Proposed Municipality</b>	<b>VCT</b>	<b>PMTCT</b>
Cunene	Curoka, Ombandja, Kuanhama		4
Huambo	Longonjo, Cachiungo, Chicala, Tchinjaenje,		4
Luanda	Maianga, Viana, Cacucaco, Sambizanga	5	4
Lunda Norte	Cuango, Xamuteba, Capenda,		3
Total	14	5	15

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

In IR 1, EHSP/SES activities focus on: 1) improved and integrated HIV and AIDS health services delivery standards; 2) improved integrated quality HIV and AIDS health services delivered; and 3) improved planning, budgeting, data management, and procurement of HIV/AIDS health services at municipal and provincial levels 4) Monitoring and follow up of HIV positive women and their children.

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

**1. Provide assistance to the INLS in updating current protocols and manuals on counseling and testing (CT) , and BCC as needed .**

**1.1 Update supervision guide and training manuals for TOTs for VCT and PMTCT and include FP module**

EHSP and INLS through its technical review team will finalize the updating of the supervision guide and SBMR standards, that will be used in the supervision and monitoring of the VCT and PMTCT services. SBM/R standards for VCT and PMTCT will be discussed on the second quarter of Year 4.

**1.2 Update training curricula for the integration of HIV and AIDS and FP**

EHSP/SES and INLS will develop a training curriculum for Family Planning and PMTCT integration. EHSP/SES is currently conducting a review of international literature on PMTCT and Family planning integration that can be adapted for Angola. These reviews will then be submitted to DNSP and INLS for discussion for having a final curriculum and manual approved to be used for training.

**1.3 Develop and adapt curricula for NGO's on counseling and testing, biosafety, home based care and domestic violence.**

EHSP/SES will work jointly with other stake holders in developing and adapting a curriculum and manuals for the training of FBOs and CBOS on biosafety, home based care and house to house counseling and testing for HIV, gender based violence related to HIV and AIDS.

**2. Establish integrated PMTCT/RH centers in the select provinces and develop programs**

## 2.1 Training of new health staff in the provision of integrated PMTCT services and family planning counseling.

Staff working in prenatal care, labor and delivery rooms and family planning rooms of the targeted health facilities will be trained in the provision of integrated PMTCT services and family planning counseling: a total of 75 new staff will receive in-service training in PMTCT. In collaboration with INLS and DPS, EHSP/SES will support the provincial trainers who conduct training for 75 health service providers in the delivery of PMTCT services based on INLS guidelines. Training will target six nurses and doctors per health facility supported by SES under the HIV component, as well as additional staff from surrounding health facilities. Training will be held in all seven provinces supported by the HIV component. The PMTCT training curriculum lasts three weeks and covers CT, conducting rapid tests, ethics and confidentiality, administration of ARV treatment for HIV-positive women, referral of pregnant HIV-positive patients for ART, counselling HIV-positive pregnant women on lactation, follow-up with HIV-positive pregnant women, AZT protocol during labor and delivery, AZT protocol for newborns, and post-partum follow-up for HIV-positive pregnant women.

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

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

## 2.2 Establish New Integrated PMTCT/RH Services to provide integrated routine counseling and testing (PICT) in antenatal care, delivery , post natal care and family planning clinics

The PMTCT service has primarily focused on pregnant women. While this approach is practical, it fails to address the comprehensive four prong approach to PMTCT especially primary HIV prevention and prevention of unintended pregnancy.

The project proposes to establish new PMTCT services in 15 health facilities distributed in 14 new municipalities. This will scale up the provision of integrated routine counseling and testing (PICT) in antenatal care, labor and delivery and post natal care. Here all pregnant women are provided with the antenatal care minimum package and offered HIV tests where the women know their HIV status. Most of the women learn that they are HIV negative and are counseled to take the appropriate prevention measures, including condom use. In some health facilities where there are no appropriate conditions for counseling and testing, EHSP/SES will create basic conditions for privacy. The antenatal care clinic will provide integrated services that will require a

### PMTCT Minimum Package

For Antenatal Care:

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

For Labor and Delivery:

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

For Postnatal Care:

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

woman to visit the clinic at four times during pregnancy and receive as appropriate routine antenatal follow up, malaria prevention (IPT and ITN), anemia prevention, CT for HIV and syphilis, nutrition counseling and family planning counseling. During year 2 and 3 EHSP/SES established and supported 44 PMTCT services out of 177 PMTCT services established by the MOH (24.5% of the total PMTCT services

PMTCT services to be established in Y4		
Province	Proposed Municipality	PMTCT
Cunene	Curoka, Kuanhama, Ombandja	4
Huambo	Longonjo, Cachiungo, Chicala, Tchinnenje,	4
Luanda	Maianga, Viana, Cacucaco, Sambizanga	4
Lunda Norte	Cuango, Xamuteba, Capenda Camulemba,	3
Total	14	15

**2.3 Integrate the ARV prophylaxis services within the antenatal and delivery/post natal services within the health facilities so as to prevent the transmission of mother to child transmission.**

National protocol stipulates starting HIV positive pregnant women from the 20<sup>th</sup> week of pregnancy on HAART (combined ARV) and reinforcing with AZT prophylaxis during labor and provides AZT syrup to the newborn baby within 48 hours of within of birth. Rolling out HAART to more women has been a challenge since only trained physicians are allowed to prescribe HAART, though nurses can administer AZT during labor and to the new born baby. As many of the women live far from the health facilities, the project will assist the MOH in providing outreach services using mobile clinics to reach those HIV positive pregnant women and their families who cannot afford to attend the clinics. During year 4 SES will support the integration of ARV prophylaxis services within ANC and delivery rooms in eight new Health centers.

**2.4 Provide appropriate counseling and support to women living with HIV to enable them make informed decision about their future reproductive life with special attention to preventing unintended pregnancies.**

During year 3, EHSP/SES promoted integrating routine provider initiated counseling and testing in family planning services in some of the health facilities in the country. During year 4 EHSP/SES will integrate provider initiated counseling and testing in family planning services in 5 Health centers Luanda province, so that women living with HIV and their spouses can be counseled and supported to enable them make informed decisions about their future reproductive life with special attention to preventing unintended pregnancies. Health staff will be provided with refresher training in integrated family planning and counseling and testing for HIV.

**2.5 Provision of counseling and testing services to PMTCT/RH**

A total of 44 PMTCT outlets were established and supported during the first two years of the HIV component of the project. During year 4, 15 new VCT outlets will be established. EHSP/SES estimates that in each of the 44 PMTCT outlets already established the trained nurses will offer counseling and testing services to at least six pregnant women per day. And the new 6 established PMTCT will offer

C&T to at least five pregnant women per day. It is therefore estimated that in year 4 the trained nurses will conduct counseling and testing to at least 65,160 beneficiaries using the national algorithm.

## **2.6 Provision of ARVs for the prevention of mother to child transmission**

National protocol stipulates starting HIV positive pregnant women from the 20<sup>th</sup> week of pregnancy on HAART (combined ARV) and reinforcing with AZT prophylaxis during labor and provides AZT syrup to the newborn baby within 48 hours of birth. Rolling out HAART to more women has been a challenge since only trained physicians are allowed to prescribe HAART, though nurses can administer AZT during labor and to the newborn baby. As many of the women live far from the health facilities, the project will assist the MOH in providing outreach services using mobile clinics to reach those HIV positive pregnant women and their families who cannot afford to attend the clinics; during year 4 EHSP in collaboration with DPS will reinforce referral system for the women who need ARVs from those HF that have no physicians, and conduct outreach services with mobile clinics for physicians, EHSP/SES will continue to advocate to INLS for task sharing with the Nurses, that will include nurses to be trained to provide ARVs during follow up consultations. It is estimated that in year 4 approximately 30% of HIV- positive pregnant women will receive ARVs to reduce the risk of mother to child transmission.

