Health for All (HFA)

Population Services International (PSI)

RFA-654-16-000004
Cooperative Agreement No.: AID-654-A-17-00003

Year 2 – Quarter 1 Report: October 1st – December 31st, 2017

Submission: February 12th, 2018

Country Representative: Anya Fedorova, email: anya.fedorova@psiangola.org

Chief of Party: Paulo R Proto de Souza, email: pproto@psiangola.org

ACRONYM LIST

ACT	Artemisinin-based Combination Therapy
ADECOS	*Agentes de Desenvolvimento Comunitário e Sanitario* (community health workers)
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Therapy
CHW	Community Health Worker
CoC	Continuum of Care
COP	Chief of Party
CPR	Contraceptive Prevalence Rate
CSC	Contraceptive Security Committee
DHIS2	District Health Information Software 2
DHS	Demographic and Health Survey
DHP	Dihydroartemisinin-piperaquine
DNSP	Direcção Nacional de Saúde Pública (national public health department)
DPS	*Direcção Provincial da Saúde* (provincial health department)
EMMP	Environmental Monitoring and Management Plan
FP	Family Planning
FP/RH	Family Planning and Reproductive Health
GF	Global Fund (GFATM)
GRA	Government of the Republic of Angola
HH	Household
HF	Health Facility
HFA	Health for All
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HNQIS	Health Network Quality Improvement System
HSS	Health Systems Strengthening
HTS	HIV/AIDS Testing Services
HU	Health Unit
HW	Health Worker
iCCM	Integrated Community Case Management
INLS	Instituto Nacional de Luta Contra a SIDA
IPC	Interpersonal Communication
IPTp	Intermittent Preventive Treatment in Pregnant Women
IR	Intermediate Results
ITN	Insecticide-treated Net
IUD	Intrauterine Device
KP	Key Population
LARC	Long-Acting Reversible Contraception
LLIN	Long-Lasting Insecticidal Net
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MENTOR	The MENTOR Initiative
MIP	Malaria in Pregnancy
MOH	Ministry of Health
MSH	Management Sciences for Health

NGO	Nongovernmental Organization
NMCP	National Malaria Control Program
PAC	Post-Abortion Care
PAF	Patient Assistant Facilitator
PAFP	Post-Abortion Family Planning
PBCC	Provider Behavior Change Communication
PEPFAR	United States President's Emergency Plan for AIDS Relief
PLHIV	People Living With HIV
PMI	United States President's Malaria Initiative
PMP	Performance Management Plan
PMTCT	Prevention of Mother-to-Child Transmission
PPP	Public-Private Partnership
PSI	Population Services International
PSI/A	PSI/Angola
PSM	Procurement and Supply Management Project (GHSC-PSM)
QA	Quality Assurance
RH	Reproductive Health
RHWG	Reproductive Health Working Group
RMA	Rede Mulher Angola
RDT	Rapid Diagnostic Test
SBCC	Social and Behavior Change Communication
SOP	Standard Operating Procedure
SP	Sulfadoxine-pyrimethamine
TA	Technical Assistance
TB	Tuberculosis
TBA	Traditional Birth Attendants
TH	Tropical Health, LLP
ToT	Training of Trainers, Trainer of Trainers
TSA	Tecnosaúde Angola, SA
TWG	Technical Working Group
UC	Universal Coverage
UNAIDS	Joint United Nations Program on HIV and AIDS
USAID	United States Agency for International Development
USG	United States Government
WHO	World Health Organization
WHP	Women's Health Project

HEALTH FOR ALL

YEAR 2 – QUARTER 1 (OCT-NOV-DEC 2017)

In January 2017, a Population Services International-led Consortium was awarded RFA-654-16- 000004 to implement project Health for All (HFA), from FY17-FY21. HFA includes three health areas: Malaria, HIV/AIDS, and Family Planning.

The following report describes main achievements per Objective/Expected Result that happened between October 1st and December 31st, 2017 (1st Quarter of Year 2 or FY18).

Result 1: LLIN Access and Use Increased by at least 30%.

1.1 Background

Malaria is an endemic disease in Angola and considered one of the main public health concerns; it is the main cause of death and hospitalizations affecting mainly pregnant women and children under the age of five years old in all regions of the country. To reverse this situation, the Angolan government is strongly investing in prevention in which ITN usage is considered one of the most effective ways to prevent malaria. Through the USAID-funded health for all project (HFA), NMCP aims to achieve universal coverage and increase access and use of ITNs to 80% nationwide. Under the leadership of PNCM, PSI is the main implementing partner of the ITN distribution campaign in coordination with PSM, which is in charge of the placement of mosquito nets in the respective distribution provinces. The ITN distribution campaign is implemented by phases in several provinces simultaneously.

1.2 Targets for FY18

Key Results Expected (estimates)

Quarter	Province	Population in 2018	LLINs need	nº of households	nº of children under 5	nº of Pregnant Women
Q1	Cunene	1 121 748	623 193	243 858	217 395	27 819
	Namibe	568 722	315 957	123 635	110 218	14 104
	Sub total	**1 690 470**	**939 150**	**367 493**	**327 613**	**41 924**
Q2	Cuando Cubango*	854 258	474 588	185 708	165 555	21 186
	Huambo	2 309 829	1 283 238	502 137	447 645	57 284
	Sub total	**3 164 087**	**1 757 826**	**687 845**	**613 200**	**78 469**
Q3	Bengo	429 322	238 512	93 331	83 203	10 647
	Bié	1 654 744	919 302	359 727	320 689	41 038
	Cabinda	801 374	445 208	174 212	155 306	19 874
	Sub total	***2 885 440***	***1 603 022***	***627 270***	***559 198***	***71 559***
Q4	Lunda Norte	972 183	540 102	211 344	188 409	24 110
	Lunda Sul	609 851	338 806	132 576	118 189	15 124
	Moxico	601 454	334 141	130 751	116 562	14 916
	Sub total	***2 183 488***	***1 213 049***	***474 671***	***423 160***	***54 151***
TOTAL FY18		**9 923 485**	**5 513 047**	**2 157 279**	**1 923 171**	**246 103**

** Contingent on availability of LLINs in March/18*

- Distribution of **5.5 million mosquito nets** in 10 provinces (provided the distribution funds and availability of nets are confirmed)
- Population covered in the 10 provinces: **9.9 million** (**246,100 pregnant women** + **1.9 million children >5**)
- **5,400** "activistas" trained in communication, registration and distribution in the 10 provinces

1.3 Achieved results in Q1 FY18

Performance Indicators	Baseline	Target	Quarter targets for FY18				Achieved in Quarter / Q1 target	Achieved in Quarter /Year target
	2015-16	2018	Q1	Q2	Q3	Q4		
1. Number of insecticide treated nets (ITNs) that were distributed in this reported fiscal year.	1,739,431	**5,513,047**	939.150	1,757,826	1,603,022	1,213,049	796,257/ 939,150 (**84.8%**)	796,257/ 5,513,043 (**14,4%**)
2. Number of community HWs trained in counseling on ITN use in this reported fiscal year.	399	**4,078**	731	665	1,308	1,374	931/731 **(127.4%)**	931/4,078 (**22.8%**)
3. Number of households with at least one ITN for every two people in this reported fiscal year.	106,864	**2,157,279**	367,493	687,845	627,270	474,671	240,971/ 367,493 **(65,6%)**	240,971/ 2,157,279 **(11,2%)**
4. Number of Children covered with ITN in this reported fiscal year.	187,944	**1,923,171**	327,613	613,200	559,198	423,160	228,021/ 327,613 **(69,6 %)**	228,021/ 1,923,171 (**11,9%**)
5. Number of pregnant women covered with LLIN in this reported fiscal year	25,490	**246,102**	41,924	78,469	71,559	54,151	45,958/ 41,924 (**109,6%**)	45,958 / 246,102 (**18,7%**)

- **796,257 insecticide treated mosquito nets (ITN) were distributed**, corresponding to **77.1%** of the prepositioned LLINs (1,033,098) in the 2 provinces (Cunene and Namibe).
- **1,033,098 LLINs** were pre-positioned in the 2 provinces by PSM, what corresponds to **18.7%** of the expected 5.5 million nets to be distributed in FY18.
- **750 LLINs** remained in the 2 provinces, to be used for routine distribution.
- **1,460,739 beneficiaries** were registered to have access to mosquito nets in both provinces:
  - **240,971** households
  - **45,958** pregnant women
  - **228,021** children under 5 years of age
- **29% more people** than estimated (based on projections of the 2015 Census) were registered during the campaign. This reflects positively on the increase of LLIN access and use, according to a survey conducted by VectorWorks in sub-Saharan Africa, which concluded that among those who own a net, use is very high (89%).
- **979 community CHW** ("activistas" and supervisors) were trained in the required skills for communication, registration and distribution of LLINs in the field. The initial number was **1,556**, but it was reduced due to a change in strategy to reduce personnel: no communication activist was hired. The registration activist was trained in both communication and registration activities.
- **31 community members** were trained as trainers **(ToT)** for capacity development of *activists and field supervisors*. The number of trainers was estimated according to the number of activists needed. Each trainer trained between 25-30 activists.

1.3.1 Communication campaign to support ITN distribution:

In Q1, the HFA communication and training team worked with NMCP on the preparation and implementation of a communication plan to promote the use of mosquito nets following up ITN distribution (phase 1 and 2).

As part of NMCP's communication committee, the HFA communication team has been working with NMCP and other partners, such as UNITEL, World Learning, CICA/TKMI among others, to promote harmonized communication activities aimed at generating sustainable results.

