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2008

Angola

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Table 1: Overview

Executive Summary

File Name	Content Type	Date Uploaded	Description	Uploaded By
COP08b-Congressional Notification.doc	application/msword	9/30/2007	Congressional Notification	IKuleba

Country Program Strategic Overview

Will you be submitting changes to your country's 5-Year Strategy this year? If so, please briefly describe the changes you will be submitting.

[X] Yes [ ] No

Description:

Please refer to document.

Ambassador Letter

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Ambassador Letter.pdf	application/pdf	9/30/2007	Angola Ambassador Letter	IKuleba

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Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2008?	$0
Does the USG assist GFATM proposal writing?	Yes
Does the USG participate on the CCM?	Yes

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2008

Prevention	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
End of Plan Goal				
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	8,000	0	8,000
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	0	0	0

Care (1)	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
		0	0	0
End of Plan Goal				
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	0	0	0
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	0	0	0
8.1 - Number of OVC served by OVC programs	0	0	0	0
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	5,400	9,440	14,840

Treatment	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
		0	0	0
End of Plan Goal				
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	0	0	0

Human Resources for Health	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
End of Plan Goal	0			

2.2 Targets for Reporting Period Ending September 30, 2009

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Prevention				
End of Plan Goal				
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	10,000	0	10,000
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	0	0	0

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Care (1)		0	0	0
End of Plan Goal				
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	0	0	0
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	0	0	0
8.1 - Number of OVC served by OVC programs	0	0	0	0
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	6,600	0	6,600

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Treatment		0	0	0
End of Plan Goal				
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	0	0	0

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Human Resources for Health				
End of Plan Goal	0			

(1) Total Care represents number of OVC served by an OVC program during the reporting period and the number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care, including those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis(TB).

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Civil-Military Alliance

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6112.08
System ID: 8296
Planned Funding($): $500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: Charles R. Drew University
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5855.08
System ID: 8297
Planned Funding($): $1,599,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Chemonics International
New Partner: No

Mechanism Name: ICAP

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6111.08
System ID: 8298
Planned Funding($): $0
Procurement/Assistance Instrument: Grant
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Columbia University
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9217.08
System ID: 9217
Planned Funding($): $20,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Partnership for Supply Chain Management
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: AIDS Prevention/Expansion Program

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8561.08
System ID: 8561
Planned Funding($): $2,067,000
Procurement/Assistance Instrument: Grant
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Population Services International
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8315.08
System ID: 8315
Planned Funding($): $60,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Safe Blood for Africa Foundation
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8312.08
System ID: 8312
Planned Funding($): $0
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: USAID

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6078.08
System ID: 8305
Planned Funding($): $368,360
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: US Agency for International Development
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5857.08
System ID: 8304
Planned Funding($): $1,548,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: CDC

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6079.08
System ID: 8303
Planned Funding($): $492,000
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8560.08
System ID: 8560
Planned Funding($): $310,000
Procurement/Assistance Instrument: Grant
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: World Learning
New Partner: No

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding

Table 3.3: Program Planning Table of Contents

MTCT - PMTCT

Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01

Total Planned Funding for Program Area: $345,000

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0
Estimated PEPFAR dollars spent on food	$0
Estimation of other dollars leveraged in FY 2008 for food	$0

Program Area Context:

Overview

Preventing mother-to-child transmission (PMTCT) is a key goal of the Angolan government's HIVAIDS plan, both to reduce contagion and attenuate the socio-economic impact on individuals, families, and communities infected and affected by the disease. One in 30 pregnant women who attend an ante-natal clinic is HIV positive. However, only 40 percent of births take place at hospitals. The Angolan government is the main implementer of the PMTCT program, which started in 2004 in four health units in Angola's capital, Luanda. By the end of 2007, the government offered PMTCT services in 57 health units located in all provincial capitals and over 22 municipalities.

USG involvement in PMTCT is needed to increase the number of health facilities providing services to pregnant women. To achieve this, existing government policies need to be modified and additional support provided to scale up service delivery. Several factors currently limit the expansion of PMTCT across the country. PMTCT, including care and treatment of HIV positive exposed/infected children and adults, is offered only at referral centers. The current regimen is highly effective and of higher quality than in most Sub-Saharan African countries, as it is administered by a doctor and only at health facilities with maternity centers. But this approach greatly limits availability and makes it difficult to provide quality care in rural areas, where health centers are run by nurses or physician assistants. A January 2008 assessment by Columbia University's International Center for AIDS Treatment and Programs (ICAP) recommended that different protocols be implemented in the country, depending on prevalence rates and physician availability.

Leveraging and Coordination

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and UNICEF are two of the multilateral partners working with the government in vertical transmission programs. Civil society organizations are also active, mainly in policy and advocacy arenas for ensuring that PMTCT services are available to all HIV-positive pregnant women. The lead NGO actors are ANASO (a network of HIV non-governmental organizations) and RNP+ (a network of people living with HIV).

The GFATM Round 4 award ($19.8-million, 5-year grant) supports the procurement of ARV drugs and the national PMTCT and VCT programs in maternity wards, hospitals and prenatal health services. In 2007, GFATM equipped 17 health centers to implement PMTCT. In collaboration with the provincial health service, UNICEF has set up mobile clinics in Cunene, the southern province with the highest HIV prevalence among pregnant women -- 9.4 percent. Pilot interventions will be implemented in three hospitals in Cunene and Benguela provinces, where injectable AZT and labor kits will be provided. UNICEF also supports the National AIDS Institute (INLS) in setting up protocols for the management of sexually transmitted infections, voluntary counseling and testing, and breastfeeding within PMTCT programs.

Current USG Support

In FY07, USAID allocated $100,000 to ICAP to evaluate, at the request of the Angolan government, the PMTCT program of the National AIDS Institute, with a view to recommending how to address challenges and expand and enhance successes. In January 2008, the ICAP team spent two weeks reviewing the PMTCT and MTCT-Plus (care and treatment services for pregnant women, children and families) programs on the national level and in targeted facilities. Expected outcomes are informed, collaborative decision-making to establish program priorities, optimal program design and an effective action plan to expand PMTCT services efficiently and quickly in the context of limited resources. The ICAP team is now drafting recommendations that will be shared with the USG by late March 2008.