## **3. Voluntary Counseling and Testing for General Population**

### **3.1 In-service training of new health staff in the provision of Voluntary counseling and testing for general population**

During year 4 in INLS, EHSP/SES and provincial Facilitators will conduct training courses for 25 counselors in Luanda. Participants will be selected by the municipal health authorities and HF administrators working in different departments of the health facilities that include TB services.

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

Pre- and post-test evaluations were administered to gauge the knowledge of participants, and continuous evaluation was carried out during the training. The main topics included:

- Situation of HIV/AIDS in the world, Africa, and Angola
- Facts about HIV/AIDS, basic concepts, etiological agent
- The most frequent forms of transmission of HIV/AIDS in Angola
- Prevention of transmission of HIV/AIDS: the ABC approach
- The most common names, manifestation and modes of transmission for sexually transmitted infections
- PMTCT
- General consideration of vulnerable groups
- Beliefs and myths related to HIV/AIDS and counseling and testing
- Counseling: brief history, qualities of a counselor
- Principles of counseling
- Components of counseling session protocols and types of counseling, including pre- and post-test counseling
- Code of ethics of a counselor and respect for human rights

- The impact of counseling in the life of the counselor; dealing with stress
- The most frequent reactions and feelings related to HIV/AIDS
- Humanization in counseling
- Norms of biosafety (auto protection)
- HIV/AIDS rapid testing skills
- Stigma and discrimination
- Counseling and testing flow chart national guidelines and protocols (forms)
- Practical skills in counseling, testing, and filling out forms
- Management of counseling and testing center keeping it clean, ordering stock, filling out forms, and maintaining statistics

### **3.2 Establish VCT centers in the select provinces and develop programs**

VCT services for many women who are not pregnant is an entry point for the primary prevention, one of the four pronged approach for the PMTCT, and therefore scaling up these services will increase access to prevention ,care and treatment service. The Voluntary Counseling and testing services for general population; non-pregnant women, men and children will be established within the same health facilities as other basic services such as Family planning and TB.

**During year 4 SES, in collaboration with the INLS and DPS, will identify 5 new health facilities in Luanda.**

EHSP in collaboration with INLS and DPSs will conduct a needs assessment of the HF that have no VCT services that include; identify what materials and equipment are needed to provide quality CT services in an appropriate environment where privacy, dignity and bio-safety measures are observed and guaranteed. Based on current experience, some rehabilitation will be required, for example, partitioning, painting, and window and door replacement. In addition, SES will provide basic furniture as per INLS specifications such as desks, tables, chairs, filing cabinets, and shelves, and basic equipment such as waste disposal buckets and materials for blood collection and bio-safety. In addition, SES and DPS will utilize and support the existing mobile clinics in the municipalities in order to reach more clients who are unable to attend health facility and those in hard to reach areas.

It is important to note that as of September 2009, there are 178 fixed outlets and 45 mobile clinics nationwide that provide counseling and testing for the general population. This project with USG funding, during the two years of activity implementation, contributed to establish and strengthen 38 outlets (17 %) of the national outlets through training, supervision and provision of materials

### **3.3 Provision of services of Counseling and testing to the general population**

A total of 38 VCT outlets were established during the first two years of the project. During year 4, 5 new VCT outlets will be established. Additionally, EHSP/SES will continue to support two mobile clinics in the municipalities of Samba and Cazenga in Luanda, one in Lunda Norte, one in Huambo and one in Cunene targeting the hard- to- reach population groups who otherwise will not visit clinics such as men and youth. It is estimated that in each of the fixed VCT outlets will conduct at least four consultations per day. It is targeted that the trained nurses will conduct counseling and testing to at least 37,680 beneficiaries.

Angola uses a two rapid test algorithm for HIV rapid testing. The first test is Determine, and the second is Unigold, which is used for confirmation. When test results are undetermined, the client is advised to return in a month for a second test. If the second test is also undetermined, a blood specimen is sent to the national laboratory in Luanda for an Elisa test.

**Table 8: Indicators**

Indicator	Achieved to date	2010 Target	Cumulative Total by End of 2010
Number of service outlets providing CT for HIV according to national and international standards	38	5	43
Number of health workers trained in the provision of CT services according to national and international standards (VCT)	139	25	164
Number of individuals who received CT for HIV and received their test results (male, female, upstream, downstream)	36,996	37,680	74,676

#### **4. Incorporation of counseling on HIV/AIDS (abstinence, being faithful, and correct and consistent condom use - ABC) into antenatal visits**

##### **4.1 Incorporate counseling in HIV/AIDS ABC into antenatal visits**

In addition to upgrading prenatal services, EHSP/SES is incorporating ABC messages, with an emphasis on fidelity and correct and consistent use of condoms. Messages are also included regarding HIV-related stigma and discrimination. These messages are part of the collective counseling for women and other people attending the antenatal clinic and other medical consultations. The counselors provide the counseling in the waiting room. The nurses also answer any questions and provide clarification as required. The number of those attending the sessions is noted in the daily register form, which is prepared especially for this activity. EHSP/SES has developed a collective counseling guide to assist the nurses in communicating correct messages. This guide provides the basic information on HIV/AIDS, modes of transmission, prevention and ABC, stigma and discrimination reduction, and the importance of CT.

Trained CHVs and FBO volunteers will use smaller groups such as youth groups, clinics, out of schools use to conduct education sessions focusing on abstinence, being faithful and correct and constant use of condom messages, the CHVs will also use demonstrations on how to use both female and male condoms. In addition, messages on HIV related stigma and discrimination reduction will be passed to beneficiaries. A cascading strategy will be used to reach 45,000 beneficiaries, 450 CHV will be trained in year 4 each of them will be expected to reach 10 youths, who in turn will also reach other 10. The project will develop registers in order to monitor the education activities. The EHSP/SES community mobilization team developed standardized messages that are used during the educational sessions. Portuguese and other local languages are used to pass the information.

##### **4.2 Condom distribution**

EHSP/SES in collaboration with INLS will utilize the trained CHVs to distribute condoms in targeting youths in small groups. During the education awareness sessions, it is expected that each of the beneficiaries will get three condoms during each session. Other distribution point will be in the health

facilities. The Health facilities will provide three boxes of condoms (432 condoms) per week placed in common areas of the health facilities where clients can help themselves. The third distribution point will be during the counseling and testing sessions, where each client will be offered with 3 units if needed. EHSP/SES will help the sites register info on how many condoms were distributed.

## **5. Cooperation with the Government, USAID and other donors to improve the logistics system for HIV/AIDS kits and medications**

EHSP/SES will coordinate with other partners, such as UNFPA, Global Fund, and HAMSET, to support INLS and DPS in provision and facilitation of logistics of condoms rapid test kits and other materials to ensure effective ordering and supplying of rapid test kits, ARVs, gloves, antiseptics and other materials. EHSP/SES assisted its target health facilities in ordering supplies for target VCT and PMTCT services. On occasion, EHSP/SES has provided cotton balls, gloves and antiseptics to the centres when these supplies ran out and the DPS were unable to re-stock in time. EHSP/SES will continue to work with these centres to avoid any stock outs.