The post-distribution communication workplan is based on NMCP's objectives aiming to promote community ownership of and commitment to malaria prevention by creating a culture of sleeping under ITNs consistently. The workplan includes the following activities:

- Training of provincial malaria supervisors and health promotion officers from the provinces covered by ITN distribution campaign;
- Training of traditional authorities, namely, "*Regedores/Sobas grandes";*
- Placement of radio spots to promote the use of mosquito nets;
- Posters with messages about the use of mosquito nets.

The first batch of activities took place in the 5 provinces covered during phase 1 of ITN distribution campaign: Uige, Zaire, Malanje, Cuanza Norte and Cuanza Sul.

1.3.2 Achievements in Q1:

Indicador	Target 2018	Achievement Q1
# of DPS officials trained in training techniques for malaria counselling to promote ITN use	30 DPS official trained (15 malaria provincial supervisor and 15 health promotion officers)	33% (10)
# of traditional authorities trained in malaria counselling messages to promote ITN use in the community	750 (15 provinces - 50 in each province covered with ITN)	34% (255)

1.3.3 Activities planned for Q2:

- Work with NMCP communication committee to update the communication workplan
- Train DPS official in Namibe and Cunene
- Train traditional authorities in Namibe and Cunene
- Place radio spots to promote the use of mosquito nets
- Distribute posters with messages about the use of mosquito nets

1.4 Major Constraints faced during Q1 FY18

- **Insufficient time to prepare for the Distribution Campaign before its inception –** To counterbalance the lack of time to properly plan for phase 2 of the LLIN distribution, PSI worked with field staff previously engaged in phase 1 with strong experience in ITN distribution to streamline the implementation of the activities. Another strategy was to combine registration and distribution activities in all municipalities to optimize time and resources.
- **Low availability of resources in the provinces** – To compensate for the few resources available in both provinces of phase 2, LLIN distribution was split in two groups of municipalities: those closer to the provincial capital were done first, followed by more distant municipalities. That strategy allowed for optimal use of resources, specifically regarding transportation of goods and people.
- **Hard to reach communities –** to overcome that constraint, activists were recruited locally. Registration and distribution activities were combined and implemented simultaneously.
- **Absence of people at home during the household registration and distribution** – To ensure that households were able to get registered, with the support of community leaders ("sobas"), registration time was extended to give a second chance to people who missed registration in the community. In consultation with DPS and DMS, 4 bales (200 mosquito nets) were left behind with each DMS after the campaign ended to address possible complaints from people who were unable to be present during distribution.

1.5 Recommendations for Q2 FY18

- Final decision by the NMCP/DNSP on provinces to be covered in phases 3 must happen in a more timely manner to avoid delays in planning for each province, thus causing increased expenses in LLIN distribution.
- In the field, registration and distribution activities should be combined in areas that are difficult to access, in order to facilitate logistical operations and optimization of time.
- HFA should work more closely with NMCP to define a clear communication strategy for the distribution campaign, in coordination with other partners (e.g. ADECOS, UNITEL).
- A detailed job aid should be developed and distributed to assist activists as a guide for their activities when they are in the field.

1.6 Proposed targets for the remaining of FY18 (Q2-Q3-Q4)

Provided enough LLINs are made available by the MoH, HFA proposes that distribution in the remaining 8 (eight) provinces be divided as follows:

- **Emergency response:** February-March: **Huambo**
- **Phase 3:** April-May-June 2018: **Cuando Cubango, Cabinda, Bie, and Bengo**
- **Phase 4:** July-August-September 2018: **Lunda Norte, Lunda Sul and Moxico**

Targets for remainder of FY18 (Q2-Q3-Q4):

- Distribution of **4,573,897** ITNs (provided enough LLINs are made available by the MoH)
- Population to be covered: **6,772,276** beneficiaries (**204,179** pregnant women + **1,595,558** children >5)
- **6,803** community HW (activists and field supervisors) to be trained in communication, registration and distribution
- **Distribution Tool Kit**: to be completed and tested during the first 2 quarters of FY18 and delivered to NMCP in Q3 to assist in future mass distribution campaigns.
- **Social Behavior Change Communication campaign**: pre- and post-campaign plan to be updated and implemented in coordination with NMCP and other communication partners (ADECOS, UNITEL)**.**

1.7 Environmental Mitigation Monitoring Plan (FY18)

Results 1: LLIN Distribution					
	Achieved Results				
	Q1	**Q2**	**Q3**	**Q4**	**Total**
# of households receiving messages on appropriate use of LLIN	**796,257**	**-**	**-**	**-**	**796,257**
# of activists trained on communicating correct LLIN use messages to the population	**931**	**-**	**-**	**-**	**931**

Result 2: Malaria Services throughout Targeted Municipalities Improved

2.1 Background

During this period, three essential activities were carried out, namely: a) supervision and on-job training; b) assessment of health facilities; and c) national malaria coordination meeting.

a) The formative supervision consisted of monitoring and evaluation of knowledge and practices of Health Workers on:
   - correct use of rapid diagnostic test (RDT)
   - diagnosis and treatment of malaria with Artemisinin-based Combination Therapy (ACT), and
   - appropriate administration of Intermittent Preventive Treatment in Pregnancy (IPTp) in antenatal clinics (ANC), according to the national guidelines from the NMCP/Angola.

b) The assessment of health facilities was done through a tool developed by PSI to gather information on the existing health facilities in respect to human resources (ACT prescribers and lab technicians) in the target and non-target municipalities of the 6 provinces covered by HFA (PMI provinces).

c) The first National Malaria Coordination Meeting took place in Luanda for 2 days (12-13 Dec) with the objectives of (i) evaluating malaria training activities done during the first year (FY17), and (ii) present and discuss activities planned for FY18.

2.2 Targets for FY18

Considering that during Q1 the priority activities were formative supervision and health facility assessment, all trainings will be implemented from Q2 to Q4. At the end of Q1, the targets initially established were revised and submitted to USAID for approval, as presented below.

Performance Indicators	Baseline 2016	Target 2018	Quarter targets for FY18				Achieved in Q1 / Q1 Target	Achieved in Q1/ Year Target
			Q1	Q2	Q3	Q4		
1. Number of health workers trained in case management with artemisinin-based combination therapy (ACTs) with USG funds.	**2,868**	**1,000**	-	200	500	300	-	-
2. Number of health workers trained in malaria diagnostics with rapid diagnostic tests (RDTs) with USG funds.	**1,247**	**1,000***	-	200	500	300	-	-
3. Number of health workers trained in malaria laboratory diagnostics (microscopy) with USG funds.	Not split before	**135****	-	30	60	45	-	-
4. Number of health workers trained in intermittent preventive treatment in pregnancy (IPTp) with USG funds.	**1,689**	**407**	-	80	200	127	-	-
5. Number of health workers who received formative supervision on malaria diagnostic in the fiscal year.	-	**320*****	90	90	110	30	**85 / 90 (94.4%)**	**85 / 320 (26.6%)**
6. Number of health workers who received formative supervision in ACT use in the fiscal year.	-	**320**	90	90	110	30	**85 / 90 (94.4%)**	**85 / 320 (26.6%)**

** this number does not include HW trained in IPTp (MiP), since there is no guarantee that they will also be trained in use of RDTs due to lack of rapid tests (stockout) faced by ANC clinics in most provinces.*
*** the HF assessment done confirms that not all units have lab technicians. The present estimate is that the 6 provinces have around 230 lab technicians (as opposed to the 407 previously estimated). We propose to train 135 of them in Y2, and the remaining in Y3.*
****HFA proposes to split the lab technicians to be supervised in accordance with the diagnostic tool used: **108** on optical microscopy and **212** on RDT use.*

2.3 Achieved Results in Q1 FY18

2.3.1 Formative Supervisions

Concerning the formative supervision, a total of **86** Health Workers that had been trained in FY17 Q4 on lab diagnosis by RDT and case management with ACT received formative supervision (on-job). Also, **39** Health Workers trained in FY17 Q4 on malaria prevention through IPTp were supervised. The table below gives more details on the formative supervisions that happened in Q1:

Number of health workers supervised in the 6 PMI provinces between Oct-Nov-Dec 2017

Province	ACT/RDT	MiP/IPTp (ANC)	Source
Malanje	17	7	Supervision Forms ("Guiões")
Kwanza Norte	8	3	
Lunda Norte	9	4	
Lunda Sul	11	6	
Uíge	12	5	MENTOR Report for Q1 FY18
Zaire	28	3	
Total	**85**	**28**	

- **Strengths:**
    - Approximately **90%** of the supervised nurses, during clinical consultation with malaria suspect patients, followed correctly the initial procedures taught during case management trainings, collecting clinical history information (anamneses);
    - Up to **65%** of the supervised health workers doing case management of malaria, performed differential diagnosis of patients through RDTs, referring negative for malaria patients to other health services for follow-up;
    - When probed, most (over **85%**) of the supervised health workers were able to list main signs and symptoms of uncomplicated malaria;
    - All (**100%**) RDT positive patients were appropriately medicated with ACT, according to the national protocol for treatment of uncomplicated malaria.
- **Weaknesses:**
    - Around **10%** of the Health Units that were visited during the formative supervision did not have all tools for collection of statistical information about patients being assisted, such as:
        - Registry book for patients at the general consultation room (screening)
        - Registry book for patients at the laboratory
        - Registry book for patients at ANC clinic
        - Medicine stock record files and weekly medicine use registry
        - Common delays in supply of RDTs and ACTs to Health Centers and Health Posts

2.3.2 Health Facility Assessment

The following findings were encountered during the health facility assessment that was carried out during Q1:

a) Target municipalities in 6 PMI provinces

- In the target municipalities, about **66%** (1,474 out of 2,235) of existing health providers (malaria prescribers) did not receive any training on lab diagnosis with RDT, nor on malaria case management with ACT in the past two years (2016/2017).
- Almost **94%** (229 out of 242) of existing lab technicians need to be retrained (refresher course) on malaria diagnosis, since most of them received training more than 2 years ago.
- As for MiP/IPTp, more than **80%** of existing health providers from ANC clinics were trained in the last two years.
- Of the **490** health facilities assessed, **88%** (431) are presently operational regarding malaria assistance to the community.

b) Non-target municipalities in 6 PMI provinces

- In the non-target municipalities, about **63%** (820 out of 1,306) of existing health providers (malaria prescribers) did not receive any training on lab diagnosis by RDT, nor on malaria case management with ACT in the past two years (2016/2017).
- Almost **94%** (98 out of 115) of existing lab technicians need to be retrained (refresher course) on malaria diagnosis, since most of them received training more than 2 years ago.
- As for MiP/IPTp, about **77%** (63 out of 117) of existing health providers from ANC clinics were trained in the last two years.
- Of the **195** health facilities assessed, **86%** (168) are presently operational regarding malaria assistance to the community.