The USG in Angola and in Namibia have programmed FY07 PEPFAR plus-up funds to collaborate in a South-to-South partnership to increase access to HIV testing in antenatal clinic sites in Cunene, where the prevalence of HIV is disproportionately high. This work will be done in coordination with UNICEF efforts in the area.

USGFY08 Support

The USG PMTCT activities in FY08 are as follows:

•Reviewing policies: Based on experiences in other countries, the USG will provide technical assistance to scale services up effectively through differentiated treatment protocols that take into account prevalence rates and physician availability.

•Implementing policies: In collaboration with UN agencies, the USG will support the National AIDS Institute in the application of protocols and guidelines in PMTCT and breastfeeding and will conduct training for Ministry and partner staff on each set of guidelines.

•Leveraging resources and services: The National AIDS Institute aims to scale up PMTCT services in 16 health facilities with antenatal care, labor and delivery services in Luanda province by the end of 2008. The USG Essential Health Services project will provide technical assistance to establish three PMTCT services in facilities selected by the provincial government, taking into account the availability of trained human resources. In FY08, the program aims to provide counseling and testing to 3,600 women.

•Training existing staff: PMTCT services are provided by teams of 8 health professionals, including medical doctors, nurses, midwives, laboratory technicians and pharmacists. Essential Health Services will train 25 staff in the three target facilities in Luanda. Further training courses will be conducted as they are needed to staff the new PMTCT centers. Protocols and training curricula will be reviewed to meet national and international standards.

•Rehabilitating facilities on a small scale: USG support will ensure that PMTCT services are carried out in an appropriate environment, where privacy, dignity and bio-safety measures are guaranteed and observed. Minimal but necessary rehabilitation will improve locations for antenatal consultations, labor and delivery. The rehabilitation work may include partitioning, painting, replacing windows and doors, and related measures.

Program Area Downstream Targets:

1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	3
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	8000
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	18

Custom Targets:

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 6111.08
Mechanism: ICAP
Prime Partner: Columbia University
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 18925.08
Planned Funds: $0
Activity System ID: 18925
Activity Narrative: Columbia University (ICAP) in mini-COP 07 assessed the state of PMTCT and MTCT-Plus services in Angola. In mini-COP 08, USAID, through ICAP, planned to implement the findings from the ICAP assessment. However, when ICAP presented their findings to the INLS (O Instituto Nacional de Luta contra a SIDA), the INLS decided that the proposed ICAP activities to scale up PMTCT in Angola were not viable. Instead the Government is in favor of scaleing-up services by using triple drug treatment. Without the Government of Angola's support in this activity it will not be feasible to continue. In addition, due to the increased cost of living in Angola, the originally proposed $320,000 is not enough for ICAP to establish a solid base in the country. ICAP might provide technical assistance from Mozambique but it was decided that the burden of this work would be too much for the ICAP team in Mozambique. Thus this activity will be cut from the mini-COP 08 and the funding will be reprogrammed to other partners.
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 5855.08
Mechanism: N/A
Prime Partner: Chemonics International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 11917.08
Planned Funds: $295,000
Activity System ID: 18917
Activity Narrative: Not required
HQ Technical Area:
New/Continuing Activity: Continuing Activity

Continuing Activity: 11917

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27033	11917.27033.09	U.S. Agency for International Development	Chemonics International	11238	5855.09		$200,000
11917	11917.07	U.S. Agency for International Development	Chemonics International	5855	5855.07		$295,000

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 8560.08

Mechanism: N/A

Prime Partner: World Learning

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 21138.08

Planned Funds: $50,000

Activity System ID: 21138

Activity Narrative: Continuing on the South-to-South Initiative that was started in mini-COP 07, this additional funding will assist in the scale-up of PMTCT programs in Cunene and construct waiting houses for pregnant HIV positive women who need ARVs during delivery and for pregnant women with high obstetrical risk.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HVAB - Abstinence/Be Faithful

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Total Planned Funding for Program Area: **$1,150,000**

Estimated PEPFAR contribution in dollars $0

Estimated local PPP contribution in dollars $0

Program Area Context:

Overview
The population of Angola is young, with nearly 70% of the population under age 24. Studies have shown that the mean age of sexual debut is relatively young, and the practice of concurrent partners and support for several households is common. The most recent study conducted by INLS in collaboration with the HAMSET project funded by the World Bank, shows that among youth aged 15-24, only 27% were able to correctly identify modes of prevention of HIV and were able to refute misleading modes of transmission.

Additional factors that increase the risk of contracting HIV include: sexual activity across generations and multiple partners (23 per cent of youth reported having two or more partners in the last three months), low condom use (55 per cent of young Angolans used a condom with their last casual partner, 37 per cent with a non-married 'permanent partner' and 19 per cent with a 'marital partner'), and low perception of personal risk (only 9 per cent of youth classified themselves as being at high risk of contracting HIV).

The lack of knowledge, coupled with misconceptions on mode of transmission and risky sexual behavior, makes it necessary to expand behavior change interventions through intensified communication and information programs, including media coverage, targeted peer education for most at-risk groups and other kinds of information programs for youth, pregnant women, and others. BCC interventions need to target all age groups and go beyond providing information by giving individuals the skills to make responsible decisions.

Leveraging and Coordination
Prevention efforts by the Angolan government have been dominated by national information, education and communication campaigns (IEC) that use posters and radio. The messages describe how HIV is transmitted and why it is important to prevent of mother-to-child transmission (PMTCT). UNICEF/Ministry of Education supported an initiative that trained 432 teachers on HIV prevention education.

