



USAID | **ANGOLA**
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WORK PLAN YEAR 1

HIV/AIDS ACTIVITIES IN TARGETED AREAS IN ANGOLA

**PART OF ESSENTIAL HEALTH SERVICES PROGRAM (EHSP)
SERVIÇOS ESSENCIAIS DE SAÚDE (SES)**

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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
CMCD	Community Mobilization & Communications Director
CSO	Civil society organization
CT	Counseling and Testing (HIV)
CUAMM	Collègues Universitaires Aspirants et Médecins Missionnaires (NGO)
DBS	Dried Blood Spot
DNME	Direcção Nacional de Medicamentos Essenciais (National Directorate of Essential Drugs)
DNSP	Direcção Nacional de Saúde Publica (National Public Health Directorate)
DPS	Direcção Provincial de Saúde (Provincial Health Directorate)
EHSP	Essential Health Services Program/ <i>Serviços Essenciais de Saúde</i>
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
HTA	HIV/AIDS Technical Advisor
IEC	Information, Education, and Communication
INLS	Instituto Nacional de Luta contra SIDA (National Institute for HIV/AIDS)
INSP	Instituto Nacional da Saúde Publica (National Institute of Public Health)
KAP	Knowledge, attitudes, and practices
MAPESS	Ministry of Labor
MDP	Municipal Development Program
MINED	Ministerio da Educação (Ministry of Education)

M&E	Monitoring and evaluation
MOH	Ministry of Health
MOU	Memorandum of understanding
MT	Master trainer
PICT	Provider-initiated counseling and testing
PLWHA	People Living with HIV/AIDS
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)
PNCTL	Programa Nacional do Controlo da Tuberculose e Lepra (National Program for the Control of Tuberculosis and Leprosy)
RH	Reproductive health
RMS	Repartição Municipal de Saúde (Municipal Health Section)
SBM/R	Standard Based Management and Recognition
SES	Serviços Essenciais de Saúde/ <i>Essential Health Services Program</i>
SME	Small to medium enterprises
STI	Sexually transmitted infection
TB	Tuberculosis
VCT	Voluntary counseling and testing

Section I. Introduction

This contract represents a continuation of HIV/AIDS activities under the Essential Health Services Program/ Serviços Essenciais de Saúde (EHSP/SES) project. Due to the lack of appropriate funding mechanisms under TASC 2 (expired) and TASC 3 (reached ceiling), a separate contract was required to support Year 5 HIV/AIDS activities, most of which are part of the original EHSP/SES project. Per COTR request, the EHSP/SES Year 5 Work Plan will merge HIV/AIDS Component (HIVAC) activities into one document for submission. For purposes of this submission under a new contract, this is HIVAC Work Plan for Year 1.

This is the final year of the EHSP/SES project, and the HIV/AIDS component that is part of this contract, which is due to end on September 30th, 2011. During the October 5–7, 2010, work planning workshop, both the technical EHSP/SES team and national counterparts outlined realistic activities to achieve project results, with a vision toward consolidation, transfer of responsibility, and sustainability. During Year 4, EHSP/SES invested most of its HIV/AIDS programming efforts on training health staff as part of establishing and increasing access to Voluntary Counseling and Testing (VCT) and Prevention of Mother to Child Transmission (PMTCT) services. In addition, the project has been working with CSOs and schools to increase Behavior Change Communication (BCC) messaging and positive behaviors related to HIV/AIDS amongst the general population, with an emphasis on youth. The project was successful in achieving most indicators, surpassing many.

This work plan will focus on achieving key contract indicators and results. In addition and given the project is in its final year, technical activities will slowly phase out and focus more on supervision and in-service training of national health personnel. The EHSP/SES team, both in Angola and in the Chemonics Home Office, will work closely with the Mission to ensure prioritization of project activities for greatest sustainability.

Overview

The HIV/AIDS Activities in Angola project will leverage gains made under the current EHSP/SES project to strengthen national, provincial, and municipal capacity to address the HIV/AIDS epidemic, while increasing access to quality integrated VCT and PMTCT services. Developing capacity of local institutions to better plan, manage, and monitor health systems will increase the likelihood of individual and civil society participation in improving health services and their knowledge and practice of positive health behaviors. The project will select target municipalities for project activities, in coordination with the National Institute for HIV/AIDS (INLS) and provincial health directorates (DPS) in Cuando Cubango, Cabinda, Cunene, Huambo, Luanda, Lunda Norte, Lunda Sul, and Uíge.

The focus of the EHSP/SES project since 2007, to be continued under the HIV/AIDS Activities in Angola project, includes building human resource capacity to support VCT and PMTCT services, improving statistics and epidemiological surveillance, and monitoring and follow-up of pregnant women and children. Project innovations to be continued include community involvement through creation of municipal health committees and institutional government support at all levels — from getting INLS approval to use standards-based management and recognition tools for VCTs and PMTCTs to DPS and local health staff participation in

mainstream “best practices” training. All project activities support the National Public Health Directorate (DNSP) – which aims to reduce maternal and perinatal mortality, by strengthening the health services delivery system for the most vulnerable populations in Angola.

Successful EHSP/SES activities that can be replicated include supporting integration of PMTCT with antenatal, delivery, and post-partum care; use of mobile clinics; community health fairs; and involvement of the INLS from project design to implementation, facilitating expansion of services in hard-to-reach provinces. Responding to local needs, this proposal includes facilitation skills training for national and provincial staff, which will also assist with replication of training elements across provinces and municipalities. For development and implementation of PMTCT and VCT services, the project will help improve the quality of services for replication across health facilities in the targeted provinces. Specifically, quality HIV/AIDS services at the facility level require that all patients and health centers have access to proper counseling and testing; integration of services, diagnosis, and treatment; availability of test kits, drugs, and medical supplies; up-to-date patient records and tracking; adherence to prophylaxis and treatment for pregnant women and their children; appropriate and cost-efficient referral among health facilities; and vibrant interface with the communities being served.

Lastly, the project will leverage civil society organizations (CSOs) and schools to teach BCC messaging, as a way to strengthen community and youth knowledge, attitudes, and practices for healthy behaviors. To increase individual and CSO participation, capacity, and knowledge for improved quality health services, the project will also integrate support for people living with HIV/AIDS (PLWHA) into its activities. Working with CSOs and schools to educate youth and communities through BCC messaging and health fairs has enabled the project to expand its reach and influence, while becoming an important component of the national HIV/AIDS strategic planning process at the MOH, provincial, and municipal levels.