## **6. Development of supervisory and in-country training programs for health officials at provincial and municipal levels involved in HIV/AIDS and technical assistance/training to implement improvements**

### **6.1 Provide supportive supervision to trainers.**

In conjunction with INLS and reproductive health department of DNSP, EHSP/SES will develop a joint supervisory visit that will allow each province to be visited once every six months for a period of five days. The joined teams will be comprised of DPS, INLS and SES personnel. At the end of each visit the team will conduct a one day workshop to iron out any constraints found during the supervision.

The national EHSP/SES supervisors will conduct supervisory visits to each province at least once every 4 months. The provincial team will conduct supervisory visit to each health facility at least once a month

EHSP/SES has already developed a supervisory guide that is pending discussion with the INLS and DNSP. This guide will be finalized within the second quarter of year 4.

### **6.2. Strengthen the procurement and logistics system at the health facility, municipal, and provincial level**

In order to improve the coordination and management of procurement and logistics systems for HIV/AIDS medical supplies and therefore avoid stock outs, EHSP/SES will conduct on-the-job trainings during supervision in management of rapid tests, ARVs and other materials for HIV/AIDS programming. This training will be given to health facility administrators and drug supervisors from the 16 health facilities. The training courses will include taking inventory and stock, forecasting future needs, rational use of supplies, documentation and archiving. EHSP/SES will follow up the training with supervisory visits to each of the health facilities

## **7. Implement South to South Program**

In Year 2, EHSP/SES started the HIVAC component, the process of identifying health facilities to provide counseling and testing services in the province of Cunene which is an HIV/AIDS high prevalence province. Currently EHSP/SES in collaboration with DPS in Cunene is supporting 2 PMTCT centers and seven VCT outlets. In year 4, EHSP/SES in collaboration with southern region provinces bordering with Namibia, will conduct two coordination meetings with the aim of coordinating the activities, develop a joint plan of action and identify HF located within the borders with Namibia, in order to establish PMTCT and VCT services. This plan of action will include sharing of experiences and lessons learned from both sides, advocating for the universal access to care and treatment to communities living along

borders and migrating workers, advocating for the scale up of HIV CT services and scaling up of universal access to PMTCT services. EHSP/SES and DPS both in Cunene and Kuando Kubango will assist the technical committees of both Kuando Kubango and Cunene in setting up coordination meetings with the Namibian counterparts, recording the best practices on both sides and promote information sharing and local response in the fight against HIV and AIDS as well as assistance in epidemiological surveillance of the disease. Lessons learned and best practices will be replicated to the northern borders of Angola with the Democratic Republic of Congo in Lunda Norte, and Cabinda.

The key persons responsible include HIV/AIDS Coordinator Samson Ngonyani; Ma. do Rosario Nunes, HIV Coordinator, Rosa Gloria HIV coordinator in Lunda Norte, Candida Alcina, HIV Coordinator in Cunene, Huambo Community Mobilization Coordinator, Abreu Moco; Provincial Coordinator (Luanda) Brito Paulo; Technical Director, Jhony Juarez, and Chief of Party Margarita Gurdian.

### **8. Prepare a Sanitary Map of the Province of Cunene**

EHSP/SES will work with the Planning Department at the MOH to elaborate a sanitary map of the Province of Cunene. Sanitary Maps started being elaborated by EU PASS with the Minister of Health but they were only able to finish five of the eighteen provinces. These maps include very important data for planning and budgeting such as number of facilities and human resources. This Map will specially be useful for HIV future interventions. The MOH through the GEPE will send a team to work with local staff and prepare the collection of data and then processing it. The Sanitary Map will be ready by the third quarter of Year 4.

### **Task 9. Integration between HIV/AIDS Program activities and Core TB activities**

TB is a critical health issue in Angola, particularly given its link to HIV/AIDS. According to WHO Interim policy on TB/HIV collaborative activities, both TB and HIV programs should be the entry points for prompt identification and case management of co-infected patients. In the national efforts to scale up TB /HIV case detection EHSP/SES is currently working with the National TB program, in developing a manual on TB and HIV co infection. EHSP/SES fielded Dr. Edward Jones, assistant professor of medicine and attending physician, New Jersey, an international consultant for TB/HIV, to participate in the discussions and provide basic guidelines on international norms and standards for integrating TB and HIV services. Dr. Jones held several meetings with the TB National Program Director, and with the directors and professional staff of hospitals in Luanda and Huambo.

EHSP/SES will work with DPS to scale up TB/ HIV case detection through the implementation of the following strategies:

- Integrating Provider initiated counseling and testing (PICT) to all HF with TB services including those that offer DOTS; TB patients who access the services in treatment and diagnosis centers will be counseled and tested for HIV.
- Integrate TB screening, diagnosis and treatment into routine HIV services: EHSP/SES and DPS will work towards, referral of HIV clients to TB diagnostic facilities for screening. The project will work with Jhpiego home office in introducing simple tools that can be used to screen TB in HIV patients.
- The project will provide on job training during supervision to Health staff working in TB diagnostic and treatment facilities in counseling and testing skills.

**Table 9: Indicators**

Indicator	Achieved to date	2010 Target	Cumulative Total by End of 2010
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	44	6	50
Number of health workers trained in the provision of PMTCT services according to national and international standards	213	75	288
Number of pregnant women with known HIV status (includes only women who were tested for HIV and received their results)	26,197	65,160	91,357

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

Studies show that people are always interested in learning about health and how to keep healthy. Community Mobilization around health issues and a Communication Strategy help to keep people healthy. If a health system provides information to prevent illnesses and on how to have a healthy family, the population perceive the health system as one system that cares about them. Thus a key element in health system strengthening is to work with the communities. The communication and outreach work two ways: health facilities communicate how to prevent and maintain the individuals healthy, what services they are offering and the community members communicate what services and information are required. Most importantly, it will provide key information to the communities so they can identify risk factors and lifestyles, preventive measures, alarm signals, healthy styles of living and understand the services offered so they can make the best use of those facilities. Recognizing the importance of auto efficacy and the role of community leaders—churches, women's and youth groups, TBA—EHSP/SES will work with these leaders as key agents for change and information channels and advocates. The IRs for community mobilization for the Core and for the HIV/AIDS component, and the use of the same mechanisms, staff and resources have been merged here into one group of activities.

#### ***Increase informed demand***

During the last three years EHSP/SES has been working on the training of community agents from the health facilities catchment areas. The training has been done to respond to the need of people learning key messages on prevention, alarm signals and what to do in case of an illness. To be more effective to achieve behavioral changes, the individuals and communities have to receive the same message at all levels: national, provincial and local, at the health facility, from the NGO that works in the community and the community volunteers, otherwise it might be very confusing. A communication strategy acts as an umbrella under which all activities integrate the different interventions from the project and other partners. A communication strategy allows a dialogue and a process of participation with the purpose of creating trust and promoting commitment and empowerment in those members of the community that traditionally have not experienced this.

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

## **Sub IR 2.1. Promote health communication programs in the community, health facilities and work places.**

### **1. Provide TA to design and implement a health communications strategy.**

EHSP/SES started the process of developing a comprehensive communication behavior change strategy on Year 3. EHSP/SES in coordination with the DPS in Luanda and Huambo carried out qualitative research through focus groups, in depth interviews and collecting and analyzing epidemiological data. On Year 4 EHSP/SES will continue the process of completing a communication strategy with all health sectors: MOH, DPS, cooperation agencies, NGOs, community leaders.