Different government agencies such as the Ministry of Youth and Sports have partnered with National Institute for the Fight Against AIDS (INLS), UNICEF and local NGOs to reach youth in discos, bars, car wash facilities, churches, juvenile and sports centers, local video facilities and other places were youth get together to raise awareness on the epidemic. This unified effort provides a clear image of the attention that is given to this issue.

Additionally, the GFATM and World Bank provide support to a limited number of local NGOs for outreach activities related to AB. GFATM has sub-contracted its grants to local NGOs to implement IEC activities in-country.

Current USG Support
Since 2004, the USG has supported the 'Jango Juvenil' youth center project to promote HIV/AIDS prevention and life skills through an age-appropriate ABC program targeting out of school youth and youth aged 14-24. The 'Jangos' provide intensive age -appropriate HIV/AIDS prevention education in a youth friendly, dynamic and accessible setting. Each center is operated by a local partner NGO with continuous technical support, supervision and training by PSI in all aspects of the project, including project management, finance and communication skills. PSI builds capacity of partner NGO activists and supervisors by offering training or refresher training from experienced PSI trainers in HIV/AIDS and IPC. Partners will receive ongoing support from distance and regular field visits.

The USG has also provided support since 1999 for interventions that reduce HIV transmission within bridge populations (i.e. commercial sex workers and their clients, long-distance trucker drivers, and subsets of youth) please refer to condoms and other prevention section. Interventions aimed at empowering bridge populations and the general population in Luanda, Cunene and other high-risk provinces are abstinence, fidelity, and correct and consistent condom use.

USG FY08 Support
AB messages and behavior will continue to be delivered at five youth centers, which have the corporate sponsorship of Banco Fomento Angola and are located in the provinces of Luanda, Huambo, Cunene, Huila and Cabinda.
•Jango Juvenil project activities include: orchestrated debates, individual counseling, theatre, on-site educational classes, cultural/recreational events, and inter-personal communication (IPC) outreach into the respective communities to reach youth not attending the Jango Juvenils.
•PSI's AB messaging will focus on key messages targeted to two separate age groups, each focusing on youth either above or under 18. These messages include:

Promotion of delayed debut will focus on empowering girls to resist pressure and sensitizing boys to refrain from pressuring girls. Delayed debut communications will therefore also deal with the peer pressure faced by adolescents to prove themselves to their peers by becoming sexually active Promotion of fidelity and partner reduction will address the lack of self-efficacy of some youth to refuse sex with a new partner (for youth above 18).

The Jangos also offer life skills classes provided in areas such as basic literacy, computers, English, French, cooking, sewing, art and electrical skills. The project also provides a focus for sports and cultural events offering an ideal opportunity these courses have a dual objective of allowing youth to acquire skills to make them more productive and it also provides an opportunity to address their vulnerability towards HIV/AIDS.

Provision of technical support/capacity building to local organizations:

•Work regularly in the field alongside activists conducting IPC, presentations and debates, in order to monitor the quality of communication, messaging and data collection and provide feedback and coaching.
•Train "Master Trainers" in IPC for HIV/AIDS prevention that will develop their skills and transfer them to other activists and NGOs.

PSI is conducting TRaC survey that aims to provide evidence for social marketing decision making within the PSI/Angola HIV prevention, previous studies provided insights into behavior determinants, including condom use among high risk groups. The role of the TRaC is to help program managers assess the effectiveness of their programs and also provides information on what behaviors needs to be addressed in order to get the desired results.

Continuing DOD efforts with the Angolan Armed Forces (FAA) to promote abstinence and fidelity, Drew University will use its experience to train activists, create educational materials, and assist the FAA in institutionalizing effective programs that motivate behavioral changes that can reduce risky sexual behavior among military personnel. DOD's efforts to reduce HIV transmission in the FAA emphasizes the promotion of safe practices and promotes accurate information, while raising consciousness of the risks associated with behaviors that limits health-seeking practices. Abstinence and Be Faithful programs are designed specifically for FAA personnel, aware that a military population presents specific challenges that are not found in the civilian population at large. Abstinence and fidelity are promoted keeping in mind that the target population is primarily male, young, sexually active and belong to a sub-culture that promotes risk taking. To overcome the specific challenges presented in this setting, educators will be trained in effective interactive teaching techniques and the implementation of an HIV intervention specifically designed for the Angolan military; this intervention has been tested and has shown measurable success. Training will also include messages on gender equity and guidance on how to work with military men to address norms around the use of violence, cross-generational and transactional sex, alcohol abuse and risk-taking that limits their health-seeking behaviors. Funds will be used primarily to acquire and produce educational materials to facilitate the expansion of existing programs and to train trainers that can quickly increase the number of military personnel that will reach out and deliver appropriate prevention messages and promote sexually safe behavior, including, bounded abstinence for those temporarily separated from their regular sexual partners. The specific configuration of the target population (male, young, sexually active) precludes the implementation of 'traditional' abstinence and be faithful campaigns, which are generally designed for younger groups. We do, however, expect to reach 8,000 military personnel through activists and at least 30,000 with mass media campaigns promoting abstinence and fidelity. Prevention efforts, then, will more appropriately reflect the needs of the target population emphasizing condom use when engaging casual partners and promoting a reduction in number of partners.