2.3.3 National Malaria Coordination Meeting

The results achieved during the National Malaria Coordination Meeting were:

- Malaria Case Management training results of FY17 presented and discussed
- Preliminary results of the health facility assessment were presented and discussed
- The Activity Plan of FY18 was presented and discussed.

2.4 Major Constraints faced during Q1 FY18

i) Regarding the formative supervision, the main constraint was the fact that the current supervision guide used by NMCP is very long, with many sections to be evaluated. That causes supervisors to spend almost 2-3 hours to complete only one form.

ii) As for the health facility assessment, it was observed that the majority of the assessing teams deployed in the field did not apply the data collection tool appropriately, mostly due to deficient provincial coordination of the selection process for the technical teams involved.
iii) There were evident discrepancies in the assessment data presented by the DPS technical malaria teams during the national malaria coordination meeting.

2.5 Recommendations for Q2 FY18

- Work more closely with the NMCP Technical Working Group (Malaria TWG) to discuss the possibility of disaggregating the current NMCP supervision guide according to the level of implementation of supervision (i.e. health facility, municipal, provincial, and national levels).
- For future assessments and similar activities, training sessions should be organized on the proper use of tools to be used, targeting technical teams that will be involved.
- Based on the National Malaria Coordination Meeting, it is recommended that the NMCP should develop terms of reference (ToR) for trainees;
- The NMCP, with the support of HFA, should promote a seminar to strengthen capacity building skills of ToT ("*formadores*") with more practical and participatory methodologies.
- The DPS should prioritize, during the selection of trainees, those who work in health posts and health centers, as they are the ones who ensure technical assistance to primary health care facilities, especially at peri-urban and rural areas.
- To achieve more satisfactory learning results, trainees should be split into groups according to their school level and background (e.g. basic nurses, medium nurses, licensed nurses, etc.);
- The DPS technical malaria teams should revise and consolidate the assessment data in all HFA provinces before sharing them with the NMCP and partners.

2.6 Proposed targets for remaining of FY18 (Q2-Q3-Q4)

HFA Result 2 – Targets for Q2-Q3-Q4 FY18			
Province	**# of existing health facilities (HF)**	**# of personnel targeted for training (HF/total HF*1000)**	**# of lab technicians targeted for training (1/HF)**
Malanje	84	206	26
Lunda Norte	39	97	1
Lunda Sul	49	120	21
Cuanza Norte	57	140	18
Zaire	53	130	17
Uige	125	307	40
TOTAL	**407**	**1,000**	**135**

2.7 Environmental Mitigation Monitoring Plan (FY18)

Results 2: Malaria Case Management (6 provinces; 24 municipalities)					
	Achieved Results				
	Q1	**Q2**	**Q3**	**Q4**	**Total**
# of facilities in compliance with waste management standard	**N/A***	-	-	-	**0**
# of TOTs trained on lab waste management	**N/A***	-	-	-	**0**
# of health workers trained in waste management	**N/A***	-	-	-	**0**
# of ADECOS trained in waste management	**N/A****	=	=	=	**0**

** HFA will start conversations during Q2 with MOH to identify a supervision guide to measure the facilities compliance with waste management standards; if the MOH does not have any guidance, HFA will use the USAID guideless accessible in its official website; During Q 1 no trainings were programed; ** the ADECOS component of HFA has not yet started*

Result 3: Sustainable model for providing high-quality HIV/AIDS services established

3.1 Background

As part of the HFA consortium, Management Sciences for Health (MSH is responsible for establishing a sustainable model for providing high-quality HIV/AIDS services and improving the capacity of municipal and provincial governments to plan, fund, monitor, and supervise health programs, under the project's Intermediate Results 3 (IR3) and 5 (IR5), respectively.

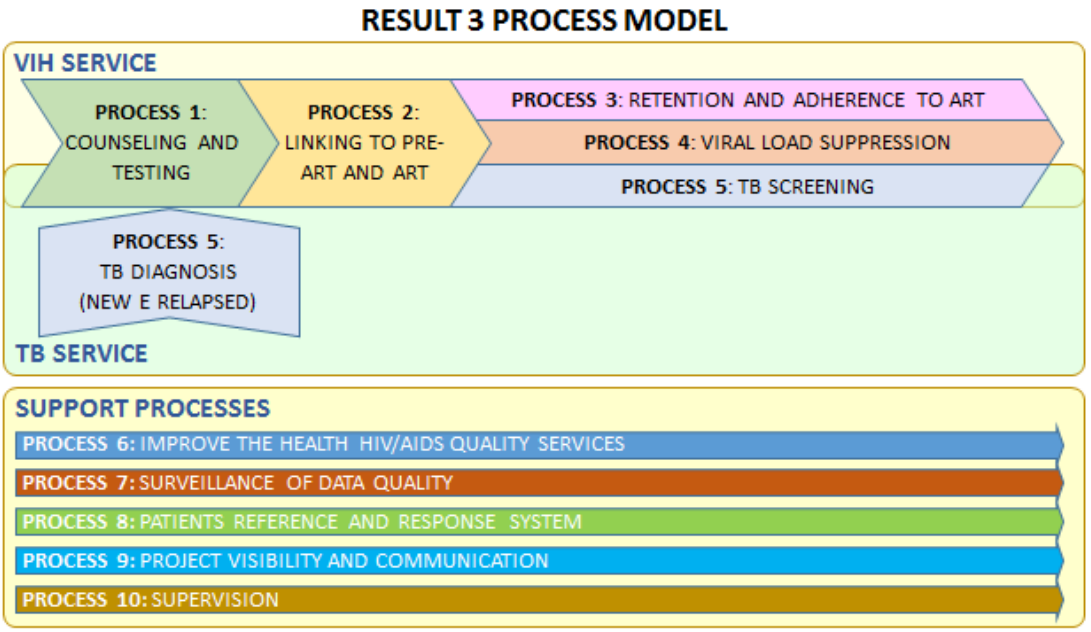
During the first quarter of the FY18, MSH led all HIV-related facility-based activities of HFA, focusing on HIV counseling and testing; linkage to care, antiretroviral therapy (ART) initiation, and retention in care and treatment. The HFA project team provided technical assistance and supported the development of training materials and improvements in the quality of the entire Continuum of Care (CoC) model within the seven Health Units (HUs) assigned to HFA by PEPFAR.

In addition, HFA took over the management of care and treatment for co-infected HIV/TB patients in six of the seven HUs and viral load testing services, previously a pilot project implemented by ICAP in four HUs. During this quarter, the team ensured the smooth transition into the new planned activities, such as full implementation of the entire CoC in the seven HUs.

3.2 Targets for FY18

Implementing Mechanism	**18347_HFA**	
Indicator Code	**Frequency of Reporting**	**COP17 Target**
HTC_TST	Quarterly	43,845
HTC_TST_POS	Quarterly	5,843
TX_NEW	Quarterly	7,543
TX_CURR	Quarterly	22,003
TX_TB Num	Semi-Annual	918
TX_TB Den	Semi-Annual	18,615
TB_Prev Num	Semi-Annual	1,954
TB_Prev Den	Semi-Annual	2,836
TB_STAT Num	Semi-Annual	4,005
TB_STAT Den	Semi-Annual	4,682
TB_ART Num	Semi-Annual	673
TB_ART Den	Semi-Annual	750
TX_RET Num	Annual	4,027
TX_RET Den	Annual	5,035
TX_PVLS Num	Annual	9,206
TX_PVLS Den	Annual	11,513

To achieve the targets for FY18, MSH designed the **Process Model**, which includes five strategic processes and five transversal support processes (see figure below). This model covers the full set of activities of the Continuum of Care (CoC) in the seven HUs assigned to HFA.



In addition to the **Process Model,** HFA/MSH is scaling up Index Case Testing and Tracing from three Health Units (Viana, Rangel y Divina) to all seven HUs assigned to HFA (new sites include Kilamba, Dispensario, Esperanza, and Pediatrico). This will increase the numbers of HIV+ persons identified and consequently will increase the entire cascade of care.

HFA received short-term technical assistance from a TB consultant during Q1 FY18 to improve services for co-infected HIV/TB patients and prepare a proposal to improve the "one-stop-shop" model.

HFA also started the implementation of the five support processes which include:

1- Improve the health of HIV/AIDS quality services;
2- Surveillance of data quality;
3- Patient's referral and response system;
4- Visibility and communication; and
5- Supervision.

To support implementation of visibility and communication activities, HFA received short-term technical assistance from a MSH Communications Advisor to lead design of the strategic communications plan and activities for FY18. HFA will begin implementing these activities in the next quarter.