HIV/AIDS Advances within the EHSP/SES project

Partnership with health authorities:

During the HIV/AIDS component of EHSP/SES, operating for the past three years, a good working relationship with health authorities at the National, Provincial and municipal level has developed. Nationally, this has included the Ministry of Health and dependent bodies such as the National Directorate of Public Health, the Malaria, TB and RH programs, the Institute to fight AIDS (INLS) and the Cabinet for Health Education. An example of this cooperation is the work EHSP/SES has done with the National Public Health Directorate to develop a set of guidelines for RH/FP, Malaria, TB and HIV and AIDS. EHSP/SES has also worked with the INLS nationally to integrate VCT and PMTCT services into health facilities, as well as on a communication strategy for BCC, in collaboration with the National Cabinet for Health Education and DPS’. The HIV component of this Year 1 work plan (Year 5 of the EHSP/SES project), was developed with the participation of key authorities from the project’s three core provinces (Huambo, Luanda, Lunda Norte), along with INLS representatives from other target provinces (Cabinda, Cunene, Lunda Sul and Uíge). The purpose is to coordinate all project activities and ensure their input gets incorporated into MOH, DPS, and EHSP/SES annual plans for sustainability.

Strengthening human resource capacity: Since the project's inception, Angolan health authorities have requested project support to train health staff on diagnosis and treatment of malaria, TB, HIV/AIDS, and reproductive health issues.

- **MT training:** EHSP/SES has invested most of its resources on integrated training for MTs at the municipal level. The MT training strategy has been coordinated with DPS authorities, the Vice Minister of Health, and INLS. Specific to HIV/AIDS, staff at targeted health facilities has been trained on theory, practice, application, and integration of VCT and PMTCT services into ANC visits. To ensure integration with malaria, TB, and FP/RH, and for project sustainability, the larger ESHP/SES project is working with health authorities to establish provincial Skills Development Centers (SDC) in the three core provinces. This will allow trained staff to serve as resources for integrated programming, and to continue training other provincial/municipal health professionals.
- **HIVAC training:** EHSP/SES supported the INLS and DPS to train a number of counselors and health staff providing HIV testing and treatment services in seven provinces (Cabinda, Cuando Cubango, Cunene, Huambo, Luanda, Lunda Norte, and Lunda Sul). During this year, the HIV/AIDS component is planning to add Uíge, depending on funding.
- **Community Mobilization trainings:** Provincial health staff, the national journalists network, school teachers, and community health volunteers have been receiving BCC training on how to reach more people with key HIV/AIDS prevention messages.

The EHSP/SES Year 4 annual report highlights the significant impact that HIV/AIDS activities have had on health systems strengthening and VCT/PMTCT services in particular. Project indicators are being reached and, most importantly, Angolans are benefiting from health services that integrate HIV/AIDS with ANC and other health interventions, FP/RH in particular.

Develop Normative Framework: For quality services, a health system needs a framework to guide its interventions at all levels. EHSP/SES has collaborated with the DNSP, INLS, and DPS' to develop clinical guidelines on malaria, TB, RH/FP and HIV CT; quality standards for health posts and hospitals; and a basic health services package for health centers, health posts and hospitals (FP/RH and malaria). The guidelines were approved by Angolan health authorities and will be published during Year 1 (Year 5 of the EHSP/SES project).

Lessons learned during three years of HIVAC 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: The HIV/AIDS component of EHSP/SES has worked closely with the INLS, DNSP, and DPS' to train health staff across the target provinces to establish standards, and integrate VCT and PMTCT services in particular. To date, the project has helped established approximately 30% of PMTCT services in the country and 20% of VCT services. In addition, the project is working with provincial Department of Education officials to integrate BCC messages into school curricula, expanding knowledge about proper behavior as part of HIV/AIDS prevention activities.

EHSP/SES has learned the value of partnership and working together with our counterparts to support national and provincial priority activities. The project has developed a relationship consisting of credibility and trust, which eases project implementation and future sustainability.

Strengthening the health system for global health initiatives (vertical programs such as HIV).

EHSP/SES funding sources target integration of health systems and delivery. However, current funding and programming realities are still such that vertical funding sources (i.e., PEPFAR for HIV and PMI for malaria) want to see disease-specific results. For all programs to flourish, EHSP/SES is continuing its core work to strengthen the health system for better implementation of activities when introducing vertical activities such as provision of VCT and PMTCT services.

Investing efforts at the primary health care level: Angolan health is in the hands of nurses at the Primary Health care level. EHSP/SES has thus invested most of its efforts training health center and health post staff at this level. Meanwhile, the GOA and provincial governments are investing in infrastructure and equipment, yet qualified human resources remain a major challenge. Trainings and Skills Development Centers (SDC) during the upcoming year will address some of these needs, along with a national policy to strengthen human resource capacity, currently under development.

Working with the community: EHSP/SES has been working with the DPS in Huambo and Luanda to train community agents, religious leaders, and TBAs for the formation of municipal health committees. This is another entry point to train community agents on BCC and other HIV/AIDS prevention behaviors. In Year 5, EHSP/SES will focus efforts on strengthening and establishing these municipal health committees, with a focus on creating mechanisms whereby they are responsible and held accountable to address health issues in their communities.

Staff Turnover: The Huambo Coordinator resigned during the latter stages of Year 3; while recruiting to fill this position during Year 4, the EHSP/SES Technical Director served as interim Huambo Coordinator. This allowed him and other support staff replaced during the year to quickly learn their jobs and grow professionally in the process. Project successes represent the maturation of staff capacity, and the knowledge transfer that is occurring among Angolan staff.