Program Area Downstream Targets:

2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	14400
*** 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	50000
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	167

Custom Targets:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 8561.08
Mechanism: AIDS Prevention/Expansion Program
Prime Partner: Population Services International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 19165.08
Planned Funds: $750,000
Activity System ID: 19165
Activity Narrative: NA
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 6112.08
Mechanism: Civil-Military Alliance
Prime Partner: Charles R. Drew University
USG Agency: Department of Defense
Funding Source: GHCS (State)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 12182.08
Planned Funds: $140,000
Activity System ID: 18914
Activity Narrative: NA
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 12182
Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27047	12182.27047.09	Department of Defense	Charles R. Drew University	11244	11244.09	Civil-Military Alliance	$140,000
12182	12182.07	Department of Defense	Charles R. Drew University	6112	6112.07	Civil-Military Alliance	$75,000

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 8560.08
Mechanism: N/A
Prime Partner: World Learning
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 19163.08
Planned Funds: $260,000
Activity System ID: 19163
Activity Narrative: NA
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

HMBL - Blood Safety

Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03

Total Planned Funding for Program Area: $140,000

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

Overview

The Angolan Minister of Health and the Director of the National Blood Center (CNS) have expressed substantial interest in strengthening Angola's blood transfusion service and improving the national supply of safe blood. In fact, blood safety was one of the primary focus areas identified in a 2002 report by the National Commission to Fight AIDS and other Endemic Diseases. The problem of transfusion-associated HIV is significant, although poorly described. According to the Angolan HIV/AIDS Reporting System, 18.4% of the 18,094 AIDS cases reported between 1985-2005 were estimated to have been transmitted via blood and blood products. HIV prevalence estimates among urban blood donors have ranged from 0.5% to 8.6%.

Despite its interest in strengthening the National Blood Center, the GoA blood safety effort is currently hampered by fundamental health care infrastructure challenges such as a weak laboratory system to screen and process donated blood, as well as adequate cold chain systems. Other barriers include: 1) A lack of effective data collection systems to monitor transfusion-transmissible infections (TTI) with HIV and other blood-borne pathogens (e.g., HCV, HBV, syphilis); 2) Weak or non-existent guidelines and standard operating procedures for activities such as phlebotomy, donor screening, the appropriate clinical use of blood, laboratory screening, and blood donor recruitment; 3) An incomplete policy framework establishing the Blood Center's legal authority and responsibilities.

To date, the National Blood Center has received limited technical assistance from the Safe Blood for Africa Foundation (SBFAF), a Track 1 blood safety grantee in two PEPFAR Focus countries, as well as from the European Union. The SBFAF support included procurement assistance and training, as well as assistance developing a draft national blood safety plan (this plan is currently under final review at the MOH). SBFAF has also recommended that additional training be provided in the area of quality management and the technical areas identified above.

Blood safety activities represent an integrated program that contributes to objectives delineated in the USG Five-Year Strategy.

Leveraging and Coordination

Angola operates the National Blood Bank in Luanda. This facility collects, stores, tests blood in a central lab and distributes it to hospitals and health centers in Luanda. In the provinces, hospitals and health centers operate their own blood banks. In addition, the military has a separate system for blood banks. Blood is tested for HIV with rapid tests, following the current national testing algorithm. The USG, through its PEPFAR-funded blood safety program, is well place to support the GoA in its efforts to strengthen the national testing algorithm to ensure that all blood is adequately tested for the four major TTI (HIV, HCV, HBV and syphilis). As noted above, the blood safety program area offers the USG Angola team an opportunity to leverage and coordinate with existing laboratory and healthcare systems strengthening programs.

No data are available on the number of units collected annually in Angola, or on how many units are needed. However, severe anemia associated with malaria and complications in childbirth are common in Angola. It is reported that up to 95% of blood transfusions in some provinces are provided to children suffering from anemia due to severe malaria. These children are frequently endangered by risky transfusion practices. This consumption pattern presents an opportunity to develop and implement cross-cutting program interventions involving malaria and blood safety programs.

The estimated voluntary blood donation rate in Angola is among the lowest in Africa at 1.2%. Family members are routinely asked to donate blood for hospitalized relatives. Blood donor mobilization campaigns targeting the military, police and fire department are also conducted, but a national donor recruitment strategy is lacking. No recent information is available on the prevalence of HIV in blood donors.

The GoA is aware of the challenges facing the national blood supply and has begun funding some limited blood safety activities. The government's initiatives are supported by a multi-year European Union (EU) blood safety commitment. The EU program is comprised of three main areas: 1) the development of a national blood safety plan which, based on the CNS, is still under revision; 2) enactment of legislative policies to ensure safe transfusion practices at five provincial hospitals; and 3) support for the purchase of blood testing reagents at five provincial hospitals. Project implementation has been challenging. Power and water shortages; security issues; weak information technology systems and a lack of local technical support for lab equipment have constrained the EU program, which is scheduled to end in 2007. Still, some progress has been made. A final draft of the national blood safety plan has been completed, and the EU has met its objective of supplying reagents and equipment to Luanda, Huila, Huambo, Benguela and Bie.

Current USG Support

The Safe Blood for Africa (SBFA) Foundation has a small PEPFAR grant to support regional blood safety training activities in

southern Africa. SBFA has received additional corporate support from the Exxon Mobil Foundation for specific activities in Angola.

USG FY08 Support

USG will continue to provide technical assistance to conduct preliminary assessments to inform GoA blood safety strategies and to guide follow-up activities of the Blood Safety team. Local CDC staff will perform assessments relying on technical input and resources from staff at headquarters in Atlanta. USG TA will be integrated into and/or follow-up on support from SBFAF and the EU. Specific activities will include: 1) support for national strategies and the development of standard blood safety procedures, protocols, and policies; 2) recommendations to strengthen information and data collection systems to monitor progress and operational activities; 3) training in voluntary non-remunerated blood donor (VNRBD) recruitment, testing procedures and quality management. The project team will be supported by, and work with, the Angola National Blood Center (CNS), the Angola Ministry of Health, and SBFA Foundation. The USG team will also liaise with the European Union Blood Safety project to ensure that activities are integrated.

These activities are expected to build the GoA's capacity to sustain a national blood service that provides adequate safe blood to all regions in Angola.