3.3 Achieved Results in Q1 FY18

Health for All – Quarter 1 Report (FY18)

IR3: Activities in 7 health units (Luanda)

Performance Indicators	Target 2018	Target Q1	Achieved Q1	Achieved Target
1 HTC_TST HIV Testing Services	43,845	10,962	17,296	**158%**
2 TX_NEW New patients in treatment	7,543	1,886	903	**48%**
3 TX_CURR Current patient in treatment	22,003	22,003	18,969	**86%**

HTS_TST: during Q1 FY18, the project reached 17,296 individuals with HIV Testing Services (HTS); this achievement represents **158%** of the target for Q1 (10,962). That largely reflects the success of the project's key strategies including:

a. the allocation of several testing points in each health unit;
b. provision of collective and individual counseling through the Patient Assistant Facilitators (PAFs);
c. deployment of the Index Case Tracing and Testing (ICTT) strategy; and
d. supportive supervision to guarantee improvements in data capture in the register by the health staff and the quality of the implementation of the testing activities.

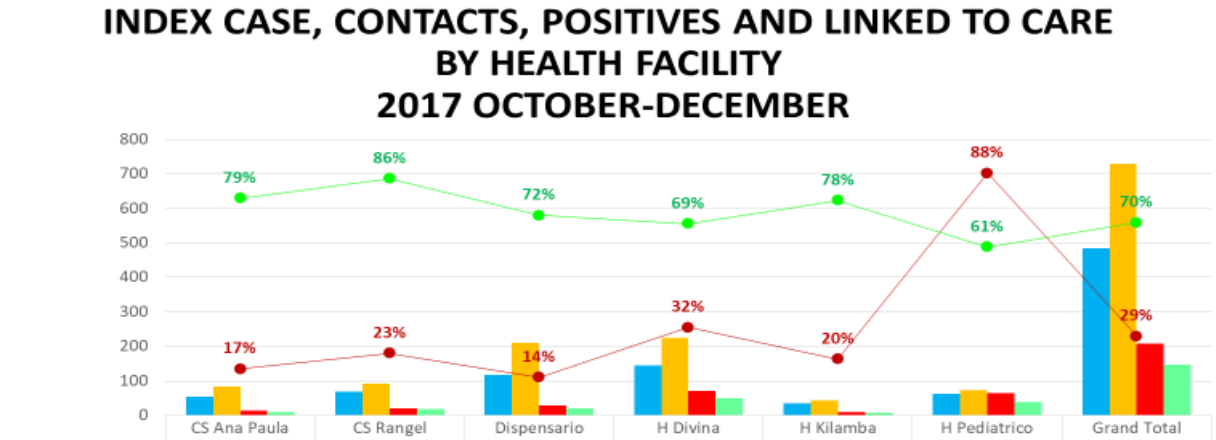
TX_NEW: The achievement of 903 new patients on treatment represents **48%** of the Q1 target (1,886). Constraints to the achievement of this target were:

i. the implementation of the Test & Treat strategy recently adopted by Angola was very weak as most of the HUs were not equipped to initiate treatment the same day as testing;
ii. lack of reagents to do testing; and
iii. a strike of nurses during October, November and December 2017, which affected the linkages to the new treatment activity.

TX_CURR: there were 18,969 patients in treatment during Q1 representing **86%** of the Q1 target (22,003). Improving the TX_NEW will contribute to achieving this indicator in the future.

Index Case Testing & Tracing (ICTT):

During the reporting period, HFA started the implementation of ICTT in 3 new HUs (Dispensario, Hospital Pediatrico and Hospital Kilamba Kiaxi) and continued in the 3 HUs included in FY1 (Ana Paula, Rangel and Divina). The table below presents the number of index cases and contacts tested, as well as the percentage of positive cases among contacts per facility.



	CS Ana Paula	CS Rangel	Dispensario	H Divina	H Kilamba	H Pediatrico	Grand Total
Index Case	54	70	117	145	36	62	484
Contacts	83	93	210	226	44	73	729
Positive	14	21	29	72	9	64	209
Linked to care	11	18	21	50	7	39	146
% Positive	17%	23%	14%	32%	20%	88%	29%
% Linked to care	79%	86%	72%	69%	78%	61%	70%

During Quarter 1, the ICTT strategy was very successful. As depicted in the table above, of the **458** total Index Cases, the CCs contacted **686** contacts (spouses, sexual partners, and children), and **28%** (**192**) were positive. This positivity yield is much higher than that of traditional testing, which is around **10%**. Approximately **80%** of the newly identified positive cases were linked to treatment. The success of this strategy is due to the excellent work done by the CoC and strong coordination with HU staff.

3.4 Major Constraints faced during Q1 FY18

Slow implementation of the Test & Treat strategy

Proposed Solution: The Ministry of Health (MoH) and the INLS could be more engaged in providing technical guidance for the implementation of the Pilot Project during Quarter 2 (January – March 2018).

Periodic lack of reagents (determine/Unigold) to conduct testing

Proposed Solution: HFA to coordinate with the Procurement Supply Management (PSM) project on a weekly basis regarding stock levels of testing reagents in the different testing points in the HUs. HFA will also continue advocating to the MoH to avoid lack of tests at the HUs level.

Lack of health staff in the HUs to initiate ART

Proposed Solution: At present, only medical doctors can initiate patients on ART. Authorizing skilled and trained nurses to help with this activity through task shifting would result in greater numbers of people living with HIV on treatment.

Lack of basic supplies (e.g. ***cotton, gloves, alcohol, etc.) to carry out HTS***

Proposed Solution: HFA and PSM have to do strong advocacy with the MoH/INLS to avoid stop testing activities due to lack of basic supplies.

Lack of standard Health Management Information System in the HUs

Proposed Solution: Continue with the coordination meeting with all stakeholders to unify the Informatics System with the objective of having standardized data.

Management challenges in Divina Providencia and Hospital Pediatrico

Proposed Solution: Divina Providencia is a mixed HU reliant on both donor assistance, private through the Catholic Church, and public support from the MoH. Together with the INLS, we discussed the situation of Divina, including its Director, to find a coordinated solution to unify activities with the rest of the HU support only the MoH. Hospital Pediatrico has HIV/AIDS service only for children less than 14 years of age. With the Hospital Pediatrico, HFA, through their Patient Assistance Facilitator (PAF) strategy will follow-up with the parents (Hospital Pediatrico does not serve adult patients) and refer them to the Dispensario HU to access HTS and care and treatment services.

Shift of Hospital Esperanca to a National Reference Hospital

Proposed Solution: By mandate of the MoH, Hospital Esperanca will become an academic institution and serve as a National Reference Hospital. HIV Testing will be offered as a routine service only and ICTT will be suspended. HFA will readjust activities to focus on the improvement of the ART initiation, retention, and implementation of Grupos de Ajuda Mutua - Help Group (GAMs). HFA will also prepare a proposal to replace Esperanca Hospital with another HU for project support during the following Fiscal Year.

3.5 Recommendations for remaining of FY18

FIRST 90: 90% of all people living with HIV will know their HIV status

- Through the CCs, continue and incrementally scale ICTT into the seven PEPFAR assigned HUs.
- Continue surveillance to improve the quality of the testing points and reduce the number that do not meet basic and priority requirements in the seven PEPFAR assigned HUs according to the results of the last assessment conducted by AFENET and HFA in 2017.
- HFA, in coordination with INLS, should consider testing patients in the inpatient medical wards (adult and children) with severe symptoms and/or signs of immune-depression.
- Test 100% of TB and malnourished patients.
- Through the PAFs, continue improving high quality post-test counseling to ensure that patients are not stigmatized and know of the benefits of ART for them and their loved ones.

- Through the PAFs, continue ensuring that first adherence counseling is high quality and addresses positive aspects of treatment.
- Through the PAFs, ensure active linkage from HIV Testing Services to the ART clinic.
- Continue to work and coordinate activities with LINKAGES to reach key population members with testing and ensure active linkage of HIV+ patients from the community to the ART clinic.
- Focus on populations and locations with high positivity rates, as well as entry points with high numbers of positives to increase the number of people living with HIV who are identified.
- Continue improving coordination amongst the stakeholders and the INLS to avoid lack of Determine and Unigold reagents and basic materials to deliver HTS.
- Continue collaboration with LINKAGES, specifically in some HUs with PAFs (HFA) and Peer Navigators (LINKAGES) to strengthen testing and linkage to care for key populations.

SECOND 90: 90% of all people with diagnosed HIV infection access sustained ART

- Increase the number of new patients on treatment with the concrete implementation of the Test & Treat strategy (T&T), included in the guidelines/protocol for the HUs authorized by the INLS.
- Prioritize escort of all HIV-positive patients in Pre-ART care to the ART clinic for treatment initiation based on patient flow, staffing, and ART stock in each HU.
- Start implementation of the task shifting to ensure that enough health staff skilled and trained to initiate ART is available (not only Medical Doctors).
- Start reducing the frequency of ART pick-up for patients on treatment by offering multi-month scripting (3 or 6 months) to stable clients.
- Use community health workers to deliver ARVs to the patients in the community who have some inconvenient to pick up them in the Health Unit.
- Improve the "one-stop-shop" model for ART and TB treatment for co-infected patients. HFA will present a proposal to improve the model during the next quarter.
- Ensure that registers for both TB and HIV are at both locations (ART clinic and TB clinic).
- Test all TB suspects for HIV, not just those confirmed infected.
- Develop a Memorandum of Collaboration with the PNCT (National Program of TB Control) to guide HIV/TB co-infection management and care provided for patients.
- Continue with active defaulter tracing to improve retention and participation in the GAMs established in two HU to help the most vulnerable HIV patients in adherence and retention to ART and in improving their nutrition.
- Ensure advocacy to the MoH through INLS to avoid the lack of TARV (first and second line).
- Ensure strong advocacy to the MoH to avoid lack of treatment for TB (first and second line) and reagents for diagnosis of TB (GeneXpert).
- Improve coordination amongst INSP, INLS, and partners involved in the diagnosis and treatment of co-infected HIV/TB patients.