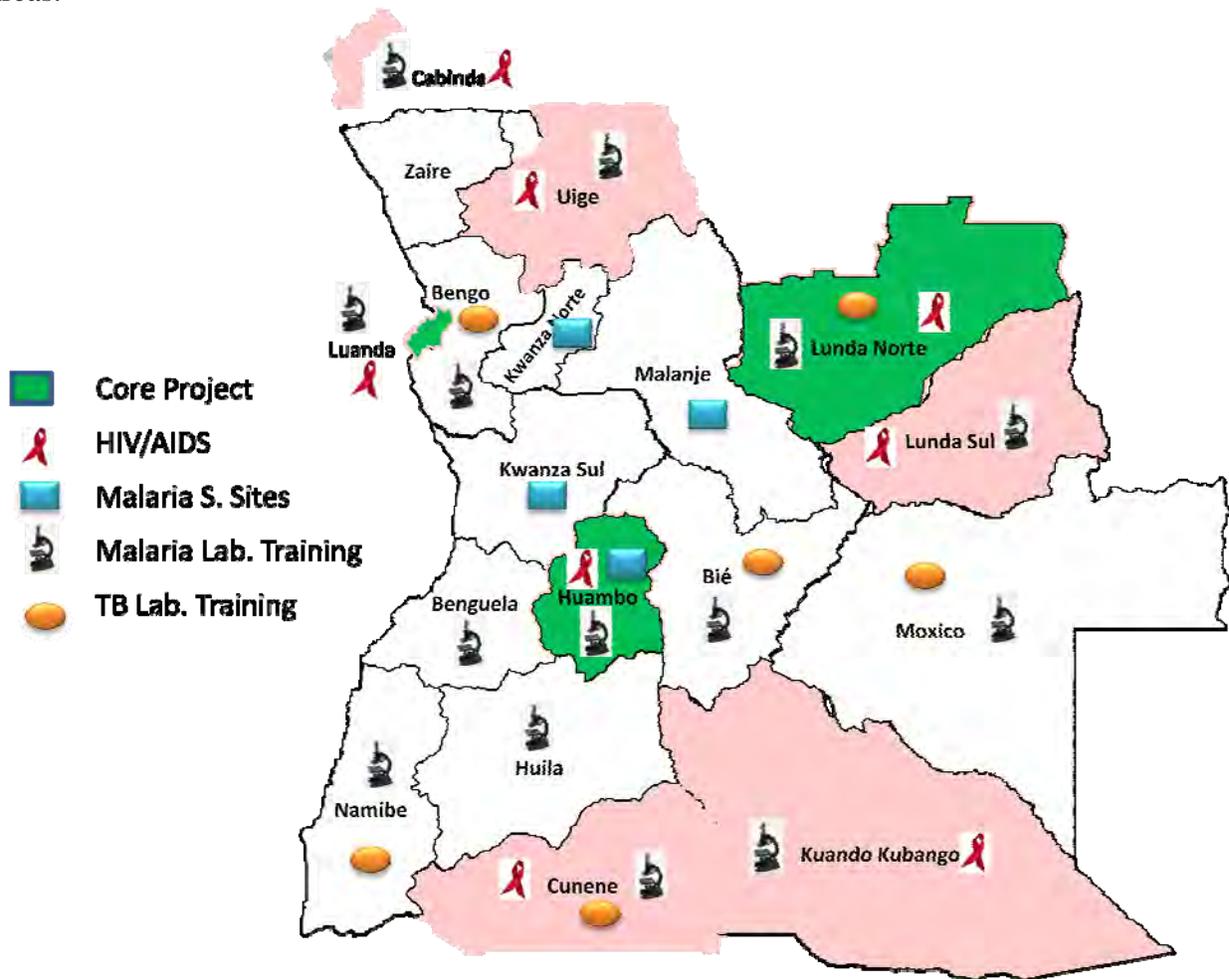
Conversely, turnover among head office staff limited optimal project support through institutional knowledge and staff capacity. Current head office staff is committed to supporting the project through to the end of Year 5 (Year 1 of this contract).

Financial and Administrative Challenges: visa issues for senior project staff persist, wasting valuable project staff time and resources, since staff had to leave the country for weeks and months at a time while administratively fighting for their visa renewals before returning (Community Mobilization and Communications Director and M&E Specialist). The project has established good relations with Angolan Embassy personnel in Washington, DC, allowing for relatively efficient processing of visas for US passport holders, though getting visas for TCNs (most of our expatriate staff) remains difficult.

The addition of two long-term expatriate staff, per recommendations from the mid-term evaluation, strained the project budget and led to a reduction in Year 4 work plan activities.

These budgetary constraints presented unique opportunities to work with counterparts to develop alternative strategies for reaching project targets. One noteworthy example was the initiative to work with school teachers on cascade trainings for AB and ABC messages to students.

The following map reflects HIVAC Year 1 and EHSP/SES Year 5 program implementation areas.



Identification and prioritization of HIV/AIDS Work Plan activities were the result of discussions held with counterpart agencies including the Ministry of Health; INLS; National Directorate of Public Health; Provincial Health Directorates of Luanda, Huambo, and Lunda Norte; and a three-day workshop with national and provincial health authorities.

Consolidating and establishing the basis for sustainability for HIVAC Year 1 (EHSP/SES Year 5):

The EHSP/SES project has started working with its national counterparts, including HIV/AIDS partners, on project sustainability. This will include maintaining quality through application of

the SBM/R tool and regular supervisory visits. Project consolidation of HIV/AIDS activities, in all seven provinces targeted by the component, includes the following activities:

- Coordinating with DPS' to transfer responsibilities for HIV-related project activities
- Establishing/strengthening Skills Development Centers, including HIV/AIDS activities, as exemplar locations for health workers to teach and learn.
- Establishing standard whereby VCT and PMTCT services are integrated into all ANC and FP/RH activities.
- Establishing HIV care and treatment protocols for PLWHAs, including development of a national home-based care manual.
- Integrating HIV/AIDS activities into the cross-sectoral MT curriculum being revised.
- Printing and distribution of MOH-approved clinical guidelines (pocket-sized, for practicality) and VCT/PMTCT standards.
- Standardizing application of quality standards for HIV/AIDS interventions at health posts and health centers.
- Providing technical assistance to the INLS for Angola's HIV/AIDS Global Fund proposal (Round 10).

HIV/AIDS Training efforts: The project will continue: 1) supporting the MOH goals to provide CT services to all pregnant women; 2) working with the INLS to provide new VCTs and PMTCTs across eight provinces, training health staff and helping to establish the sites; and 3) conducting post-partum follow-up with sero-positive women and their children. The project will coordinate with DPS' and the national network of PLWHAs to ensure that all sero-positive pregnant women and their children receive proper follow-up, treatment, and care.

Data Collection: The project will continue to improve the MOH and DPS staff capacities to collect and analyze data and information for decision-making. During Year 4, the EHSP/SES project worked with the MOH to conduct an HIV-specific health profile of Cunene Province, to assist MOH authorities plan interventions in this province with the highest HIV prevalence.

Community mobilization: Project experience shows that coordination of clinical and community mobilization efforts achieve quality results. The project will continue to coordinate with DPS' to promote the establishment of Municipal Health Committees, to help communities solve their own health problems. Similar HIV/AIDS-prevention mobilization efforts, working closely with health authorities, community health volunteers, schools, and health fairs, will help expand popular knowledge about and access to BCC messages for healthy behaviors.

Section II. Detailed Work Plan for Year 1 HIVAC (see PMP for detailed timeline)

Geographic Areas of Implementation Year 1 (EHSP/SES Year 5)

EHSP/SES proposes to extend its activities to nine new municipalities: Huambo (3), Luanda (2), Uíge (2), Cabinda (1), and Lunda Sul (1). The project will also continue implementing activities in the existing municipalities of Cunene, Cuando Cubango, Luanda, and Lunda Norte. Selection of the new municipalities will be in coordination with the INLS and DPS.