Program Area Downstream Targets:

3.1 Number of service outlets carrying out blood safety activities	11
3.2 Number of individuals trained in blood safety	80

Custom Targets:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5857.08
Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 18978.08
Planned Funds: $80,000
Activity System ID: 18978
Activity Narrative: Not required
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 8315.08
Mechanism: N/A
Prime Partner: Safe Blood for Africa Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 18981.08
Planned Funds: $0
Activity System ID: 18981

Activity Narrative: Safe Blood for Africa was programmed in mini-COP 08 as a USAID partner, however, USAID/Angola has no existing mechanism with this organization. To program this activity at USAID, it would require an extensive competitive award process which might or might not result in Safe Blood for Africa winning the award. All possible alternatives were explored including the purchase of equipment. The option to support this activity by using GHAI funds through CDC is the only viable option. Because of limited GHAI funding for USAID, only $60,000 will be available for training activities. Safe Blood for Africa has planned and will coordinate this activity with CDC. Future funding will continue with CDC PEPFAR funds. The other $40,000 will contribute to the health system strengthening activities of EHSP.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 8315.08

Mechanism: N/A

Prime Partner: Safe Blood for Africa Foundation

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Medical Transmission/Blood Safety

Budget Code: HMBL

Program Area Code: 03

Activity ID: 21134.08

Planned Funds: $60,000

Activity System ID: 21134

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HVOP - Condoms and Other Prevention

Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05

Total Planned Funding for Program Area: **$1,090,000**

Amount of total Other Prevention funding which is used to work with IDUs	$0
Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

Overview
Sexual transmission is the main mode of transmission of reported HIV/AIDS cases between 1985 and 2005 in Angola. More than half of the sexually active clients tested at the 21 VCT clinics reported that they did not use a condom in the last three months, 35% said they sometimes used a condom, and 7% reported always using a condom. Reported condom usage at last sex was 20%, condom use with a regular partner was slightly lower at 15%, while use with a casual partner (among those reported having a casual partner) was 30%.

Of males tested for HIV at a VCT sites, 28% reported having concurrent partnerships. Concurrent partnerships coupled with low risk perception, and very low condom usage increases the risk of the spread of HIV and other STIs. The VCT data describes risky behaviors in a vulnerable population (10.2% HIV-infected) that can bridge the HIV infection to less vulnerable population groups.

Leveraging and Coordination
Angola's National HIV/AIDS Prevention Strategy includes increasing condom availability, timely STI diagnosis, and treatment for all symptomatic women seen in ANC and family planning services. Last year, the USG distributed over 4,000,000 million condoms at public services. The USG works closely with INLS, UNDP and the Brazilian construction/corporate partner (Odebrecht) to develop an integrated system for effective logistics management and warehousing that can resolve the problems of condom distribution. The GoA, USG and the UK Department for International Development (DFID), in conjunction with the British Broadcasting Company (BBC), have provided strong social marketing programs for condoms. Branded condoms have picked up sales and are widely available throughout Angola in many commercial outlets. The Global Fund (GF) has been working closely with the INLS in procurement and logistics of condoms. In the past year, GF procured over 30 million condoms as part of the HIV grant program with 18 international/national NGOs working in HIV prevention.

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) has an HIV/AIDS grant Phase 1 budgeted at $ 27,670,810 to support voluntary counseling and testing, training of lab technicians. The programs outreach component aims to distribute up to 30,000,000 condoms and reach 2,250 commercial sex workers. The GFATM is also working closely with the GoA in improving procurement, logistics, and storage of HIV/AIDS commodities such as test kits and condoms.

Current USG Support
The HIV/AIDS prevention program supported by the USG includes abstinence, be faithful, promotion of correct and consistent condom use, management of sexually transmitted infections, and messages or programs that encourage healthy behaviors, including partner reduction. The USG is the largest donor addressing HIV transmission and prevention in the most at-risk population groups and worked with local NGO (MAFIKU) in Cunene last year organizing group activities with commercial sex workers and outreach activities to truckers at the borders. Outreach and training of educators will include gender-equity messages and behaviors, and provide guidance on how to work with men to address norms around violence, cross-generational, and transactional sex. The USG has also supported the development of workplace initiatives, including those targeting health care workers, to deliver consistent prevention messages and improved condom availability to workers and their families. USG's partnership with INLS, UNDP and the Brazilian construction/corporate partner (Odebrecht) will set favorable conditions for distribution of USAID provided condoms and HIV/AIDS kits and medication. Odebrecht is storing 15,000,000 non-branded USAID-purchased condoms that distributed in a targeted fashion by working with the Angolan Business Alliance to use its network to ensure free condom availability beyond its employees to other high-risk groups.

USG FY08 Support
Condom and Other Prevention messages will be complementary to those outlined in the AB program area description and will be targeted to appropriate audiences. The overall objective of the program is to prevent transmission of HIV in Angola by reducing unprotected, multiple, casual and commercial sexual relationships.

•USG-supported partners will develop appropriate behavior change communication campaigns that encourage correct and consistent condom use as a targeted and balanced approach to help persons assess their risk of acquiring HIV and utilize appropriate method(s) of prevention.
•Communications about condom use addressing issues around negotiation and right to refuse sex will encourage open dialogue among young and old with their partners about condom use to preserve their health. 'Condom use: Talk about it' will be one of the key messages used in FY08.

In FY 08, PSI Angola will target core-transmitter commercial sex workers (CSWs) in high-risk areas, transporters and others, and promote preventive behaviors to adolescent, youth and adult populations.

•A balanced and targeted program of HIV prevention interventions will be delivered via condom social marketing, inter-personal communication and mass media, based on the behavioral and risk profiles of each different target group.
•Design, implementation and review of program activities will be informed and supported by comprehensive and innovative research, monitoring and evaluation.
•IPC will work with CSW in Cunene focusing on increasing knowledge about HIV/AIDS, which correlates significantly with consistent condom use.
•With CSW in Luanda, IPC will first focus on three inter-linked behavioral drivers shown to correlate significantly with consistent condom use, then address the myth that ARVs cure AIDS, which has reduced the perceived severity of contracting HIV.
•IPC will work on CSWs' resolve to insist on condom use even with clients, who refuse, and to turn away a client if necessary and address the beliefs that condoms are uncomfortable and spoil sex for the client .
•IPC will work with transporters with use of condoms with non-spousal partners, with myths about HIV transmission via day-to-day occurrences and encourage the mention of condoms as soon as it becomes clear that a sexual relationship will take place, avoiding embarrassment and awkwardness later.