The strategy will identify: 1) target groups; 2) behavioral objectives for each group; 3) messages that correspond to these objectives; EHSP/SES will provide technical assistance to develop a media plan and an evaluation plan.

#### **1.1 Research, identification and unification of messages.**

- The EHSP/SES Communication team conducted qualitative research through focus groups in Huambo and Luanda. In depth interviews were also conducted with women, men, youth and health providers. This year the research and analysis conducted will have to be discussed with the DPS in Luanda and Huambo as well with other cooperation partners. In Year 4 EHSP/SES will provide technical assistance to develop messages targeting the main groups. EHSP/SES has to provide technical assistance in the design of the communication strategy. In this stage, we have to define objectives, identify audience segments, position the concepts for the audience and define the change of behavior model. Select communication channels, plan interpersonal communication activities, and develop an action plan and evaluation format.

#### **1.2 Develop, pre test and include observations of the pre test before producing**

- Develop messages, validate with members of the target audience, revise and produce messages and materials. Once the messages have been designed and discussed with the technical teams at each DPS and the other partners, EHSP/SES in coordination with the DPS will continue with the pre testing of those messages to make sure target groups understand the message.

#### **1.3 Post test of messages.**

- Once messages are produced before they are part of a media campaign, messages have to be tested again to improve adequate or change to have a final product.

#### **1.4 Distribution**

- Distribution of communication material should be done through the DPS channels. Nevertheless it is very important to identify a budget to have at least a sample of the campaign in the different media: radio, TV, alternative media.

#### **1.5 Evaluation Plan:**

- Evaluate impact and plan for continuity and sustainability

#### **1.6 FP topics to be addressed in the Communication Strategy**

- Post partum Family planning

- Messages on integration of family planning ,post partum care and HIV and AIDS

## **1.7 Distance Education**

Develop in Huambo an educational- entertainment radio program on the main health causes of morbidity and mortality, how to diagnose and treat, plus the preventive measures and alarm signals.

This radio program will have as a primary audience, health staff of all Huambo health facilities. Also CHVs, NGOs and TBAs will benefit from the program as well as health staff from the private sector.

## **2. Build capacity of healthcare workers and CHVs for effective and systematic results in the community.**

### **2.1 Identify and train community health volunteers (CHVs in selected municipalities in Luanda, Huambo and L. Norte**

EHSP/SES will coordinate with the DPS in Huambo, Luanda and Lunda Norte the training of CHVs in each Province. Each CHV will be trained on the four main areas: Malaria, TB , RH/FP and HIV and AIDS. CHVs will also be trained on leadership, communication techniques, mapping their neighborhoods.

EHSP/SES will be carrying out training events in Lunda Norte, Huambo and Luanda .

Training is held in 3-5 days focusing on preventive messages. They also receive supervisory visits to monitor performance while receiving guidance in development and implementation of their respective work plans.

## **3. Increased health facility community outreach and health promotion**

### **Organize Health Fairs**

#### **3.1. Continue to support the organization of health fairs in Year 4 through the provision of TA in fair organization, logistics and public relations.**

EHSP/SES will continue providing TA to the DPSs to promote community outreach through Health Fairs.

## **4. Increased workplace-based outreach and health promotion**

### **4.1. Develop evaluation criteria**

EHSP/SES will work with MAPESS, an evaluation criteria of the health programs developed by workplaces.

### **4.2. Coordinate with MAPESS a Supervision program**

Based on the evaluation, EHSP/SES and MAPESS will develop a supervision program to visit companies participating in the effort.

The participant companies to date include: 1) Atlas Grupo; 2) Arosfram; 3) Angoalissar; 4) Nosso Super; 5) Empresa Kanini; 6) Hotel Ritz; 7) SEFA; 8) Emprepi; 9) FERPLAS; 10) Monte Adriano; 11) Visa Constroi; 12) Eusebio Angola; 13) SSI; 14) Gadir

### **4.3. Define a First Aid kit for the workplace**

#### **Workplace Health Committee Training Program**

Topics covered include:

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

During the supervision with MAPESS, EHSP/SES has seen the need to advocate with companies to have a First Aid kit in their premises.

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

#### **Sub IR 2.2. Promote positive health behaviors.**

##### **1. Follow-up through client-customer satisfaction survey (TIPs)**

###### **1.1. Client's exit interviews (Entrevistas de saída)**

Patient's exit interview will be conducted using 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. A sample of 30 consecutive clients exiting from antenatal care and family planning consultations, outpatient clinics, and where available, TB consultations will be drawn in each of the randomly selected facilities in each province. The interviews will be conducted by CHVs or health workers from other facilities rather than those included in the study to avoid bias. The data will be analyzed using EPIINFO and SPSS, and tables will be prepared using Excel spreadsheets.

###### **1.2. LQAS surveys.**

EHSP/SES has conducted and used an important cost-effective method of collecting population-based measurements of specific project efforts. The methodology, Lot Quality Assurance Sampling (LQAS) is currently used in several other global health programs, including those supported by USAID and the World Bank. It can be a very effective way of monitoring smaller area performance of the health system, not requiring the effort or expense of a full survey and can be extremely useful in determining high achieving supervision areas as opposed to low achieving areas against established project targets. This can help managers determine where to put specific training and supervision efforts rather than applying all management efforts equally regardless of need. EHSP/SES depending on availability of funds will train DPS staff on the use of the LQAS for monitoring purposes and to evaluate different programmatic aspect at the municipal and local levels.

The key persons responsible include: Community Mobilization Director, Oscar Ortiz; Provincial Supervisors (Luanda) Brito Paulo and (Huambo) Abreu Moco; Community Mobilization staff: Maria Lutonadio and Katerina Bacia; Distance Education advisor, Dr. Fernando Vicente; HIV and AIDS technical Advisor, Dr. Samson Ngonyani, Coordinator for HIV and AIDS Ma. do Rosario Nunes and as support, Celso Mondlane, M&E specialist, Dr. Jhony Juarez, Technical Director and Chief of Party Margarita Gurdian.

These activities provide information supporting the following EHSP/SES indicators.

**Table 10: Indicators**

Indicator	Achieved to Date	2010 Target	Cumulative Total by End of 2010
Percentage of client population that can name at least three services provided through the public health facilities (malaria, TB and RH/FP services)	37%	50%	50%
Percentage of client population that can name at least one prevention or treatment procedure for each of malaria, TB and RH/FP	94%	85%	85%
No. of new SME workplace programs	24	3	27
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and /or being faithful	89,719	27,500	117,219
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	20,813	27,500	55,373
Number of individuals trained in HIV-related stigma and discrimination reduction	1,158	275	1,433

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

#### **3. Increased Civil Society Participation in Quality Improvement of Health Services**

##### **3.1 Continue to spread AB and ABC and stigma reduction messages in the community, health facilities and workplaces.**

Train health workers, CHVs and MTs in ABC, reduction of stigma and discrimination using the curriculum and manuals developed

Train 275 individuals on AB

Train 275 individuals on reduction of Stigma and discrimination

Reach 27,500 community members with AB messages

Reach 27,500 individuals with ABC messages.