Province	Municipalities covered in FY 2010	Proposed new municipalities for FY 2011
Cabinda	Cabinda, Buco Zau, Cacongo	Belize
Cuando Cubango	Menongue, Cuito Cuanavale, Mavinga	
Cunene	Namakunde, Kahama, Curoka, Ombandja, Kuanhama	
Huambo	Huambo, Caala, Longonjo, Cachiungo, Chicala, Tchinjaenje, Ukuma	Mungo, Londimbali and Ekunha
Luanda	Cazenga, Samba, Kilamba Kiayi, Viana, Cacuaco, Sambizanga, Maianga	Ingombota, Rangel
Lunda Norte	Chitato, Lukapa, Cambulo, Cuango, Xamuteba, Capenda	
Lunda Sul	Muconda	Dala
Uíge		Sanza Pombo and Damba
Total	32	9

Province	Proposed new municipalities for FY 2011	VCT	PMTCT
Cabinda	Belize		4
Huambo	Mungo, Londimbali and Ekunha	8	10
Luanda	Ingombota, Rangel	8	13
Lunda Sul	Dala		3
Uíge	Sanza Pombo and Damba		3
Total	9	16	33

IR 1: Improved Capacity of Targeted National and Local Institutions to Plan, Manage, and Monitor Systems

Overall strategy. Angola's civil war placed a heavy burden on the health sector, which still faces an enormous human resource capacity challenge. In 2009, the country had one physician per 10,000 inhabitants, well below the national target of three per 10,000. Low salaries, lack of incentives, and a high cost of living have resulted in low motivation among health professionals, which is reflected in the lack of personnel in rural areas. This affects the kind and quality of health care in the country, especially with respect to HIV services such as PMTCT, antiretroviral therapy, and VCT, which require continuum of care, constant follow-up, and a multidisciplinary team. In addition, there are few specialized human resources in key areas for institutional development such as planning, financial management, and information systems. Monitoring anti-retroviral treatment (ART) and prophylaxis is initiated by physicians, yet the low number of

doctors in the country causes a bottleneck in treatment and care of many HIV-infected individuals who need it. The health information system is weak, and data collection is poor, allowing for inadequate decision-making. Despite the existence of a national plan for universal access to ART and prophylaxis for pregnant women, many PMTCT and VCT services are in urban centers inaccessible to the rural population. Meanwhile, the poor logistics and supply systems for ARVs, test kits, and other supplies at the municipal level cause frequent stock-outs. In addition, referral and counter-referral systems for HIV-positive women and their exposed babies, and people living with AIDS are not well developed.

Main activities. The project, in coordination with the INLS, will conduct training to strengthen the health system and respective staff at the national, provincial, and health facility level. Specific training will include topics ranging from updated facilitation skills for participants drawn from the INLS, RP/FP National Program, EHSP, and DPS Luanda; PMTCT training that includes family planning integration targeting provincial service providers working in reproductive health services; the delivery of VCT for the general population, in accordance with INLS guidelines; training laboratory technicians taking samples to roll-out early infant diagnosis (dried blood spot technique); and management and prescription (task-sharing) of ARVs – pending approval from INLS. The project will ensure that counseling on HIV/AIDS during antenatal visits includes standardized key messages on abstinence, being faithful, and correct/consistent condom use (ABC) and condom distribution. To avoid stock-outs, the project will coordinate planning of logistics and transportation of test kits, condoms, and contraceptives with INLS, DPS, and other donors. The development of a joint supervision tool and program with the DPS and for officials involved in HIV/AIDS technical assistance will assist the INLS in identifying needs and areas for improvement. In response to the NSP, the project will train health staff on HIV and tuberculosis co-infection, incorporating this information into national HIV protocols and manuals.

1.1 In-service clinical and counseling training to health center staff for HIV prevention and counseling for pregnant women and for care of HIV-positive pregnant women.

The project and INLS will coordinate and ensure facilitation skills training for 31 national and provincial trainers. PMTCT service providers in each province will also receive a one day refresher training in family planning (FP) and safer pregnancy (FP/HIV integration), while health staff at new PMTCT centers will receive training on integrated PMTCT/Reproductive Health practices. There will also be a counseling and testing training for new counselors in Huambo and Luanda. Finally, there will be training for HIV health staff in the prescription of ARVs. On the technical side, lab technicians will receive training on specimen collection – Dried Blood Spot (DBS) technique, interpretation of results, and logistics coordination for getting the specimen to the national laboratory in Luanda for rolling-out early infant diagnosis (EID) technique to Luanda, Huambo and Cunene provinces.

1.2 Incorporation of counseling on HIV/AIDS (abstinence being faithful, correct and consistent condom use) into antenatal visits

Project staff will work with health authorities to develop appropriate AB and ABC messages for use during antenatal visits, which will be field tested. ANC staff will then get trained in these messages as part of the regular PMTCT training curriculum. ABC and FP messages will also get

incorporated into VCT and PMTCT training and activities, which will include condom distribution.

1.3 Cooperation with the government and other donors to improve the logistics system for HIV/AIDS kits and medications

The project will ensure logistics planning and transportation for HIV/AIDS-related materials are coordinated with the INLS, DPS', and other stakeholders.

1.4 Development of supervisory and in-country training programs for health officials at all levels involved in HIV/AIDS and technical assistance/training to implement improvements

The project will assist the INLS, in coordination with DPS', to develop a joint supervision program. Activities will include providing in-service supervision trainings for HIV/AIDS staff at health facilities, based on previously identified needs.

1.5 Technical assistance for health officials working on epidemiological surveillance and monitoring and evaluation of HIV/AIDS programs

Project staff will conduct a three-day data management training for health staff working on HIV/AIDS surveillance activities.

1.6 Integration between HIV/AIDS program activities and core TB activities

The project will also support in-service supervisory trainings for all health facilities providing TB care in HIV counseling and testing

IR 2: Increased Knowledge and Practice of Positive Health Behaviors by Individuals and Civil Society

Overall strategy. The project will work to organize communities to be more informed, adopt good health practices, implement HIV and AIDS prevention strategies, and engage effectively with counseling and testing services as well as treatment centers. To ensure communities are participating in the health system, service delivery will focus on the care and self care of the individual, families, and communities. The project will coordinate with the Civil Society Strengthening Program (CSSP) and the Municipal Development Program (MDP), along with local nongovernmental organization (NGO) grantees, to help provide communities with knowledge that will help them adopt healthy practices that prevent HIV and AIDS and, through effective demand, increase the quality of these services at health facilities. The project will promote the proper functioning of municipal health committees in targeted municipalities, engaging communities to set health targets monitored in alliance with municipal and community leaders, health facilities, and other sectors. This approach, which motivates positive health practices through friendly competition, can have a dramatic effect on health indicators and responsiveness of health centers at the community level. The project will also work with schools to train teachers to reach students through key HIV prevention messages.

Main activities. The project will mobilize communities in behavior change communication (BCC) messaging, principally through training of school teachers and community health volunteers (CHVs). School topics include communication strategy in HIV prevention and stigma reduction, while community mobilization will focus on HIV prevention, stigma and discrimination reduction, and services utilization. In response to provincial chapters of people living with AIDS, training courses will be conducted on home-based care, home visits, and formation of support groups. The project will also work with the INLS to develop a curriculum for home-based care. Activities will reflect GOA and Ministry of Health (MOH) plans to decentralize and revitalize municipal health services by empowering civil society organizations (CSOs) and communities. Lastly, the project will engage the DPS and Department of Education at the central policy and local levels to integrate important messages into the education curriculum related to abstinence and being faithful, and correct/consistent condom use messaging, along with stigma discrimination reduction.