The social marketing component of the USG program includes:

•In FY08, PSI/Angola's distribution of 12,000,000 legal-brand male condoms will leverage the network of trained community

agents, high-risk sales outlets and pharmaceutical and FMCG distributors that PSI has built up since 2001 with USAID support.
•Increasing availability, particularly at the high risk outlets and where alcohol is consumed.
•Developing mapping on condom usage and risk. PSI will work with INLS and other agencies currently delivering condoms (e.g. UNICEF, Global Fund, UNFPA) to assess condom use among high-risk groups and the general population.
•In Luanda, PSI will establish a dedicated high-risk distribution team responsible solely for ensuring availability of condoms in high -risk outlets.
•In priority provinces (e.g. Kuando Kubango, Lunda Norte, Lunda Sul and Uige), where PSI condoms are not reaching high-risk border zones transport hubs and migrant workers, PSI will expand distribution via recruitment of additional community agents and/or CBO partners.

Quantitative TRaC studies will be conducted with CSWs, transporters and other high-risk groups to monitor and evaluate program interventions and inform design of future communications activities as well as measure the effectiveness of IPC. PSI/Angola's first TRaC study with the general population will also be conducted, to gain insight in to the drivers of unprotected, multiple, casual and transactional sexual relationships and thus inform the design of mass media communications.

World Learning (WL) works with a consortium of rights-based organizations that advocate for the availability of services for people living with HIV/AIDS, their families, and community. Through this grant, World Learning plans to increase awareness on the right and importance of getting tested and provide information on testing sites, while increasing the number of people that know their status. Prevention and treatment options will also be addressed through the use of radio programs, skits, and inter-personal communications within the family and community.

To reduce HIV transmission in the Angolan military, military educators will be trained in effective interactive teaching techniques and in HIV interventions specifically designed for the Angolan military. As mentioned in the Abstinence and Be Faithful narrative, training will include gender-equity messages, guidance on working with the military to address norms around use of violence, cross-generational and transactional sex, alcohol abuse and risk-taking that limits health-seeking behaviors. Social marketing campaigns will address the importance of VCT, fidelity, safer sex, avoidance of stigmatizing and/or discriminating attitudes, as well as the promotion of tolerance and support for those affected. Materials produced will include HIV prevention manuals, HIV prevention comic books, HIV prevention and VCT posters, and HIV informational pamphlets for the Angolan military. A mass media campaign taking the form of a 20 minute radio broadcast airing on the National Radio Station during the military hour will include a radio drama based on comic book, O Tropa Lunguka, which promotes safe sexual behavior among military personnel. Prevention activities among the Angolan military will focus on correct and consistent use of condoms, given this target population is sexually active, often with multiple partners and given that casual sex is the norm for a large percentage of this population. The intervention will reach 8,000 people and 30,000 through the radio drama.

Program Area Downstream Targets:

5.1 Number of targeted condom service outlets	1000
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	62000
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	167

Custom Targets:

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 8561.08
Mechanism: AIDS Prevention/Expansion Program
Prime Partner: Population Services International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 19166.08
Planned Funds: $945,000
Activity System ID: 19166
Activity Narrative: NA
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 6112.08
Mechanism: Civil-Military Alliance
Prime Partner: Charles R. Drew University
USG Agency: Department of Defense
Funding Source: GHCS (State)
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 12183.08
Planned Funds: $145,000
Activity System ID: 18915
Activity Narrative: NA
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 12183
Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27030	12183.27030.09	Department of Defense	Charles R. Drew University	11237	6112.09	Civil-Military Alliance	$140,000
12183	12183.07	Department of Defense	Charles R. Drew University	6112	6112.07	Civil-Military Alliance	$225,000

HVTB - Palliative Care: TB/HIV

Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07

Total Planned Funding for Program Area: **$175,000**

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0
Estimated PEPFAR dollars spent on food	$0
Estimation of other dollars leveraged in FY 2008 for food	$0

Program Area Context:

Overview
Tuberculosis (TB) is the leading cause of mortality and morbidity among people living with HIV/AIDS, and addressing TB/HIV is an important part of meeting the Emergency Plan 2-7-10 goals. The prevalence of HIV infection among patients in TB clinical settings

is high, and thus patients in TB clinical settings are “high yield” for identification and referral for HIV prevention, care and treatment. In addition, addressing TB in HIV-infected patients and HIV in TB patients requires that the existing and respective national TB and HIV control programs function in an integrated fashion at the national, but more importantly, at the regional and local levels. To date, only one national meeting to coordinate HIV and TB activities has been held between the Institute for the Fight against HIV/AIDS (INLS) and the Ministry of Health’s (MoH) national TB program (PNCT).

The TB and TB/HIV situation in Angola remains obscure due to lack of strategic information. The implementation of the DOTS strategy covers only 11 of 18 provinces [60% of the country according to 2005 World Health Organization (WHO) estimates], and lacks essential monitoring and evaluation (M&E) of patient registry, outcomes, and program performance parameters. Based on country reporting and modeling, the WHO estimates that between 1990 and 2005, TB case incidence rose by approximately 150%. Angola’s TB prevalence and TB-attributable mortality rates in 2005 were estimated to be 333 and 36 per 100,000 population, respectively, and the proportion of HIV-infected TB patients was estimated to be 19%. Based on very limited data, the PNCT estimates of HIV prevalence among TB patients ranges 1.7% and 31% (2002-2004). Finally, there appears to be very little formal (or informal) coordination of or collaboration between TB and HIV activities at all levels.