**3.2 Establish and/or strengthen municipal health committees.** EHSP/SES is working with selected municipalities to establish and strengthen municipal health committees, which will examine the health related activities and actors in each municipality and work to present a uniform program. HIV/AIDS is included in the topics covered. EHSP/SES has helped formed municipal health committees in Luanda and Huambo and is finalizing a guide to integrate a municipal health committee.

##### **3.3 Prepare a guide on how to conduct a process to integrate Municipal and community health Committees.**

EHSP/SES will develop a systematization of the process to integrate and train Municipal Health Committee members to function as a municipal alliance to promote health within their municipalities. Health is a responsibility of all sectors and the best way to provide and maintain a healthy municipality is when all sectors work in a coordinated way and in alliances.

### 3.4 Organize Study Tour to examine successful community health outreach programs.

To build on international best practices and provide an educational setting to examine and share information and experiences regarding successful community health outreach programs, EHSP/SES will conduct a Study Tour with key DPS staff in Huambo and Luanda to benchmark other successful experiences in other countries. SES will organize visits to areas (national or international) with successful community outreach and community mobilization programs. EHSP/SES has identified a successful international experience in Peru. This study tour will be organized for the second half of 2010 for three key people.

These activities provide information supporting the below EHSP/SES indicators.

**Table 11: Indicators**

Indicator	Achieved to Date	2010Target	Cumulative Total by End of 2010
Number of individuals trained in HIV-related institutional capacity building	91	0	91
Number of individuals trained in HIV-related community mobilization for prevention, care, or treatment support	1158	275	1433
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	1158	275	1433
Number of site visits with key health personnel to areas with successful outreach activities conducted	2	2	4
No. of municipalities with functioning municipal health committees	4	5	9

## **B. Organization and Team**

The EHSP/SES team consists of members of Chemonics International, Jhpiego, and Midego. EHSP/SES presently consists of a 29-person team of both international expatriates and local employees, deployed in offices in Huambo and Luanda, Lunda Norte and Cunene. EHSP/SES has local staff working out from DPS facilities in the last two provinces and acquired vehicles to help monitor program activities in both provinces. Once staff vacancies are filled, there will be 32 professional and support staff. Please refer to Annex A for EHSP/SES' organizational chart. The project is given technical, management, and administrative support from a three-person project management unit in Washington, and specialized support from home-office departments such as contracts, personnel, field accounting, and selected short-term technical assistance.

## **C. In-country Technical Assistance Supervision**

The following technical assistance and supervision is anticipated for the project during Year 4. Targeted technical assistance assignments will always be reviewed against project implementation and progress before requesting formal approval from USAID. Please see Annex I for a complete chart of short-term technical assistance for Year 4.

- A senior accountant from Chemonics is scheduled for two weeks in January to conduct an internal review and provide assistance to strengthening of the project's financial records, bookkeeping, and accounting systems. This visit will be paid for by Chemonics Overhead but with a direct benefit to the project. (Supervision)
- A quality assurance specialist - B. Benavides from Jhpiego is scheduled for one trip for a total of 12 days in August to support the development of an implementation plan of the SBM/R guidelines and review and develop a Standardized Perinatal Clinical Record (SPCR) with web-based tool for storing and analyzing data
- SBM-R tool developer - Mario Vilches - Build a database application for monitoring and analysis of health center "readiness" data to improve delivery of MNH services. Mr. Vilches will travel for 10 days in March.
- SPCR tool developer - Alfonso Villacorta, a software specialist from JHPiego is going to provide TA from Baltimore on how to use the SBM/R software and Mr. Vlchez will train local staff in Luanda.
- An infectious disease and QA consultant from MIDEGO scheduled to arrive in the third quarter of Year 4 to work with the Technical Director on QA, support the training and supervision of MTs, coordinate the SBM/R implementation, training of hospital-based staff, help train clinical staff in Malaria SS and coordinate the TB pilot project on culture to confirm TB diagnosis.

### **Administration and Financial Activities per recommendations of the MTE**

#### **Request a meeting with the USAID Mission to review the contract and update activities agreed to in the document.**

The MTE team made special emphasis on conducting a review of the activities established in the original contract to update it and reflect the changes. EHSP/SES will conduct a review with the PMU Director in the first quarter of Year 4.

## **D. Long Term Technical staff:**

This Year after the MTE recommendations EHSP/SES has asked for two LT staff.

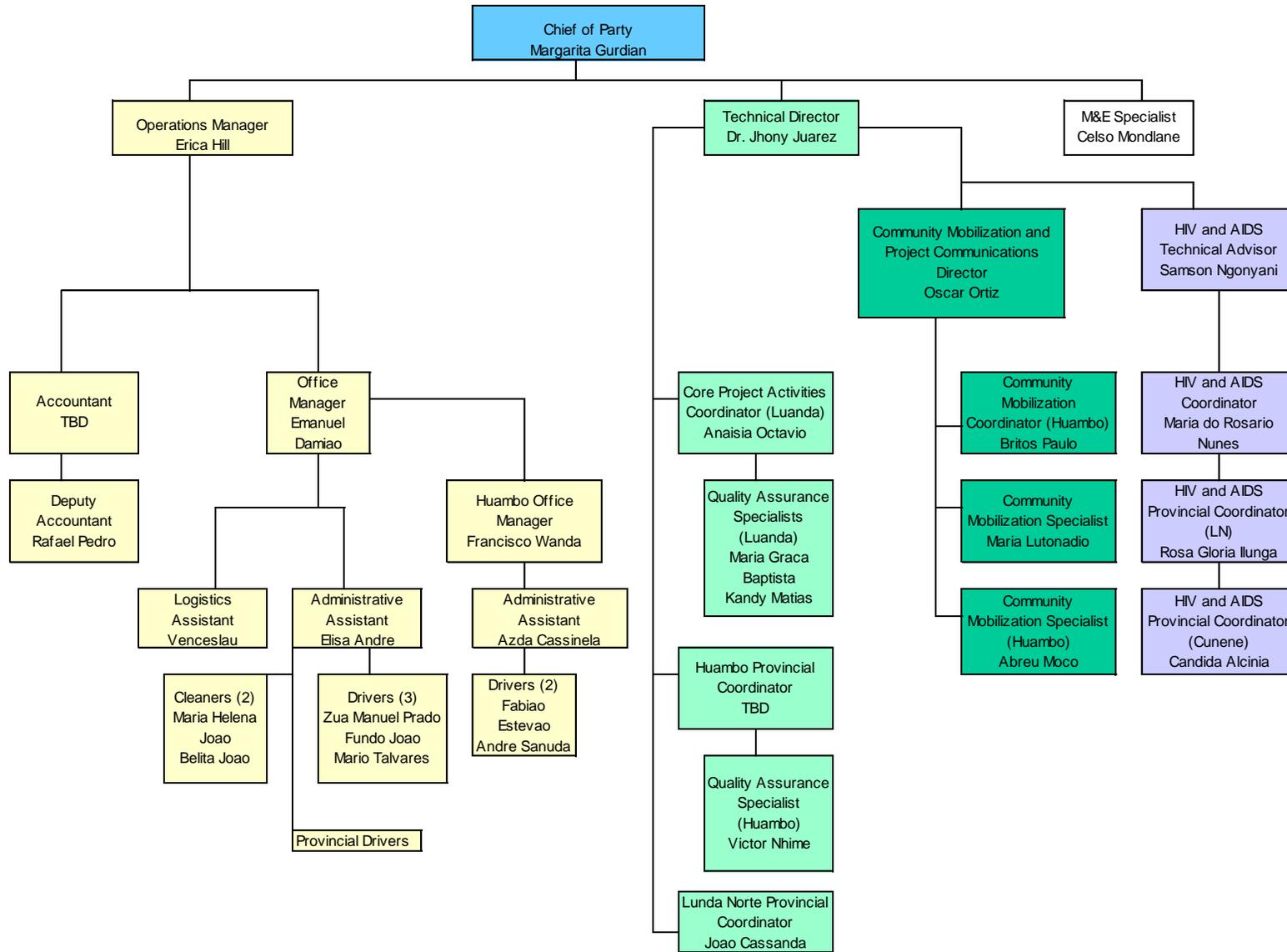
The first is Operations manager, Erica Hill. This position was previously paid for by Chemonics and pending results of the MTE, in September 2009, we received authorization to have the Operations