2.1 Community mobilization in behavior change and communication prevention activities

The project has historically worked on training of community agents from the health facilities catchment areas, in response to the need for people to learn key messages on prevention, alarm signals and what to do in case of illness. To be more effective to achieve behavioral changes and avoid confusion, the individuals and communities have to receive the same messages at all levels: national, provincial and local. A communication strategy acts as an umbrella under which all activities integrate the different interventions from the project and its partners. A communication strategy allows for dialogue and a participatory process to create trust and promote commitment among a community, empowering those members that have yet to have this experience.

The project's Community Mobilization and Communications Director will work with HIV/AIDS project staff to develop key communication messages for training of teachers and students in schools, which will be field tested. This will result in a three-day workshop for school teachers to be able to reach students with key HIV prevention messages. In addition, the project will conduct similar workshops for Community Health Volunteers (CHVs), who will receive sessions on AB and ABC HIV prevention messages. These activities will include assistance with distribution of condoms. Finally, the project will coordinate with INLS and DPS authorities, together with Civil Society Organizations (CSOs), to conduct a related training for people living with HIV/AIDS (PLWHAs).

2.2 Support CSOs to develop institutional capacity building and advocate for policies aimed at people living with HIV

The project will provide BCC training and technical assistance to public health workers and CSOs involved in HIV/AIDS programming to increase their competence. Part of these activities will include provision of sub-grants to CSOs for BCC activities aimed at target groups, in cooperation with the Angolan Civil Society Strengthening Program (CSSP, where relevant).

IR 3: Increased Participation of Individuals and Civil Society in Improving Quality Health Services

Overall strategy. The role of health committees, CSOs, and other community groups will be strengthened to better monitor HIV/AIDS prevention services, promote community participation in the services and management of health facilities, and encourage CSOs to partner with local health authorities to promote HIV/AIDS services and education. Municipal health committees (MHC) will be an important element of the HIV and AIDS community program. The goal will be for the MHCs to provide space for all sectors of the community to work together and implement activities that improve health indicators within their communities.

Main activities. Increasing the participation of individuals and civil society to improve quality HIV/AIDS health services will be done through training MHCs on appropriate HIV/AIDS messages, together with appropriate monitoring and follow-up to ensure effectiveness. Community-level activities will include coordination with CSSP and Municipal Development Program (MDP) grantees to help train CSOs in the design of HIV/AIDS-related community advocacy grants. There will also be a sub-grant component for the grantees, which will be selected in coordination with the CSSP and MDP, and trained to conduct HIV/AIDS advocacy work. To highlight the co-responsibility of all sectors to build on international best practices and share information, the project will coordinate with similar activities under the EHSP to organize site visits to another country with internationally recognized public health outreach and community mobilization programs.

3.1 Increased Participation of Individuals and Civil Society in Improving Quality Health Services

Project staff will coordinate site visits of key health personnel to areas with successful community outreach activities, or national conferences on the topic, to publicize the importance of local participation. Activities under this IR will include provision of sub-grants for CSOs to conduct HIV/AIDS advocacy work.

IR 4: Improved and Integrated VCT Services Offered

Overall strategy. Angola has prioritized the expansion of integrated PMTCT and VCT services. Per data as of December 2009, there are 177 PMTCT centers, 242 VCT fixed outlets, and 77 mobile clinics nationwide that provide counseling and testing for the general population. Through September 2010, the project has established and strengthened 44 PMTCT outlets (25 percent of the national total) and 38 VCT outlets (15.7 percent of the national total) through training, supervision, and provision of materials. Because VCT services for non-pregnant women, men, and children is an entry point for primary prevention, scaling-up these services will increase access to prevention, care, and treatment. VCT services for the general population will be established within the same health facilities as other basic services that include general medicine consultations, pediatric consultations, family planning and sexual reproductive health, emergency rooms, vaccination, and growth-monitoring services. Physicians and nurses will also refer clients to VCT services. The project will advocate for integration of VCT services with all basic services, beginning with tuberculosis diagnostic and treatment services, where available within the target provinces.

PMTCT services in Angola primarily focus on pregnant women. Although this approach is practical, it fails to address the comprehensive four-prong approach to PMTCT, especially primary HIV prevention and prevention for unintended pregnancy. The World Health Organization and the newly revised Angolan NSP strongly recommend implementation of a comprehensive approach for PMTCT intervention that will address the high maternal mortality rates in the country (1,400 deaths per 100,000 live births in 2009) and reduce the number of infected infants. It will also be important to consider two important developments in 2010 that will influence implementation of activities in 2011: a) a prevalence study in 2009 shows that while national HIV prevalence among pregnant women is lower (2.8 percent compared to 3.1 percent in 2007), the provinces of Benguela (4.4 percent), Cunene (4.4 percent), Lunda Norte (4.2 percent), Huambo (4.2 percent), and Kuando Kubango (4.2 percent) register higher prevalence rates; and b) the new National HIV Strategy (2011-2014) that has a more comprehensive approach toward PMTCT, including using the four-prong approach along with increasing community involvement, institutionalizing early infant diagnosis, and task shifting to allow nurses to initiate ART. The project, in collaboration with the MOH, will integrate the four-prong approach in some health facilities, allowing the project to scale-up implementation of the comprehensive package in targeted areas. This approach includes: 1) prevention of new infections among women of reproductive age; 2) prevention of unintended pregnancies in women living with HIV (family planning); 3) prevention of HIV infection from HIV pregnant women to their infants; and 4) provision of appropriate prophylaxis, treatment, care, and support to mothers living with HIV and their children and families.

Main activities. The project will collaborate with the INLS and DPS to identify and conduct a needs assessment of new health facilities that can provide VCT services. The assessment will include identifying materials and equipment needed to provide quality counseling and testing services in an appropriate environment where privacy, dignity, and bio-safety measures are observed and guaranteed. Basic modifications will be required to accommodate the new services, such as partitioning of the room, painting, and window/door replacement. The project will also provide basic furniture per INLS specifications, including basic equipment such as waste disposal buckets and materials for blood collection and bio-safety.

The INLS conducted a protocol revision in July 2010 in which EHSP participated as part of the technical team. This revision takes into account the new WHO recommendations. The project will include this new protocol in all training and supervisions and will monitor for recommendations for improvements. The project will work for consensus and clarification of responsibilities with the INLS, MOH, and USAID, to ensure that all VCT services use national protocols for training and other purposes. The project will coordinate with the INLS to develop final VCT and supervisory protocols based on agreed-upon responsibilities of different actors at the municipal, provincial, and national levels. The project will also work with the INLS and DPS to develop a distribution plan for USAID-donated test kits and condoms according to provincial need. This project element will include training of health staff in planning, management, and monthly projections of need, to avoid stock-outs.