In general, but critical as it relates to TB and HIV, the Angola NTCP recognizes the following obstacles to the implementation of HIV services within facilities that manage TB patients

•Insufficient numbers or inadequately trained personnel to
oProvide HIV counseling and testing
oPerform M & E functions related to TB/HIV activities in TB facilities
oProvide referral and follow-up of HIV-infected TB patients
•Inadequately functioning M & E resulting in a significantly diminished capacity to
oPerform HIV surveillance among TB patients
oRecord and report program performance
oMonitor, forecast, procure, and manage lab reagents and drug stocks for the diagnosis and TB treatment of HIV-infected patients
•National TB policies that do not address HIV counseling, testing, or referral
•Insufficient equipment and lab reagents for both TB and HIV diagnosis and follow-up
•Insufficient TB treatment medication for HIV-infected, but also non-HIV-infected TB patients
•Inadequate financial resources provided by MoH to the PNCT to support the current TB situations in Angola and, consequently, even less so for the added burden of HIV in this population

Leveraging and Coordination

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and WHO are the major multilateral partners working with Angola’s NTP, currently the only government program with the mandate to identify, treat (for TB), and refer HIV-infected TB patients in the country. Two non-governmental organizations (NGO) receive funding from the GFATM and US Agency for International Development (USAID) to implement TB and TB/HIV services in the public and NGO sector: CRS and CUAMM (CUAMM and the NGO LEPRA also receive support through other funding sources).

The GFATM has disbursed $5.6 million of an $11.9 million 5-year grant (round 4) mainly to provide commodities and training to expand DOTS coverage throughout the 11 provinces. After assisting the NTCP elaborate a TB strategic plan for 2008-12, WHO AFRO proposes, with GFATM funding, to evaluate (1) TB medication stocks and its management; (2) the degree of NTCP central reorganization; and (3) the quality of registers and manuals distributed to facilities. WHO also proposes to assist with quality control at TB labs and to organize STOP TB workshops. In addition, the World Bank is in the third year of a five-year agreement with the government to finance a $20 million project to support TB and HIV/AIDS control programs.

Current USG Support

USAID in FY ’07 allocated $376,000 to Chemonics’s (private contractor) for its essential health services program (EHSP), which addresses critical human resource problems that limit the availability of TB treatment and referral through training and supervision, and the updating and integration of TB testing protocols with HIV referral procedures. “Master trainers” will be trained to provide oversight and supervision in target areas. These activities have not yet been implemented. Additionally, CUAMM received $24,000 for community awareness and creation of demand for TB services.

Funding for TB/HIV counseling and testing through the PEPFAR initiative in FY 07 allocated $150,000 (funding not yet disbursed) to

•Assist the NTP with policy development and updating, and specifically to assist NTCP in the adoption of a national HIV testing policy in TB facilities
•Assist CUAMM to expand their HIV testing services in TB facilities they administer
•Implement HIV testing services at the Cunene DOTS centers and TB screening in the USG-supported VCT center in Luanda. Rapid HIV test kits, microscope, reagents and staff training will be provided.

USG FY08 Support

In order to address USG priorities in TB/HIV of capacity building of human (and other) resources, and M&E functions and complement the activities being undertaken by GFATM, WB, and USAID “F” process, in FY ’08, through the PEPFAR initiative, the Angola USG team will further strengthen the PNCT to provide TB/HIV-related services by building on the efforts programmed in FY [all funding for TB/HIV activities for FY ’08 will be augmented by the $150,000 allocated (but not yet disbursed) in FY ’07 for similar but less comprehensive activities in this program area (placed under counseling and testing in the FY ’07 mini-COP)].

The general objective of the USG are to

1.Standardize program policies that guide the HIV testing of TB patients and referral of HIV-infected TB patients
2.Develop clinical guidelines for provider-initiated HIV counseling and testing in facilities that manage TB patients and for the clinical management of HIV-infected TB patients during treatment for TB
3.Build the country capacity to provide HIV-related activities in testing in facilities that manage TB patients:
i.Train country personnel that can then serve as national trainers of trainers for HIV counseling and testing of TB patients in more locales
ii.Train country personnel in reporting and recording of TB information into an already functional electronic TB register (ETR.net--see SI section) in order to facilitate HIV-infected TB patient management, HIV surveillance in TB patients, and M&E of essential program functions and outcomes (see SI section). These activities will conform with national policy
iii.Strengthen the PNCT program TB and HIV diagnostic capacity by supporting central reference laboratory activities (see lab section)
4.Facilitate the formation of a functional national TB/HIV collaborative entity between PNCT and INLS to oversee TB/HIV collaborative policies and activities; and specifically, to begin policy development and pilot projects for TB screening of HIV-

infected patients and provision of isoniazid preventive therapy (IPT).
Specific activities:
In FY '08, in collaboration with WHO, GFATM, CUAMM, and CRS, USG will support the PNCT by providing funding and technical assistance for the:
•Development, and vetting (by Angola MoH and WHO), printing, and distributing of standardized policies and clinical guidelines for TB/HIV counseling, testing, referral, and follow-up of HIV-infected TB patients—in Portuguese. Funding, coordination, and technical assistance from TB experts (e.g., WHO, IUATLD, KNCV, CDC), and professional translators will support this activity
•Strengthening central laboratory capacity to provide support to regional laboratories to more rapidly and efficiently identify HIV-infected TB patients, and diagnose TB including MDR TB (see lab section).
•Salary support for a TB/HIV focal point in the MoH that will sit in the PNCT and serve as coordinator of national TB/HIV activities and liaise with INLS, PNCT and USG
•Intensive training of personnel
oAt pilot TB and/or TB/HIV facilities USG will strengthen HIV counseling and testing, referral, appropriate management (of TB disease) and follow-up of HIV-infected TB patients through training using the developed standardized national policies and clinical guidelines. Three to four pilot sites are proposed in Luanda (where 1/3 of the Angola population lives) and in Cunene (where HIV prevalence is 4 times the national median, the highest in the country).
oIn facilities that manage TB patients on the use of the ETR.net at pilot facilities (see SI section)
oin INLS and PNCT administrative on TB/HIV issues at the regional and national programmatic levels
oTo serve as trainers of trainers during a subsequent scale up of the TB/HIV initiatives above mentioned
•Facilitate the formation of a collaborative and coordinating committee that includes, at a minimum, PNCT and INLS for the joint development of national TB/HIV collaborative policies and activities. This activity would be facilitated by the TB/HIV coordinator proposed for the PNCT. Apart from initial rules of order for such a committee, specific policies will be entertained for TB screening in HIV facilities and the referral of HIV-infected patients with TB for appropriate care (e.g., screening at the USG-supported VCT center in Luanda)], or provision of IPT for TB/HIV co-infected patients.