Manager as a billable position. Community Mobilization Director: EHSP/SES has been developing BCC strategies and Community mobilization activities to achieve ambitious outreach targets. EHSP/SES had Mr. Oscar Ortiz as STTA consultant in Y 2 and Y3 and the project needs to have a person that coordinates both CM staff in Luanda, Huambo and help provide support in other provinces where the project has interventions. Mr. Oscar Ortiz was scheduled to start working in the first quarter of Year 4.

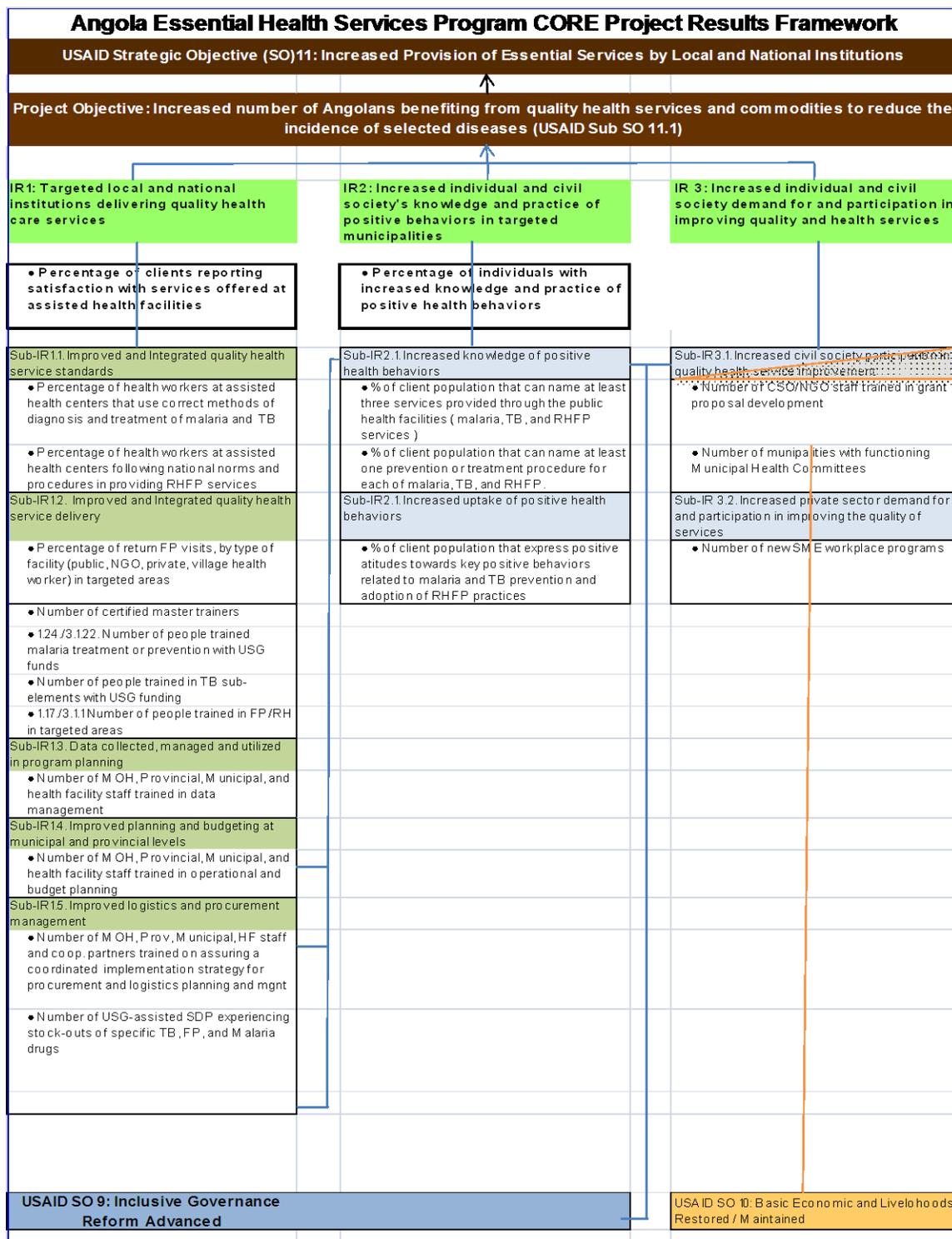
#### **E. Project Closeout Strategy**

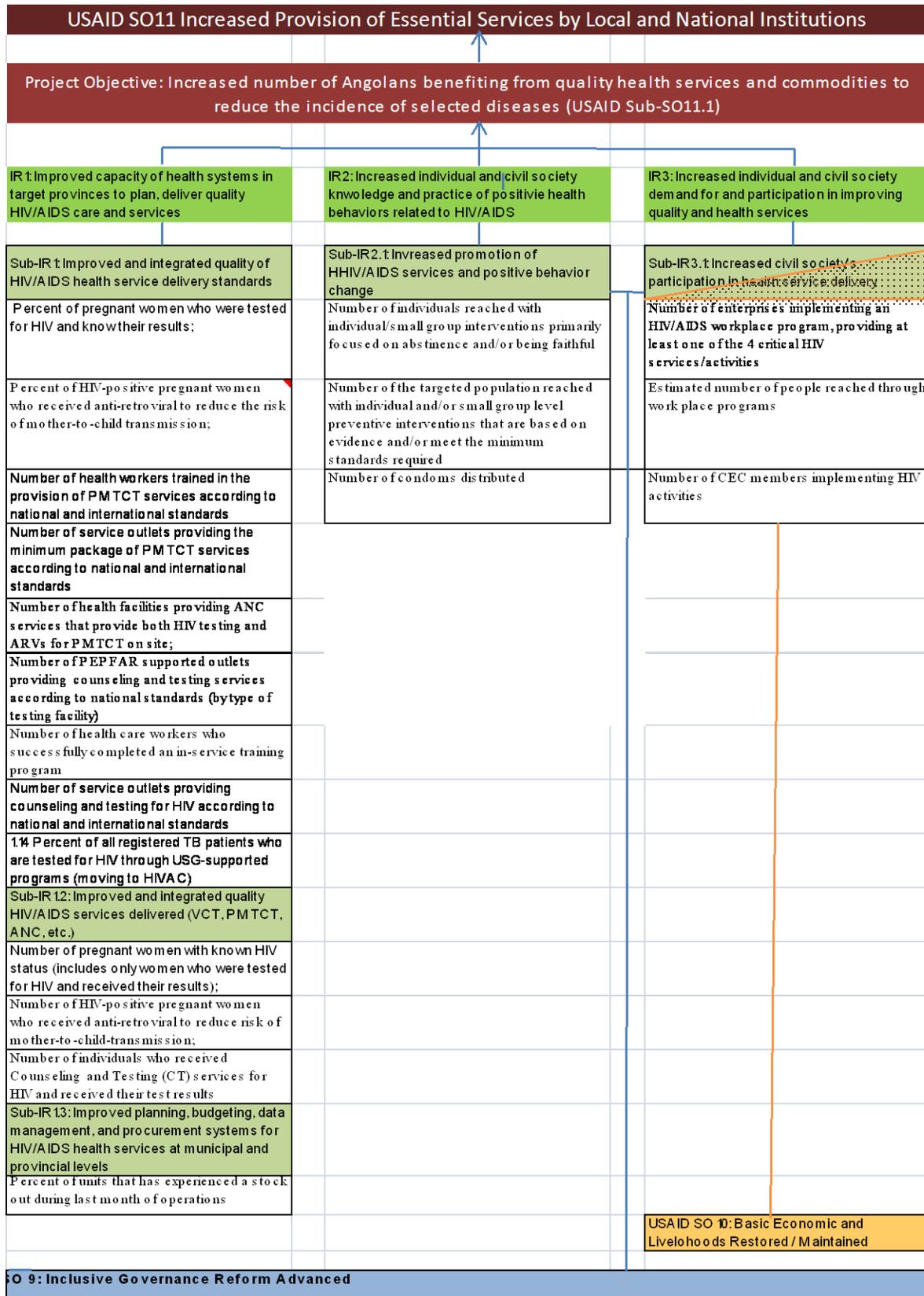
USAID Mission in Angola authorized an extension of the two option years for the EHSP/SES project. EHSP/SES WPY4 was designed to consolidate interventions and to work towards sustainability during Years 4 and 5. Technical activities will be scaled down after the third quarter of Year 5 to facilitate closeout and allow for repatriation expenses.