To scale-up VCT for the general population, the project will work with the DPS to support VCT services within existing health facilities. This will include supporting existing mobile clinics to reach those who have less access to the counseling and testing services, including hard-to-reach

population groups who otherwise will not visit clinics, such as men and youth. Previously trained nurses will conduct clinical management of VCT operations and youth-friendly services will be emphasized in the VCT training curriculum. The project will work with the INLS to conduct joint supervisory visits to the targeted provinces, with more frequent visits in collaboration with DPS. Supervisory visits will also allow for detection of stock-outs and re-supply of test kits, ARVs, and other supplies.

The scale-up of integrated PMTCT is a national priority, especially for municipalities with less access. The project will support training of health professionals that provide integrated services, improve and rehabilitate areas where pregnant women are receiving the services, and support necessary supervision. PMTCT services will include supporting logistics for supply of rapid test kits, ARVs, condoms, and other supplies; ensure quality of service delivery; and on-the-job training. Supervisory visits with focal points from each province will help verify that norms and protocols are followed and whether there is a need for refresher training. In addition, the project will collaborate with national reproductive health and malaria programs to ensure that appropriate medications are available as part of antenatal care and that ARV prophylaxis services are integrated into the comprehensive PMTCT approach.

Finally, the project will support the INLS and DPS to improve monitoring of pregnant HIV-positive women and HIV exposed infants, an important challenge posed by the NSP to ensure complete prophylaxis and treatment for women and children. The roll-out of early infant diagnosis (EID) for HIV will also support monitoring of HIV-exposed infants during their first 18 months of life.

4.1 Review the current experience, policy, thinking concerning VCT protocols in Angola

The project will coordinate with the INLS and DPS' to develop supervisory protocols for provincial and municipal health authorities. Work will include building consensus with the INLS, MOH, and USAID on the protocol to be applied in the USAID-supported VCT centers. Once reviewed and validated by municipal and provincial health centers and authorities, final VCT protocols will be established.

4.2 Improve logistics and management of medical supplies

The project will work with the INLS, MOH, and other health authorities to improve logistics management for HIV and AIDS materials, HIV test kits, condoms, mosquito nets, and contraceptives. Activities will include strengthening the supply chain for TB, STI diagnostic materials, and medications for the treatment of opportunistic infections.

4.3 Scale-up VCT for general population

The project will support the establishment of 16 new VCT services within existing health facilities in Luanda and Huambo, support the work of mobile clinics, and train staff in the clinical management of VCT operations and youth-friendly VCT services. In collaboration with the INLS and DPS' the project will also provide supervisory support to already-established VCT services that would include on-the-job staff training and logistics support.

4.4 Scale-up integration of prevention of mother-to-child transmission (PMTCT) activities

The project will support the establishment of 33 new integrated PMTCT/RH services for routine counseling and testing in antenatal care, delivery, post-natal care and family planning clinics. Activities will include providing support to established PMTCT services, and integrate eight new ARV prophylaxis services within antenatal and delivery/post-partum services. Project staff will also monitor HIV-positive pregnant women in Luanda, Huambo, and Cunene to ensure complete ARV treatment before and after delivery. Finally, the project will roll-out early infant diagnosis (EID) methodology in select health centers, to be used for HIV-exposed infants.

Year 1 HIVAC (Year 5 EHSP/SES) Work Plan Summary

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 VCT and PMTCT services, including follow-up for HIV-positive individuals. During Years 3 and 4 of the EHSP/SES project, the HIV/AIDS component was implemented in eighteen municipalities of seven provinces of Angola: Cabinda, Cuando Cubango, Cunene, Huambo, Luanda, Lunda Norte, and Lunda Sul. During this year, the project will expand to Uíge Province and seven new municipalities across the other seven provinces, while continuing providing support, supervision and refresher trainings to staff in health services already established during years 3 and 4. The specific health facilities to be supported in the new municipalities this year will be discussed with INLS and DPS', and be finalized by the end of the first quarter in 2010.

Section III. Contract Management

A. HIVAC Year 1 Summary Budget

Line Item		October 1, 2010 - September 30, 2011
I.	Salaries	\$65,216
II.	Fringe Benefits	\$29,258
III.	Overhead	\$56,901
IV.	Travel and Transportation	\$11,063
V.	Allowances	\$42,553
VI.	Other Direct Costs	\$69,987
VII.	Equipment, Vehicles, and Freight	\$315,000
VIII.	Training	\$1,000,000
IX.	Subcontractors	\$295,624
X.	Grants	\$50,000
Subtotal, Items I-X		\$1,935,602
XI.	General and Administrative	\$111,878
Subtotal, Items I-XI		\$2,047,480
XII.	Fixed Fee	\$121,849
Grand Total		\$2,169,329

B. Organization and Team

The EHSP/SES team consists of members of Chemonics International, Jhpiego, and Midego; the HIV/AIDS component consists of Chemonics and Jhpiego employees only (see Organization Charts in Annex A for details). The project consists of a 30-person team of international expatriates and local employees, deployed in offices in Huambo, Luanda, Lunda Norte, and Cunene. EHSP/SES has local staff working in DPS facilities in the last two provinces, and provides vehicles to help monitor program activities in those provinces. The project receives 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 select short-term technical assistance.