THIRD 90: 90% of all people on treatment will achieve viral suppression

- Use GeneXpert for viral load test if approved by the INLS and endorsed by PEPFAR.
- Advocate for the use of GeneXpert for viral load testing to the MoH and INLS.
- With PEPFAR approval, purchase reagents for GeneXpert viral load testing.
- Ensure adherence counseling at every visit and emphasize the importance and benefits of viral suppression.
- Ensure coordination amongst all the stakeholders involved in viral load services in the seven project-supported facilities.

3.6 Environmental Mitigation Monitoring Plan FY18

Results 3: Sustainable Model Providing High-Quality in HIV/AIDS Services Q1 FY18	
Indicators	**Achieved**
1. Number of SOPs Revised/Developed to improve Stands for HIV Care Treatment in 9 PEPFAR Facilities	Responsibility of ICAP
2. Number of Facility Trained on the Use of SOPs (Standard Operation Plans) by HFA on HIV/AIDS Services	70
3. Number of Trained Staff Supervised on the Use of SOPs on HIV/AIDS Services	37

1. Per PEPFAR guidance, the revision and development of SOPs to improve standards for HIV care and treatment services is the responsibility of ICAP.
2. The number of facility staff trained by HFA on HIV/AIDS services in the seven Health Facilities is 70. These staff trained include personnel from HFA (PAFs, case managers [CMs] and community counselors [CCs]) and the HUs.
3. The number of trained staff supervised in the seven Health Facilities within the HIV/AIDS services is 37. The supervision includes the entire number of testing points in the HUs, linkage to the first consulting and the activities of the CCs on ICTT.

Result 4: Strengthened, Expanded and Integrated Sexual Reproductive Health and Family Planning Services at Provincial, Municipal Levels

4.1 Background

Throughout the first year of the project, HFA and Provincial Departments of Health worked together to conduct supervision in health units in both Luanda and Huambo Provinces. HFA led a SBCC training focusing on sexual reproductive health and family planning for the local implementing partner, Rede Mulher Angola (RMA) to strengthen their capacity to lead SBCC campaigns in selected health units.

Some findings encountered during the supervision visits can be separated into three groups:

(1) logistics (insufficient stock or stock out of family planning methods)
(2) lack of data collection tools (book of record, user registration forms, etc.) and
(3) capacity building (need for new or refresher training).

To mitigate the need for training, HFA, UNFPA and the National Department of Public Health (DNSP) conducted two trainings: one on Sayana Press and the other a refresher training on family planning (FP) in general.

4.2 Targets for FY18

During FY18, HFA will continue to support the Government of Angola in updating national strategies to create an enabling environment around family planning. In order to do that, HFA will work closely with DNSP to update the existing protocols that need to be reviewed and to create protocols that do not exist. In addition, HFA will support the Department of Health Promotion in printing and disseminating the National Communication Strategy for Family Planning.

HFA will also continue to provide supportive supervision at all USG-assisted service delivery points (SDPs) offering FP/RH counseling or services. New quality assurance (QA) supervisors will join the team to boost the number of supportive visits, to improve the collection of statistics and to ensure that no stock out of contraceptive methods happens in country. Moreover, HFA, in cooperation with the GPSL, will put in place a new strategy for the training of healthcare providers. This strategy involves working directly with Municipal Health Departments and the FP focal points to organize trainings at municipal level. This new strategy, will ensure that health units from all municipalities are included and more healthcare providers benefit from the trainings.

As done during the first year (FY17), HFA defined a set of targets to measure and track its achievements over time. The table below presents performance indicators as well as targets for FY18, divided by quarter (where needed):

Performance Indicators	FY16 Baseline (PSI Survey/ DHS/SASH)	Targets for 2018	Quarter targets for FY18				Achieved in Q1 /Year Target
			Q1	Q2	Q3	Q4	
1. Percentage of USG-assisted service delivery points (SDPs) offering FP/RH counseling or services.	**59.5%**	**59.5%**	N/A[1]	N/A	N/A	N/A	**57,4%[2]**
2. Percent of USG-assisted service delivery points that experience a stock out at any time during the reporting period of a contraceptive method that the SDP is expected to provide.	**6.7%**	**6.7%**	N/A	N/A	N/A	N/A	**8,6**
3. Couple years protection in USG supported programs.	**59,054**	**59,054**	14,764	14,764	14,764	14,764	**33,933/ 59,054 (57,5%)**
4. Percentage of health facilities whose providers reported a Quality of Care score >= 80% for management of FP services (+).	**N/A**	**40%**	N/A	20%	30%	40%	**N/A**
5. Number of health care workers who successfully completed an in/service training program.	**192**	**280**	50	95	95	40	**17/280 (6%)**
6. Number of protocols finalized and approved.	**4**	**4**	1	1	1	1	**1/4 (25%)**
7. Number of people trained with USG funds.	**307 (not defined)**	**400 (non-health workers)**	30	150	150	70	**30/400 (7%)**
8. Number of USG-assisted community health workers (CHWs) providing Family Planning (FP) information, referrals, and/or services during the year.	**N/A**	**30**	30	0	0	0	**30/30 (100%)**

4.3 Achieved Results in Q1 FY18

- HFA worked closely with the Department of Sexual and Reproductive Health from DNSP, and EU-PASS II Project to revise, finalize, and print 200 copies of the **Manual for Notification and Referrals in Case or Suspect of Domestic and other Violence**. This manual, which is meant for healthcare providers, will help the implementation of *Law #25/11 from July 14th, 2011 Against Domestic Violence.*
- HFA and USAID coordinated two joint supervisions: one at Centro de Saúde do Bairro Operário (CSBO), and another at Centro de Saúde de Viana. In general, both health units are functional. They have an equipped room for FP services with commodities, but there is need for some equipment, such as sterilization equipment. The assessment was made using the PSI developed software called "Health Network Quality Improvement System" (HNQIS).
- The Provincial Health Department of Luanda and municipal health departments were very receptive to the idea of training male healthcare providers to increase FP counseling and service among male clients. Thus, male healthcare providers from public health units were highly motivated to participate in the

[1] Non-Applicable - this data cannot be divided by quarters because it depends on external factor that cannot be controlled by the Project.

[2] This data corresponds only to the Health Units in Luanda. No data from Huambo was collected due to the change of Provincial Health Director.

training. The goal for Q1 FY18 was to train 10 male healthcare providers in Luanda province. Due to higher interest, 16 male healthcare providers and one female healthcare provider (the FP focal point) attended the training.

- HFA supported the Provincial Health Department of Luanda with transportation for the distribution of contraceptives and other reproductive health related commodities to health units from Cazenga and Luanda municipalities.
- HFA, in collaboration with RMA and the Department of Sexual and Reproductive Health, conducted a SBCC and FP training for 30 community health workers (CHWs) to provide family planning information to both male and female clients in their health units.
- On October 25, 2017, RMA led a meeting to present the project to provincial authorities and directors of health units for the development of a partnership. Approximately 75 people from the Public Administration, DPS, DNSP, and managers of health units attended the meeting and 80% of the health units signed an authorization letter to allow CHWs to operate in their units.
- During Q1, CHWs conducted 338 FP sessions in several USG-health units. As a result, about 5,631 women and men were reached.
- The coordinator of RMA met with with the Minister of Social Action, Family and Promotion of Women, Dr. Victória da Conceição, on November 23, 2017. During the meeting, a few topics were discussed related to reproductive health as well as RMA's program related to the **16 Days of Activism Against Gender-Based Violence** that was carried out from November 25th to December 10th.
- On November 23rd, 2017, RMA and its members held a debate on radio Kairos. The purpose of the debate was to mobilize the general population to attend the subsequent events and to call attention to the consequences of violence against women. This debate involved questions related to behavior change to encourage survivors of domestic and other violence to denounce the perpetrators.
- The implementation partner, RMA, held a workshop to discuss gender-based violence in Angola. Participants included members of the government, civil society organizations, journalists, and students totaling 74 people, including women and men. This session was led by a representative member of the Ministry of Social Affairs Family and Women, Mrs. Maria das Dores Soledade, who presented the opening speech on behalf of the Minister.
- The change of the head of the Department of Health Promotion prevented us from finalizing and printing the National FP/RH Communication Strategy. Recently, a new director was appointed and we expect to resume this activity in Q2.
- The training target for the last two quarters was not met due to the conflict of agenda between HFA, GPSL and Municipal Health Departments. Due to the change of the Minister of Health, the GPSL and the Municipal Health Departments were busy organizing reports, statistics and other documentation for the new MoH, which did not allow for organizing more trainings. Those trainings were rescheduled for FY18, and are part of the FY18 targets listed under item **4.2**.

4.4 Major Constraints faced during Q1 FY18

- Due to a recent change of the Provincial Health Director in Huambo, all planned FP activities have to be approved by the new Director, Dr. Jovita André, which has not yet happened. For that reason, the Quality Assurance Supervisor was not able to visit or collect statistics at any of the USG-assisted health units in Huambo.
- An industrial action (strike) by all nurses in Luanda, which started on November 30th and ended on December 13th, 2017, was also a major constraint for HFA. The Angolan Nursing Syndicate developed a new agreement (*Caderno Reivindicativo*) asking for a salary raise and improvement of working conditions for nurses who consult and prescribe patients. GPSL and the Municipal Health Department did not come to an agreement, and the Syndicate decided that nurses could not see clients until this situation was solved. This situation created some difficulties to the collection of statistics at USG-assisted service delivery points. It also prevented the community health workers from performing their activities in most of the health units, since some of them were closed during the strike.