# Annex A. SES Organizational Chart



## Annex B. SES Project Results Frameworks





## **Annex C. Work Plan Gantt Chart**

See separate Excel file.

## **Annex D. PMP for Core Program**

See separate Excel file.

## **Annex E. PMP for HIV/AIDS Component**

See separate Excel file.

## Annex F. Detailed Training Plan

### Annex G. Detailed Training Plan October 2009 – September 2010

Province	Area	Municipality(ies)	Topic	Dates	Participants
<b>CORE PROJECT</b>					
<b>Lunda Norte</b>	<b>Quality</b>	Chitato and Cuango	Training of Clinical MTs in "Counseling and services Delivery in Family Planning" 5 days <b>100% RH/FP</b>	Apr 2010	Chitato: 13 Lucapa: 6 Form. Perm.: 2 Programs Coord:4
		4 Municipalities	Refreshment of Clinical MTs in "Malaria, prevention, diagnosis And treatment" 3 days <b>100% Malaria</b>	Jun 2010	25 MTs
	<b>Data</b>	Lucapa Sentinel Site	Data Collection and Management <b>100% Malaria</b>	April, 2010	25
		All 9 municipalities	Data Management and Analysis <b>35% RH/FP</b> <b>40% Malaria</b> <b>10% TB</b> <b>15% HIV</b>	April, 2010 5 days	25
		Kambulo, Lucapa, Chitato and Cuango	Training TB clinical technicians <b>100% TB</b>	Oct.2009 3 days	25 people
	<b>Drug Management</b>	2 Municipalities	<b>Drug Management</b> <b>35% RH/FP</b> <b>40% Malaria</b> <b>10% TB</b> <b>15% HIV</b>	May 2010 5 days	25 Participants
	<b>Community</b>	Chitato	Training on Community Mobilization and Communication Strategy. <b>25% RH/FP</b> <b>25% Malaria</b> <b>25% TB</b> <b>25% HIV</b>	May 2010 5 days	25 Comm. Agents
		Chitato	Training on organizing Municipal Health Committees <b>25% RH/FP</b> <b>25% Malaria</b> <b>25% TB</b> <b>25% HIV</b>	May,2010 2 days	25 people

Province	Area	Municipality(ies)	Topic	Dates	Participants
<b>CORE PROJECT</b>					
<i>Huambo</i>	Qualidade	Huambo Sede (Group 1)	Training of Clinical Master Trainers. <b>50% RH/FP</b> <b>25% Malaria</b> <b>10% TB</b> <b>15% VIH</b>	Oct -09 10 days	25 people
		Chinjenje, Ekunha and Ukuma	Training of Clinical Master Trainers. <b>50% RH/FP</b> <b>25% Malaria</b> <b>10% TB</b> <b>15% HIV</b>	April 2010 10 days	25 people
		Huambo sede	Training of Clinical MTs in "Use of Clinical Guidelines" and use of new Maternal Clinical Record. <b>50% RH/FP</b> <b>25% Malaria</b> <b>25% TB</b>	May 2010 10 days	25 MTs
		Huambo sede and Caala	Training of Clinical MTs in "Counseling and services Delivery in Family Planning" <b>100% RH/FP</b>	May 2010 5 days	25 MTs
		11 Municipalities	Malaria "in service training" <b>100% Malaria</b>	Feb until June 2010, 1 day per unit	5 consultants (100 days of in service training)
		2 Hospitals	Training of 20 staff hospitals in Obstetrics and Neonatal Emergencies. Both will be CFC. <b>100% RF/FP</b>	Apr 2010 10 days	25 staff hospitals
		11 Municipalities	Data Management and analysis <b>25% RH/FP</b> <b>25% Malaria</b> <b>25% TB</b> <b>25% HIV</b>	Mar,2010 3 days	25 Staticians

<b>Data</b>	5 municipalities	Correct Record keeping	Apr,2010 5 days	25
	5 municipalities	Data collection	June 2010	25
<b>Drug Management</b>				
<b>Community</b>	8 Comunas from Huambo Sede	Workshop with TBAs <b>50% RH/FP</b> <b>25% Malaria</b> <b>10% TB</b> <b>15% HIV</b>	April , 2010 1 day	80 TBAs
	8 Comunas from Huambo Sede	Workshop with adolescents and youngsters <b>25% RH/FP</b> <b>25% Malaria</b> <b>25% TB</b> <b>25% HIV</b>	April ,1 day	80 adolescents
	8 Comunas from Huambo Sede	Workshop with Sobas <b>25% RH/FP</b> <b>25% Malaria</b> <b>25% TB</b> <b>25% HIV</b>	April 2010 1 day	80 Sobas
	8 Comunas from Huambo Sede	Huambo encounter with representatives of TBAs, Sobas, Youth and forming Municipal Health Committees <b>25% RH/FP</b> <b>25% Malaria</b> <b>25% TB</b> <b>25% HIV</b>	May 2010 2 days	25 people
	5 municipalities	Training of Community Agents <b>25% RH/FP</b> <b>25% Malaria</b> <b>25% TB</b> <b>25% HIV</b>	April-Sept.2010 10 Trainings 2 days	25 Comm. Agents per training Total 250