C. In-country Technical Assistance Supervision

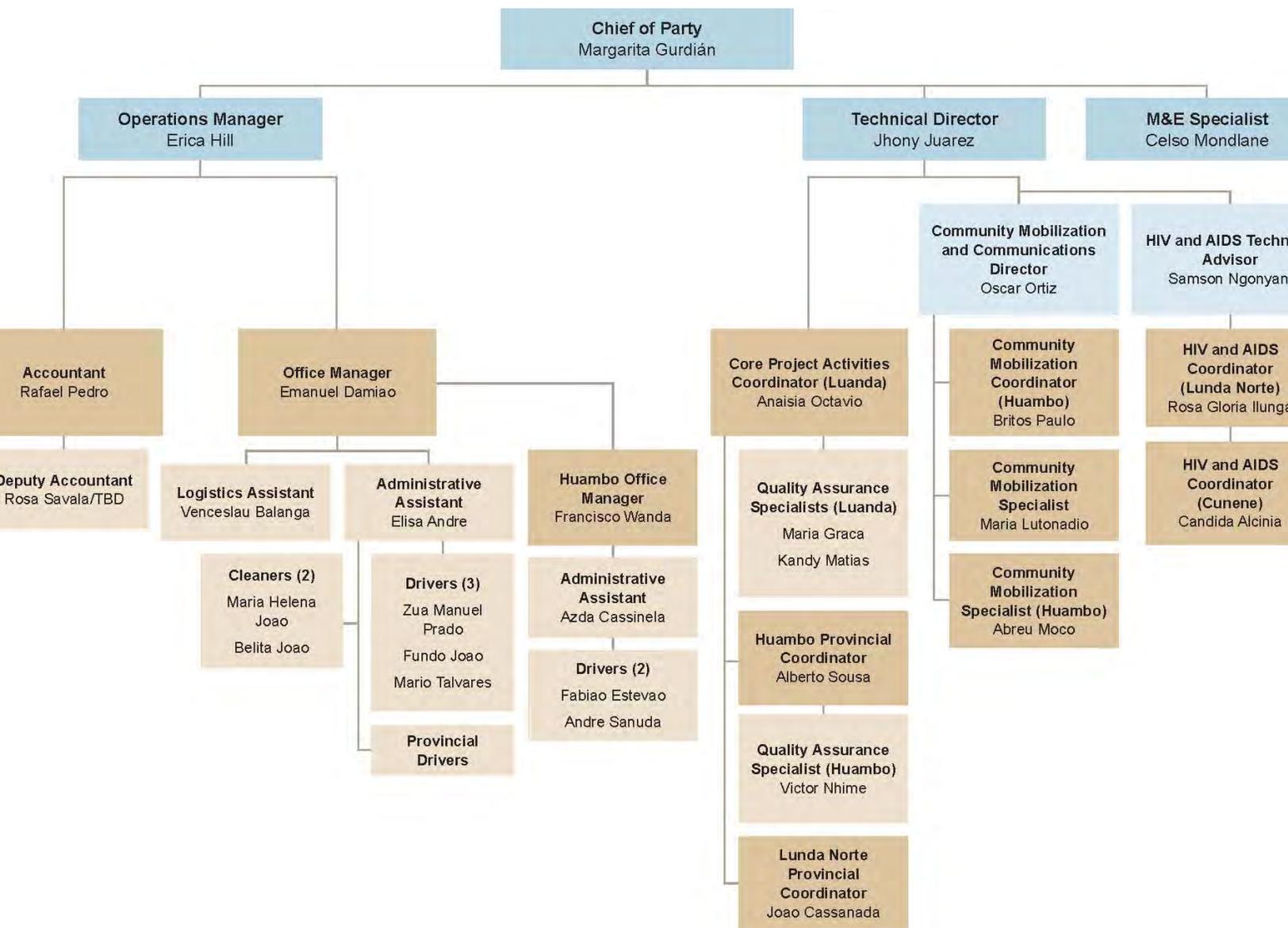
The following technical assistance and supervision is anticipated for the HIV/AIDS component of the project during Year 1 (EHSP/SES Year 5). Targeted technical assistance assignments will be reviewed against project implementation and progress before requesting formal approval from USAID. Please see Annex F for a chart of short-term technical assistance.

- An external consultant is scheduled to come for approximately two weeks in January to help facilitate a facilitation skills workshop for HIV/AIDS health staff delivering VCT and PMTCT services.

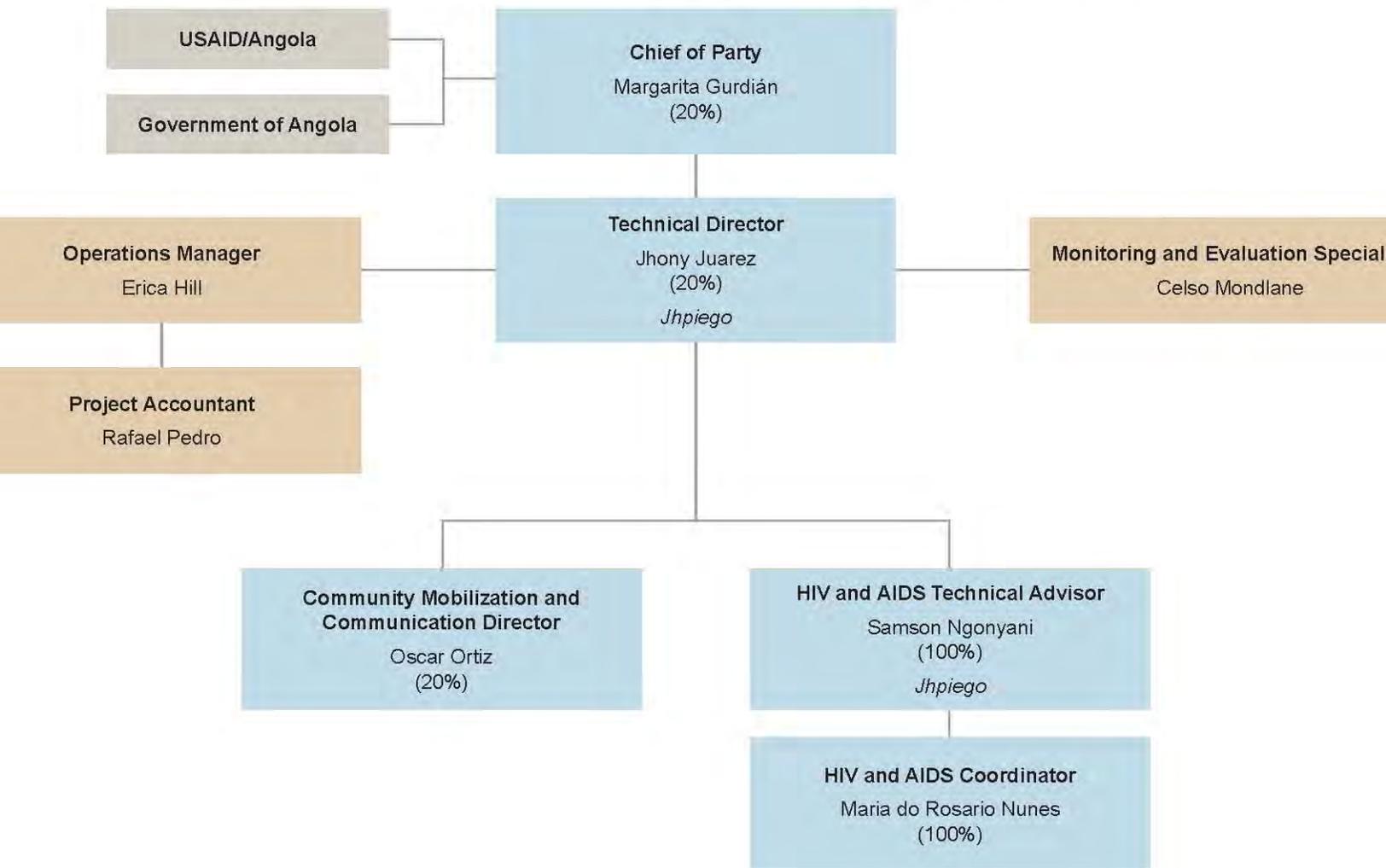
E. Project Closeout Strategy

Technical activities will be scaled down after the third quarter of this project year to facilitate contract closeout, finalize project reporting, and ensure timely repatriation of expatriate staff.