4.5 Recommendations for Q2 FY18

- A meeting between the Huambo Provincial Director, Dr. Jovita André, PSI and USAID should be organized to present the project and re-state the importance of their collaboration with the FP component, as well as the advantages of supportive supervisions and trainings for the USG-assisted health units in that provinces.
- A meeting between HFA, GPSL and Municipal Health Departments in Luanda should be organized to better coordinate supportive visits and collection of statistical data.
- HFA will promote high level advocacy for the inclusion of contraceptives and other SRH products in the Government General Budget.
- HFA will promote the use of an electronic reporting system, which does not require health care providers to travel 80 kilometers or more to deliver statistics.
- There is a strong need for transportation in the field – two or three cars to support field activities. Transportation is a key element to increase the frequency of supportive supervision. Many of the USG-supported health units are in remote zones where rental cars companies do not reach, which makes it difficult for HFA to visit or even collect statistics.
- Present the recently updated USAID letter with new per-diem conditions to DNSP, the Provincial Departments of Health in Luanda and Huambo, to avoid misunderstandings during coordinated work, especially joint supervisions.

4.6 Proposed targets for the remaining of FY18 (Q2-Q3-Q4)

In the next quarters of FY18, HFA will focus on:

- Increasing supportive supervision at all USG-assisted service delivery points (SDPs) offering FP/RH counseling or services.
- Supporting the Department of Health Promotion in printing and dissemination of the National FP/RH Communication Strategy, once it's finalized.
- Providing refresher trainings to FP healthcare providers by municipalities in both provinces.

A complete list split by indicators can be found in the table below:

Standard Indicators		Targets for Remaining of FY18	List of main activities
A4.1	Percentage of USG-assisted service delivery points (SDPs) offering FP/RH counseling or services	**N/A**	-Provide Supportive supervision to USG-assisted service delivery points (SDPs)
A4.2	Percent of USG-assisted service delivery points that experience a stock out at any time during the reporting period of a contraceptive method that the SDP is expected to provide	**N/A**	-Provide Supportive supervision to USG-assisted service delivery points (SDPs)
A4.3	Couple years protection in USG supported programs	**14,764**	-Ensure contraceptive stock of available methods in the health units.
A4.4	Percentage of health facilities whose providers reported a Quality of Care score >= 80% for management of FP services (+)	**20%**	-Provide refresher trainings to FP healthcare providers
A4.5	Number of health care workers who successfully completed an in/service training program	**115**	-Train family planning focal points on integration on the protocol for the clinical management of survivors of gender-based violence. -Include male healthcare providers on family planning training to provide resources and RH counseling and services to other man.
A4.6	Number of protocols finalized and approved	**1**	-Work directly with DNSP to create and/or finalize protocols.

			-Work with PSM to coordinate and support the development of a multi-year Contraceptive Security plan.
A4.7	Number of people trained with USG funds	**150**	-Provide FP training for HIV PAFs to ensure integration between HIV and Sexual and reproductive health. -Informal community female leaders' engagement (including social activists, religious leaders, women with disabilities, women leaving with HIV, journalists and others).
A4.8	Number of USG-assisted community health workers (CHWs) providing Family Planning (FP) information, referrals, and/or services during the year	**Completed in Q1**	-Coordinate with implementer partner, RMA, to supervise trained CHWs in the health units. -Improve the reporting tool for CHWs activities.

4.7 Environmental Mitigation Monitoring Plan (FY18)

Activities under IR4 have a status of categorical exclusion and do not require reporting.

Result 5: Capacity of Municipal and Provincial Governments to Plan, Fund, Monitor, and Supervise Health Programs Improved

5.1 Background

Under this Result Area, Finance and Governance Strengthening were defined in collaboration with USAID as key topics to be prioritized in the geographic areas of interest, as follows:

- Strengthen provincial and municipal capacities in annual planning, budgeting, and monitoring interventions in Zaire and Lunda Sul Provinces.
- Strengthen management capacities within the National Malaria Control Program (NMCP), starting with a comprehensive institutional assessment (using MSH's Management and Organizational Sustainability Tool [MOST]), followed by targeted strengthening of capacities in annual planning, budgeting, human resources, and financial management.
- Estimate cost of Integrated Community Case Management (iCCM) interventions: initially malaria, diarrhea, and pneumonia.

Likewise, supporting the MOH in developing/improving DHIS2 as the national platform for health information system was also prioritized, to enable better coordination for more efficient and timely use of data by different partner/stakeholders. HFA will strengthen municipal, provincial, and central level capacities in data insertion, data analysis and data use in DHIS2 for decision making to reach this goal.

5.2 Targets for FY18

5.2.1 Finance and Governance Strengthening

No activities were implemented in Q1. Starting in Q2, HFA will start the implementation of cross-cutting activities at the local level to support specific interventions related to malaria, HIV, and family planning at provincial and municipal levels.

- **Capacity for annual operating plans (AOPs) improved at selected provinces and RMS (Municipal Directory of Health)**

HFA will provide training and technical assistance on the planning tools currently used by other partners, like the EU-PASS II project. The municipal AOPs will incorporate HFA's focus areas in order to provide sustainability and continuous support to selected areas, including malaria, HIV, and family planning services. HFA will start to carry out the implementation of the 10 municipal annual plans and budgets and two provincial annual plans.

- **Strengthen budget management capacity at selected RMS**

HFA will provide technical assistance to strengthen budget management capacities at the municipal and provincial level. Since budget ceilings will likely not be increased and possibly reduced, HFA will focus on improving the management and use of resources allocated to each entity at municipal and provincial levels. HFA will conduct provincial workshops in Zaire and Lunda Sul provinces with the ten municipalities and two provinces to carry out budgets. In the process of development of municipal and provincial budgets, HFA will guarantee involvement of at least four municipal technical staff from each RMS, totaling 48 officials to be trained on budget formulation and implementation of financial best practices. This training process and technical assistance will help prepare the municipal teams for the development of the Public Budget for calendar year 2019.

- **Strengthen monitoring capacity at selected Provinces and RMS**

HFA will develop tools to oversee both municipal AOPs and budgets to implement a process of strengthening local capabilities at municipal level to ensure their AOP implementation. These monitoring tools will ensure that the activities programmed in each AOP are implemented. Through routine reviews, HFA will also verify whether specific results are achieved using indicators for the different objectives established in the AOP. This process will require training in the use of specific tools at the municipal level, as well as monthly technical support to guarantee appropriate measurement and interpretation of indicators, and then choosing the corrective intervention required.

- **Strengthen management capacity of the National Malaria Control Program – MOH**

HFA will provide technical assistance to strengthen management capacities of the National Malaria Control Program (NMCP), starting with the development of a comprehensive institutional assessment (using MSH's MOST tool). Based on the results of the assessment, priority will most likely be given to carrying out AOPs, developing appropriate budgets, and improving financial management and human resources management (e.g. job descriptions and performance evaluation). The NMCP has a current Strategic Plan 2016-2020, but the next stage will be the development of annual operating plans (AOPs and monitoring of strategies and key activities implemented.

- **Strengthen capacity for costing iCCM Activities (ADECOS)**

MSH, a partner of HFA, will provide technical assistance to strength capacities for costing iCCM (ADECOS) interventions. In response to USAID's request, the initial focus will be a phased costing exercise, in five main stages:

· **Stage 1 - Preliminary work:** MSH will conduct a review of the existing literature of community health in Angola and MOH strategies related to community health.

· **Stage 2 - Data collection:** MSH will conduct data collection in Angola at all levels of the health system through meetings with key stakeholders and implementing partners, an expert panel, and field data collection through interviews with CHWs (ADECOS) and their supervisors.

· **Stage 3 - Analysis:** Based on the data collected, MSH will model the ten-year (2018-2028) costs and impact of national scale-up of the community health program.

· **Stage 4 – Training:** MSH will conduct a three-day training with MOH personnel on the use of the MSH/UNICEF Planning and Costing Tool.

· **Stage 5 – Validation of results:** MSH will present and validate the results of the study with MOH and key stakeholders.

Once HFA completes the costing exercise, the project will facilitate a broad meeting with MOH, NMCP, and DPS authorities to share findings and recommendations for the costing analysis.

FY18 Targets for IR5

Performance Indicators	Target 2018	Quarter targets for FY2				Achieved in Q1 / Q1 Target	Achieved in Q1 / Year Target
		Q1	Q2	Q3	Q4		
Governance and Financing							
Number of GRA (health) officials trained on budget formulation or execution of best practices	**40**	-	8	12	20	-	-
Number of municipalities with municipal annual operating plans developed	**10**	-	2	3	5	-	-
Number of municipalities with municipal annual budgets developed	**10**	-	5	5	-	-	-
Number of municipal health budget (PDMS cost-out) accessible to the public	**10**	-	5	5	-	-	-
Number of best practices and lessons learned built into the national medium-term data use and planning.	**4**	-	-	2	2	-	-
Number of best practices institutionalized (put in practice) with USG assistance	**1**	-	-	-	1	-	-

5.2.2 Health System Strengthening

PMP indicators and FY18 targets for Health System Strengthening are presented in the following table. They reflect the key efforts of DHIS2 implementation in the 6 PMI provinces. The foundations for DHIS2 implementation were set up during the first quarters of FY18: development of the DHIS2 Road Map, with timeline and responsibilities of each partners, which includes:

- Development of a capacity building plan for municipal, provincial, and central level to be implemented in Q2 and Q3;
- Making DHIS2 fully functional by Q4
- Monitoring report entry and data use

Performance Indicators	Target 2018	Quarter targets for FY18				Achieved in Q1 / Q1 Target	Achieved in Q1 / Year Target
		Q1	Q2	Q3	Q4		
Number of DHIS2 users trained within MOH with USG assistance (*)	142	-	8	50	84	-	-
Percent of municipal HMIS reports submitted on time and complete (every quarter) ***	70%	-	-	-	70%	-	-
Number of municipal authorities meeting quarterly to review HMIS data and incorporate feedback in reports ***	43 ǂ	-	-	-	43	-	-

** It assumes training 2 persons at municipal level (2 x 61=122), 2 at provincial level (2 x 6=12), 2 at central level (GEPE/GTI), and 6 trainers of trainers;*

*** No targets for some indicators in Q1, Q2 and/or Q3 is due to the roll out phases of DHIS2*

**** Targets were changed with respect to PMP to go in line with recent developments of DHI2 Road Map and HFA implementation plans*

ǂ It corresponds to 70% of 61 municipalities (total number of municipalities in 6 PMI provinces).