Province	Area	Municipality(ies)	Topic	Dates	Participants
<b>CORE PROJECT</b>					
Luanda		Training of Clinical Master Trainers. 50% RH/FP 25% Malaria 10% TB 15% HIV	10/1/2009 10 days	H. Center: 6, H. Post: 13 Others: 6	
	Quality and clinical area	Viana and Sambizanga	Training of Clinical Master Trainers. <b>50% RH/FP</b> <b>25% Malaria</b> <b>10% TB</b> <b>15% HIV</b>	March 2010 10 days, 25 staff	H. Center: 6, H. Post: 12 Otros: 7
		Kilamba Kiaxi, Maianga	Training of Clinical Master Trainers. <b>50% RH/FP</b> <b>25% Malaria</b> <b>10% TB</b> <b>15% HIV</b>	March, 2010, 10 days, 25 staff	H. Center: 16 H. Post: 8, Otros: 1
		Samba, Sambizanga, Rangel, Ingombota and Cazenga	Training of Clinical MTs in "Use of Clinical Guidelines" and use of new Maternal Clinical Record. <b>50% RH/FP</b> <b>25% Malaria</b> <b>25% TB</b>	June 2010 4 days	25 MTs
		Viana, K. Kiaxi, Cacucaco and Maianga	Training of Clinical MTs in "Use of Clinical Guidelines" and use of new Maternal Clinical Record. <b>50% RH/FP</b> <b>25% Malaria</b> <b>25% TB</b>	June 2010 4 days	25 MTs
		Samba, Ingombota, Rangel, Maianga and Sambizanga	Training of Clinical MTs in "Counseling and services Delivery in Family Planning" <b>100% RH/FP</b>	Feb 2010 5 days	25 MTs
		9 Municipalities	Malaria "In service training" <b>100% Malaria</b>	March-Sept 2010.	5 consultants x 100 days
		2 Hospitals	Training of 20 staff hospitals in Obstetrics and Neonatal Emergencies. Both will be CFC. <b>100% RF/FP</b>	June 2010 10 days	20 staff hospitals
		Luanda: Dispensario, Hosp. Sanatorio and BoaVida	2 workshops on Ogawa-kudo culture <b>100% TB</b>	March – April 2010, 5 days	15 lab technicians

<b>TB</b>	Luanda, Lunda Norte, Huambo, Cunene	4 workshops on Bk.	March.- Aug.2010,4 days	60 lab technicians
<b>Data</b>	2 municipalities	HMIS data collection, cleaning and analysis	Mar 16 to 24 Mar 22 to 26	5 days,25 participants
<b>Data</b>	DPS e All Municipalities	Data Management and analysis, 1 training	Apr , 2010	5 days, 25 participants
<b>Drug Management</b>				
<b>Community</b>	9 municipalities 6 Public Schools per municipality	Training teachers on "Messages for Life" to train students	Jan.- April,2010	150 teachers
	9 municipalities 6 Public Schools per municipality	Cascade trainings to students	May- Sept. 2010	9,000 students

<b>Province</b>	<b>Area</b>	<b>Municipality(ies)</b>	<b>Topic</b>	<b>Dates</b>	<b>Participants</b>
<b>CORE PROJECT</b>					
<b>Other Provinces</b>	<b>Community</b>	Cunene – Ondjiva and Namakunde	1 workshop on HIV AIDS home care to members of the HV and AIDS Network	June 2010	25 people
		All	Malaria and TB lab diagnosis		15
	<b>Malaria Laboratory Training</b>	All	Malaria and TB lab diagnosis		15
		All	Malaria and TB lab diagnosis		15
		All	Malaria and TB lab diagnosis		15
		All	Malaria and TB lab diagnosis		15
		All	Malaria and TB lab diagnosis		15
<b>OTHER ACTIVITIES</b>					
<b>Luanda</b>			Maternal and Neonatal Record Publication at A3 format		200,000
<b>Luanda</b>			National Training to 30 staff DPS, to use informatics tool about Quality and Maternal and Neonatal Record		30 staff DPS
<b>Luanda, Huambo and Lunda Norte</b>			Elaboration of SBMR software		1 Consultant (Mr. Vilchez)
<b>Luanda</b>			Support DPSs to implement 2 SDC ( 1 in Luanda, 1 in Huambo)		
<b>Luanda</b>			Support DPS to implement the "Situation Room"		
<b>Luanda</b>	Community		HIV and AIDS, TB and malaria	Dec, 09,	

<b>Huambo, Lunda Norte,</b>	and Communicatio n		Special events	April 2010	
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<b>Province</b>	<b>Area</b>	<b>Municipality(ies)</b>	<b>Topic</b>	<b>Dates</b>	<b>Participants</b>
<b>HIV/AIDS COMPONENT Year 4</b>					
<b>Luanda</b>		6 Provinces in Luanda	Training of formadores provinciais PMTCT/SR, SBMR	5 days: April 2010	20
		Samba, Cazenga and K. Kiayi, Viana, Cacuaco, Sambizanga	1 Training of Service providers in PMTCT	15 days, May 2010	25
<b>Lunda Norte</b>	PMTCT	Cuango, Xamuteba, Capenda	Training of Service providers in PMTCT, SBMR	15 days April	25
<b>Huambo</b>	PMTCT	Longonjo, Cachiungo, Chicala, Tchinnenje, Huambo	Training of Service providers in PMTCT, SBMR	15 days May 2010	25

## ANNEX G. CONSULTANT PLAN

### Consultant Plan EHSP/SES Year 4

#### I. QUALITY ASSURANCE ACTIVITIES

IR	Task	Activity	Consultant	Organization	Period for the consultancy	Quarter 1			Quarter 2			Quarter 3			Quarter 4			
						O	N	D	J	F	M	A	M	J	J	A	S	
	Task 11. Elaborar a História Clínica Materna Perinatal	Melhorar a ferramenta incluindo análises de cada US		Jhpiego. B. Benavides e M. Vilchez,	B. Benavides, desde Baltimore e M. Vilchez, 15 dias desde Lima		X											
		Treino Nacional de funcionários no uso duma ferramenta informatica para análises de dados		Jhpiego. Especialista ferramentas Informaticas Mr. Mario Vilchez	5 dias de trabalho em Angola					X								
		Desenvolver base de dados e aplicação para monitoria e análise de dados, incluindo custos,		Jhpiego. B. Benavides. Programador, Mr. Mario Vilchez	B. Benavides, desde Baltimore. M. Vilchez, desde Lima.			X	X									

		baseados na Web																
		Elaboração de software		Jhpiego. B. Benavides M. Vilchez desde Lima	M. Vilchez, 20 dias desde Lima. B. Benavides, 5 dias desde Baltimore				X	X								

## II. HIV ACTIVITIES

Resultado Intermedio	Tarefa	Actividade	Consultor/Procedência	Instituição	Duração da Consultoria	Trimestre 1			Trimestre 2			Trimestre 3			Trimestre 4				
						O	N	D	J	F	M	A	M	J	J	A	S		
Sub IR 1: Padrões de Qualidade de Serviços e Melhorados e Integrados	Task 1. Revisão de protocolos, e desenvolvimento de currículos Protocol review, update and curriculum development (1)	1. Tradução de curriculum e manual de PMTCT/ Family planning integration	Tradutor (Ingles-Port)		Depende do numero de paginas			X											

## ANNEX H. SHORT-TERM TECHNICAL ASSISTANCE FOR YEAR 4

The following are expected Short-term Technical Assistance positions for Year 4:

POSITION	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
SBMR Specialist (Jphiego) B.Benavides								x				
Senior Accountant				x								
SBMR software tool developer Mario Vilches								x				
Infectious Disease and QA specialist							X	x	x	x	x	x