Annex A. SES and HIVAC Organizational Charts



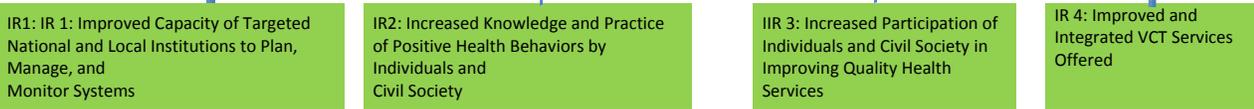
Annex B-2. HIV/AIDS Activities in Targeted Areas in Angola Organizational Chart



Annex B. HIVAC Project Results Frameworks

USAID SO11 Increased Provision of Essential Services by Local and National Institutions

Project Objective: Increased number of Angolans benefiting from quality health services and commodities to reduce the incidence of selected diseases (USAID Sub-SO11.1)



Sub-IR1: In-service clinical and counseling training to health center staff for HIV prevention and counseling for pregnant women and for care of HIV-positive pregnant women
Number of health workers trained in the provision of PMTCT services according to national and international standards;
Number of health care workers who successfully completed an in-service training program
Number of individuals trained in HIV-related institutional capacity building: (RFP RI)
Sub-IR1.2: Incorporation of counseling on HIV/AIDS (abstinence, being faithful, correct and consistent condom use) into antenatal visits
Number of health care workers who successfully completed an in-service training program
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment
Sub-IR1.3: Cooperation with the government and other donors to improve the logistics system for HIV/AIDS kits and medications
Sub-IR1.4: Development of supervisory and in-country training programs for health officials at all levels involved in HIV/AIDS and technical assistance/training to implement improvements
Number of health care workers who successfully completed an in-service training program
Sub-IR1.5: Technical assistance for health officials working on epidemiological surveillance and monitoring and evaluation of HIV/AIDS programs
Number of individuals trained in HIV-related institutional capacity building
Sub-IR1.5: Integration between HIV/AIDS program activities and core TB activities

Sub-IR2.1: Community mobilization in behavior change and communication prevention activities
Number of individuals trained in HIV related community prevention for prevention, care and/ or treatment
Number of community health and para-social workers who successfully completed a pre-service training program (CHVs)
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful
Number of the targeted population reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required
Number of condoms distributed
Sub-IR2.2 Support CSOs to develop institutional capacity building and advocate for policies aimed at people living with HIV
Number of community health and para-social workers who successfully completed a pre-service training program (CHVs)
Number of individuals trained in HIV related institutional capacity building
Number of local organizations provided with technical assistance HIV related Institutional capacity building
Number of individuals trained in stigma and discrimination reduction
Number of individuals trained in HIV-related institutional capacity building

Sub-IR3.1 Site visits of key health personnel to areas with successful community outreach activities, or national conferences on the subject including other donors, to publicize the need for local participation.
Number of enterprises implementing an HIV/AIDS workplace program, providing at least one of the 4 critical HIV services/activities
Estimated number of people reached through work place programs
Number of CEC members implementing HIV activities

Sub-IR4.1: Review the current experience, policy, thinking concerning VCT protocols in Angola
Sub-IR4.2 Improve logistics and management of medical supplies
Sub-IR4.3 Scale-up VCT for general population
Number of PEPFAR supported outlets providing counseling and testing services according to national standards (by type of testing facility)
Number of individuals trained in counseling and testing according to national and international standards:
Number of health care workers who successfully completed an in-service training program
Sub-IR4.4 Scale-up integration of prevention of mother-to-child transmission (PMTCT) activities
Number of health facilities providing ANC services that provide both HIV testing and ARVs for PMTCT on site;
Number of HIV-positive pregnant women who successfully completed ARV treatment before and after delivery (PEPFAR indicator)

USAID SO 10: Basic Economic and Livelihoods Restored / Maintained

USAID SO 9: Inclusive Governance Reform Advanced

Annex C. HIV AIDS Component (HIVAC) Work Plan PMP and Gantt Chart

See separate Excel file. Components of the M&E Plan – deliverables, timelines, indicators, etc. are incorporated into this document.

Annex D. Detailed Training Plan: October 2010 – September 2011 (IRs 1 and 4)

Area of Training	Provinces	Municipalities	Number of Services to be established	Type of Training	Duration of training	TARGET Number of participants
PMTCT	Luanda:	K. Kiaxi, Viana, Cacucaco, Maianga Sambizanga, Cazenga, Samba	13	Training of Service providers in PMTCT	15 days: 2 training courses	40
	Huambo	Mungo, Luindimbali, Ecuinha, Huambo, Longonjo, Chicala, Cachiungo, Tchinjenje	10	Training of Service providers in PMTCT	15 days: 2 training courses	50
	Cabinda	Belize, Cabinda Sede, Bucozau	4	Training of Service providers in PMTCT	15 days	25
	Lunda Sul	Dala and Cacolo	3	Training of Service providers in PMTCT	15 days	20
	Uige	Ambuila, Milunga e Buengas	3	Training of Service providers in PMTCT	15 days	20
VCT	Luanda	Samba, Cazenga and K. Kiaxi, Cacucaco, Viana, Sambizanga	8	Training of service providers in C&T including TB services	10 days	25
	Huambo	Mungo, Luindimbali, Ecuinha, Huambo, Longonjo, Chicala, Cachiungo, Tchinjenje	8	Training of service providers in C&T including TB services	10 days	23
National TOT training Methodology	Luanda	8 Provinces, DNSP-SSR, INLS		Training skills	5 days	30
Refresher training	8 provinces	8 Provinces		Refresher training service providers in PMTC/ family Planning	1 days	132

Training in HIV statistics and data collection.	Luanda	9 municipalities		Training of health staff responsible for statistics in data collection and data management	2 days	25
	Uige	3 municipalities		Training of health staff responsible for statistics in data collection and data management	2 days	22
EID- DBS training	Luanda, Cunene, Huambo	3 municipalities		Training of lab technician in EID specimen collection and logistics	5 days	10
Management of ARVs (Task shifting)	Huambo			Training of Service Providers in ARV prescription	5 days	25
	Cunene			Training of Service Providers in ARV prescription	5 days	25
	Lunda Norte			Training of Service Providers in ARV prescription	5 days	20
Training of service providers in TB-confection	Luanda			Training of services providers in TB-co infection	3 days	50
	Huambo			Training of services providers in TB-co infection	3 days	25
	Lunda Norte			Training of services providers in TB-co infection	3 days	25
Training in Epidemiological surveillance	Luanda	9 municipalities		training of service providers in epidemiological surveillance	3 days	25

Annex E. Consultation Plan

Consultant Plan
HIVAC
Year 1

Intermediate Result	Task	Activity	Consultant	Institution	Length of Consultancy	Quarter 1			Quarter 2			Quarter 3			Quarter 4			
						O	N	D	J	F	M	A	M	J	J	A	S	
Improved efficacy of tested national and provincial interventions to Manage, Monitor and Evaluate HIV/AIDS programs	1.7 In-service clinical and counseling training to health center staff for HIV prevention and counseling for pregnant women and for care of HIV-positive pregnant women.	Conduct a 5-day workshop for 15 national and provincial trainers on facilitating skills	External Consultant		Approximately 2 weeks			X										

Annex F. HIVAC Short-term Technical Assistance for Year 1

Following are expected Short-term Technical Assistance positions for Year 1:

Position	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
External Consultant (Facilitation Skills Workshop)				X								