5.3 Achieved Results in Q1 FY18

5.3.1 Finance and Governance Strengthening

The main achievement during Q1 was the approval by USAID to start HFA activities under IR5 related to governance and financing.

5.3.2 Health System Strengthening

During Q1, HFA coordinated a four-day workshop to draft the National Roadmap for DHIS2 (and Open LMIS) in conjunction with GTI and GEPE, bringing on board PSI/Global experts and local staff. During the workshop, representatives from MOH, donors, and partners learned about the relevance of coordinating national efforts to improve the health information system and to avoid duplication of tasks and waste of resources. Working together, all participants identified the timelines and budget needs for developing the different components of DHIS2.

After the workshop, HFA worked separately with different partners to identify the financial resources each one will contribute to DHIS2 implementation, integrating that information into the final version of the Road Map, which was immediately shared with USAID for comments and inputs. It must be noted that the Road Map produced in Q1 was used by NMCP and MOH as a reference to develop the Angolan proposal for the next round of the Global Fund Health System Strengthening concept note.

Using the jointly drafted Road Map as general framework, HFA also developed the following products/ activities during Q1, all aiming at having a fully DHIS2 platform by the end of the FY2018:

1. Conducted an assessment of the DHIS2 pilot phase, reinforcing the need to create/improve validation rules for data quality assurance, import historic data from paper based/excel forms, improve quality supervision, improve governance and regulation rules, etc.
2. Created an implementation plan for MOH, which covers DHIS2 implementation at country level, considering the effort and responsibilities of all partners.
3. Created an implementation plan specific for HFA, focusing on six provinces where PMI supports work on Malaria Case Management, with detailed budget needs and aligning chronogram with the general national Road Map and the MOH plan.
4. Provided technical support on DHIS2 to MOH on:
   - ✓ "Opening date" in DHIS2 for every health facility;
   - ✓ Deleting non-regular users from the main DHIS2 instance (the large number of users was preventing MOH from keeping control of the system management);
   - ✓ Configuring MOH approved forms for data entry (External Clinic Consultation, Emergency Room, Health Units, Clinical check-ins and check-outs).

During Q1, HFA also worked on translating into Portuguese and installing the standard PSI malaria case management supervision forms on electronic tablets (Health Network Quality Improvement System, HNQIS), in order to provide a practical example of supervision to MOH and USAID for their consideration. The supervision form will simplify the assessment of health service providers in over 400 health units in the six PMI provinces, with limited number of supervisors. It will allow supervisors to concentrate their efforts on health units with large number of clients and with more problems in service delivery. The system will be presented to MOH and USAID during Q2.

5.4 Major Constraints faced during Q1 FY18

5.4.1 Finance and Governance Strengthening

The major constraints faced during Q1 were related to the political environment of the country and issues related to outbreaks of malaria and cholera in some provinces.

- Changes in the national authorities of the Angolan Government on September 26, 2017 brought the need to re-start conversations and negotiations with new public servants, which resulted in delays for all health cooperation partners, including USAID. HFA received USAID approval to start the implementation of finance and governance activities in November 2017.

- The Angolan Government, specifically the MOH, faced two critical outbreaks of malaria (November, December 2017) and cholera (December 2017). The authorities have been focusing on these critical issues, which has further delayed HFA's ability to formalize relationships with new MOH authorities.
- Negotiations between NMCP and USAID to start the implementation of capacity strengthening activities are still ongoing, mostly for the reasons explained above.
- The budget allocated for governance activities (e.g. planning, budgeting) at local level is very limited to provide technical assistance to both Zaire and Lunda Sul provinces. HFA must find creative and innovative strategies to reach the expected results.

5.4.2 Health System Strengthening

No major constraints were faced during Q1 in the health system strengthening, since it is in the early stages of implementing the DHIS2 Road Map.

5.5 Recommendations for remaining of FY2018:

5.5.1 Finance and Governance Strengthening

- Ensure close coordination between PSI and MSH in order to implement and leverage the results to be reached during FY18. For example: jointly identify the challenges to be faced with MOH in implementing the planning and budgeting tool (FPOM – *Ferramenta de Planificação, Orçamentação e Monitoria*) and with the development and implementation of DHIS2.
- Ensure the development of a mechanism of communication and coordination for implementing local level strategies with key partners involved in governance and financing topics, such as GEPE-MOH and UE-PASS II Project.

5.5.2 Health System Strengthening

- With the new national government in place, there have been changes to key personnel at the MOH who need to become familiar with the objectives and activities of HFA. At a higher level, conversations between USAID and the MoH need to take place in order to facilitate smooth implementation of the DHIS2 plan, as well as other components of HFA.
- Finalize agreements outlining the contributions to be made by key partners and MOH to help roll out the DHIS2 platform. Of special attention is the role that Global Fund and World Bank will play in the purchase and distribution of desktop computers for each of the 161 municipalities out of 164 in the country. (The three remaining municipalities received computers from USAID under another mechanism.) The World Bank already purchased 73 desktop computers, with most of them already being distributed in Luanda. The Global Fund is planning to buy 161 computers to distribute them amongst the municipalities in the remaining provinces. Nevertheless, the MOH needs to approve and submit such requests to the Global Fund in a timely manner in order to facilitate the kick-off of DHIS2 related training at the municipal and provincial levels during Q2 and Q3, and to have a fully functional DHIS2 system in place by Q4. Delays in approval will force other partners, including HFA, to use their own resources to purchase computers, losing the opportunity to create synergies with Global Fund funds.

5.6 Proposed targets for Q2 and remaining of FY18

5.6.1 Finance and Governance Strengthening

All proposed targets for Finance and Governance were listed and detailed in item **5.2.1** above.

5.6.2 Health System Strengthening

Using the DHIS2 Road Map as a reference and the subsequent HFA implementation plan, targets for Q2 will focus on training key personnel prior to the roll out in all six provinces; for example, training 6 TOTs, plus 2 people at central level (GTI/GEPE). During Q3 and Q4, training of municipal and provincial personnel will take place in three provinces each quarter.

Although it is expected that DHIS2 will be fully implemented by the end of Q4, many municipalities will still be adjusting to the new platform, so a conservative target of 70% was established for municipal reports submitted on time. It is also expected that at least 70% of the municipal authorities in the six PMI provinces will meet at least quarterly with provincial level authorities to analyze reports and make decisions based on DHIS2 information.

To achieve targets for Q2, the following activities are envisioned for January-March 2018:

- ✓ Continue the improvement/configuration of official malaria and other disease forms.
- ✓ Hire and train six TOTs for the six PMI provinces.
- ✓ Start implementation in three out six provinces on a first phase (provinces will be defined by GTI/GEPE, in coordination with USAID and PSI). In Q3 and Q4, HFA expects to finalize the DHIS2 implementation in the remaining three provinces.
- ✓ By the end of the FY18 (when DHIS2 is fully operational), an evaluation of the DHIS2 platform will be planned to adjust for improvements and to fix errors.
- ✓ Coordinate a Health Technological Camp to identify current informational tools used in the private and public sectors that can potentially be integrated into or linked to the DHIS2 platform, in order to enrich the National Health Information System.
- ✓ Develop the Study Design and get Ethical Approval for the iCCM evaluation. Fieldwork for a baseline survey will be conducted using existing tools to evaluate the new geographical areas to be covered by the ADECOS program (Zaire and Lunda Sul provinces).
- ✓ Develop the Study Design and get Ethical Approval for an operational research on Southeast Asian migrants in Angola, to understand health seeking behavior in case of fever and malaria symptoms.
- ✓ In coordination with NCMP and CDC, HFA will conduct a Rapid Urban Malaria Assessment (RUMA) to improve understanding of urban malaria epidemiology, evaluate health facility readiness for outbreaks, and the accuracy of diagnosis of febrile illnesses. The geographical area is yet to be defined, and is pending final approval from MOH.

5.7 Environmental Mitigation Monitoring Plan (FY18)

Activities under IR5 have a status of categorical exclusion and do not require reporting.

This is the Quarter 1 Report for FY2018.

Luanda, February 12th, 2018.

List of Annexes

Annex 1 – Success Story (Family Planning)

Annex 2 – RMA Capacity Development Plan for FY18

Annex 3 – Family Planning Events (pictures)

USAID
FROM THE AMERICAN PEOPLE

SUCCESS STORY
Man-to-Man Talk!

Promoting sexual and reproductive health conversation between male healthcare providers and male clients.

[Nelito Penhor, Health care provider]

"I am so glad I attended this training. Now, I can have a man-to-man talk with my male friends and tell them that men should also take responsibility when it regards to contraception. This training was very helpful for me as a man and a healthcare provider".

Pedro João, healthcare provider

In Angola, despite significant improvements in recent years, the disparity between women and men seeking sexual and reproductive health and family planning (SRH/FP) services is still vast. Supervision visits at health units in Luanda show that more than 90% of clients looking for SRH/FP services are women. SRH/FP services are traditionally seen as an exclusive necessity for women.

Pedro João has been a healthcare provider for seven years. He provides FP counseling and services at Bita Tanque Health Unit in Luanda. As many other healthcare providers, he was used to seeing only female clients.

December 13-15th, 2017 was a remarkable period of time for Pedro João. He was one of the 16 male healthcare providers who participated in the first training on SRH/FP designed specifically for male healthcare providers in Luanda province.

Over the training days, providers had to offer SRH/FP counseling to male clients in the hospital. Due to the lack of male clients in the health unit, Pedro and two teammates decided to go to the streets. Pedro came across a moto-taxi driver and decided to do SRH/FP counseling right there.

During a classroom discussion, Pedro mentioned: "*I thought that here in* Luanda *men had a reasonable knowledge about basic reproductive health topics. I was surprised when a 25-year-old man did not know that contraceptives could be used even when a woman does not have children… There are men that do not know anything about reproductive health. That made me realize that there is a lot of work to be done, not only in the hospitals, but also in the communities around our hospitals."*

In the last day of the training, Pedro felt so motivated and shared: "*I am so glad I attended this training. Now, I can have a man-to-man talk with my male friends and tell them that men should also take responsibility when it regards to contraception. This training was very helpful to me as a man and as a healthcare provider."*

HEALTH FOR ALL PROJECT

Capacity Building Development Plan for Rede Mulher Angola (RMA)

In February 2017, PSI/Angola signed a consortium cooperative agreement with USAID to implement a five-year project named Health for All (HFA). Rede Mulher Angola is the only HFA local implementing partner. The initial proposal assigned the following components to the RMA:

- **IR1 (LLIN)** and **IR2 (Malaria Case Management)** - To manage members during the LLIN distribution and implement iCCM in Lunda Sul in collaboration with PSI/A.
- **IR2 (Malaria Case Management), IR3 (HIV/AIDS)** and **IR4 (Family Planning)** - To implement SBCC activities in malaria, FP, and HIV/AIDS through its network of 80+ local organizations in Luanda and other provinces as appropriate.
- **IR5 (HSS)** - To lead capacity-building trainings for local organizations on topics including gender, organizational management, and budgeting.
- **IR4 (Family Planning)** - To lead advocacy for gender equity in allocation of resources.

Building on USAID requirements for subaward management, PSI conducted an assessment to evaluate the institutional management capacity of RMA and develop a capacity building plan to streamline the implementation of the project according to the established contract.

RMA is an organization with important experience in the implementation of community and social development activities. However, several areas for growth were identified in RMA, which may affect the financial and program management, as listed below:

- Lack of experience managing large funds
- Tools for documenting internal administrative policies and procedures are out-of-date
- Inadequate financial systems and procedures to ensure accountability and transparency
- Underdeveloped internal capacity in Financial, Human Resources, Procurement, and Program Management

Aiming at improving RMA's organizational capacity for effective project management and compliance, the following development strategy was proposed:

AREA	OBJECTIVE	INPUTS	ACTIVITY	OUTPUTS	KEY PERFORMANCE INDICATORS/OUTCOME INDICATORS	PERIODICITY	TARGET
FINANCE	Financial management improved with stable system that provides data and cash analysis and qualified staff that complies with the project requirements.	PSI provides one internal finance staff to share experience with RMA finance personnel on weekly basis/when necessary to facilitate payment orders and compliance with the project contract requirements.	On job training on purchase order payments	4 of RMA staff trained on purchase order payments	% of purchase order / bills / payments paid above $5000 with approval from the COP	Quarterly	100%
		PSI's finance team works with the RMA team to facilitate the acquisition of an updated financial system that meets the basics in international standards financial processes.	-Installing of a financial program (LCGI 3.0) on finance department computers -On job training RMA financial staff on the use of LCGI 3.0 program	- Financial program (LCGI 3.0) installed in RMA computers - 5 members of RMA financial staff trained on the program	% of RMA finance reports submitted on time with no major errors	Quarterly	80%
		PSI compliance team works with RMA finance and program team to review the terms of the contract and key subaward management regulations.	Training on subaward contract management	5 RMA staff trained on subaward contract management	% of HFA compliance/recommendations implemented (quarterly)	Quarterly	100%

HR	Presence of standard internal administrative procedures in usage by RMA staff to effectively respond to HFA project requirement	PSI HR and technical program team works with RMA/HR and management team in the recruitment process of an independent consultant to develop an institutional administrative kit (manual and tools) to help RMA comply with the project requirements.	Hiring an independent consultant to create an Internal Administrative Manual	- 1 Consultant hired; - 1 Internal Administrative Manual Created	Existence of an internal policy guiding HR services approved and disseminated by RMA senior management committee	Annual	1
		PSI provides a member of its HR team to work with RMA/ HR team, once a week / when necessary, to exchange experience and help in the organization of administrative processes in HR: recruitment process, contracts, individual files, timesheets, etc.	On job training on RH basics management procedures	13 of RMA staff trained on HR basics	% of RMA staff with effectively organized and monthly updated files: contract, conflict of interest, job description all signed, timesheet, salary payment receipt	Monthly	100%
		Provide a training on ethics to RMA Staff	Training RMA staff on Ethics	13 of RMA staff trained on Ethics	% of RMA personnel trained on Ethics (semi-annually)	Annual	100%

IT	Existence of IT system sufficiently organized to secure internal communication and information.	PSI provides one of its IT workers to support RMA staff to establish an institutional dominion and install a permanent and strong internet.	Training RMA staff on e-mail use and cyber security measures	13 RMA staff with institutional emails for all internal and external communication.	% of RMA personnel with an institutional (RMA) email address in place	Quarterly	100%
		PSI provides one of its IT workers to work with RMA to have an internal server that allows RMA staff to create and manage user accounts.	Same as above	13 RMA staff are trained to change their personal passwords after every three months	% of RMA personnel with passwords to access their work computers	Bi-Annual	100%
		PSI provides one of its IT workers to support RMA to install a backup system with antivirus to secure internal and external information.	Training RMA staff on backup system and cyber security measures	Backup system is implemented, and data restoration process is tested and documented (quarterly)	Backup system is implemented at least every month	Monthly	80%
PROCUREMENT	RMA has an organized procurement system that comply with the subaward contract requirement	PSI procurement and logistic staff supports RMA Management team to establish an operational plan to request services following internal procedures when necessary.	Train RMA staff on basic procurement skills	4 RMA staff trained on how to fill in procurement forms, search for vendors, check for competitive price, quality of products	% of products and services procured through a standardized requisition form	Bi-Annual	100%
					% of requisitions submitted on time (at least 15 days before the procurement of a product/service)	Quarterly	100%
					% of products and services procured by comparing at least 3 different providers (quality & price)	Quarterly	100%
					% of vendor for which a Bridger Insight evaluation was carried out before payment/contract	Quarterly	100%

		PSI provides support to RMA in the recruitment process of an independent consultant to develop an institutional administrative kit (manual and tools) to comply with the project requirements	Hiring an independent consultant to create an Internal Administrative Manual	- 1 Consultant hired; - 1 Internal Administrative Manual Created	Existence of an internal policy guiding procurement services approved and disseminated by RMA senior management committee	Annual	100%
PROGRAMATIC	Strengthened, Expanded and Integrated Sexual Reproductive Health and Family Planning Services at Provincial and Municipal Levels	PSI program and HR provide support to RMA to hire a qualified project manager with the technical skills to respond to project demands	Hire a technical project manager	RMA with 1 qualified technical project manager	% of RMA narrative reports submitted on time and with no major errors	Quarterly	100%
		PSI program team provides supportive supervision to RMA in the development of the workplan and Community Health Workers capacity to prepare and implement the BCC activities in the field.	Train Activists on Behavior Change and Communication for FP to prepare and implement communication activities in the field according to the workplan	30 RMA Activists trained on BCC on FP	% of programmatic activities carried out	Annual	100%
					# of health units visited monthly (monthly)	Quarterly	100%
					# of beneficiary women and men reached (quarterly)	Quarterly	100%
					# of total beneficiary reached (annually)	Quarterly	100%

ANNEX 3 – Family Planning Events

1. Training for the Community Health Workers.

Picture #1: Opening session of the training at PSI office. PSI team, RMA and guest speakers.

Picture #2: Participants in the training with PSI team, RMA and guest speakers.

2. Presentation of the CHW activities to GPSL and Directors of Health Units

Picture #3: Members of the presidium: Analdina Nouemou, PSI/Angola, Maria Rufina, ANGOBEFA, Fernanda Alexandre, RMA.

Picture #4: Guests: in front row Isabel Lemos, DSR -DNSP, and Angelina Silva, Municipal Health Department.

3. Workshop 16 Days of Activism Against Gender-Based Violence

Picture #5: Workshop host: Carolina Miranda. Workshop guest speakers: Eva Fidel, PSI/Angola, Maria Soledade, MINFAMU, Fernanda Ricardo, RMA, and the representative of the Women Police Association.

4. Meeting With the minister of Social Action, Family and Promotion of Women

Picture #6: Fernanda Ricardo, RMA Coordinator and Dr. Victória da Conceição, Minister of Social Action, Family and Promotion of Women.

5. **Male Healthcare Provider Training**

Picture #7: Male healthcare providers (dressed in blue color) talking to a moto-taxi driver, December 2017.