Program Area Downstream Targets:

7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	0
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	0
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	15
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	725

Custom Targets:

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID:	5857.08	**Mechanism:**	N/A
Prime Partner:	US Centers for Disease Control and Prevention	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP	**Program Area:**	Palliative Care: TB/HIV
Budget Code:	HVTB	**Program Area Code:**	07
Activity ID:	18943.08	**Planned Funds:**	$175,000
Activity System ID:	18943		
Activity Narrative:	N/A		
HQ Technical Area:			
New/Continuing Activity:	New Activity		
Continuing Activity:			
Related Activity:			

HVCT - Counseling and Testing

Program Area: Counseling and Testing

Budget Code:	HVCT
Program Area Code:	09

Total Planned Funding for Program Area: $580,000

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

VCT – Voluntary Counselling and Testing
Program Area Code: 09
Word count: 6,893

Overview:
Voluntary counselling and testing (VCT) remains the single most effective intervention to constrain the pandemic. We estimate that less than one percent (100,000 to 150,000) of Angolans have been tested for HIV. In line with the Angolan government, the USG team in Angola considers VCT an essential HIV prevention and control tool. The National HIV/AIDS Strategic Plan for 2007-2010 calls for rolling out mobile VCT units in all provinces and building the capacity of health care workers to test for HIV. The major elements of USG-funded VCT activities in Angola are: HIV prevention, capacity-building and community mobilization.

Studies have shown that structural and individual factors lead military service members to engage in high-risk behavior. In part, the separation of military personnel from their families and other support structures increases risky behavior. Since 2001, the US Department of Defense has helped the Angolan Armed Forces (FAA) set up and carry out programs in behavior change to prevent HIV transmission. According to Angolan military sources, the FAA is losing the equivalent of a platoon (some 30 soldiers) per month to AIDS. FAA leaders have identified this as a situation of urgency that must be addressed quickly and effectively. The response focuses on increasing knowledge and awareness of the threat of HIV infection, increasing access to VCT, capacity-building, and greater availability of ARV, particularly in high-risk areas.

Leveraging and Coordination:
All civilian USG-funded VCT activities are implemented through the Angolan Ministry of Health system and carried out at Ministry clinics. VCT in the Angolan military follows the Ministry's protocols, but remains under the control of the military health system. The Angolan government has recently expanded VCT services in health centers to ensure testing is available for PMTCT services. The USG in Angola and in Namibia have programmed PEPFAR funds to collaborate in South-to-South partnerships to increase access to HIV testing in antenatal clinic sites in border regions, where the prevalence of HIV is disproportionately high (see PMTCT activity narrative).

Although the FAA coordinates on a regular basis with the Angolan institutions responsible for defining and coordinating efforts to fight HIV (i.e., CCM, the National AIDS Institute or INLS, and the Ministry of Health), it acts independently and with relative autonomy from these institutions. The political influence the FAA possesses allows it to define its needs and implement its programs without accountability to national health organs. Budgetary and political autonomy has at times translated into programs that do not directly address the needs and expectations of the Ministry or AIDS Institute. To increase coordination among these actors, DOD's major implementing partner, Drew CARES, has promoted greater communication and coordination across Angola's institutions, while still respecting the FAA's security concerns. It has performed its duties in accordance with the National AIDS Institute's defined needs.

Current USG Support:
USG support for VCT has focused primarily on providing sound counselling and testing, and developing linkages with other needed services. CDC works with USAID in the area of VCT by supporting a clinic data management system in collaboration with the Ministry of Health. The USG supports a model VCT center, Cajueiros, located in a high-risk area in the outskirts of Luanda. The aim is to improve service delivery and integration of programs in HIV/AIDS, tuberculosis, malaria, maternal and reproductive health, and other relevant health programs. In addition, Cajueiros will continue to serve as a training arena for counsellors and other technical personnel.

Drew CARES has collaborated with the FAA to establish new VCT centers and activities. The purpose of increasing the number of VCT centers is to increase awareness in the population regarding HIV status, prevent further transmission, expand surveillance data regarding the status of HIV infection in the country, and decrease stigma surrounding HIV by normalizing the process of engaging in HIV screening. The areas selected for the first wave of VCT Centers include Luanda, Huila, Cabinda, Uige, Huambo, and Lunda Sul, which were selected for their strategic location in the fight against HIV. These activities are in line with national protocols to enhance the chances of success of both VCT and ART.

USG FY08 Support:
The National AIDS Institute strategic plan calls for scaling up counselling and testing services. To facilitate this, the USAID-funded Essential Health Services project will work with the Institute and provincial health directorates in Luanda, Cunene, and Lunda Norte to extend VCT services in six selected health facilities. Learning from past experience, VCT services will be

integrated with other services within government health facilities to guarantee sustainability. Four principal activities will support the scale-up:

1)Training existing staff who will work as counsellors in the facilities:
•VCT services are provided by teams of at least five counsellors. USG funds will support two training sessions, each with 25 participants, for a total of 50 staff. In addition to staff from the six target facilities in Luanda, Lunda Norte, and Cunene, counsellors from the provincial directorates will also be trained.

2)Rehabilitating facilities on a small-scale to adapt infrastructure for counselling and testing activities:
•Routine consultation procedures will continue to take place in the existing rooms; a separate room that can offer privacy within the health facility, however, will be required. This will involve small-scale rehabilitation.

3)Furnishing and equipping the rehabilitated facilities to conduct counselling and testing:
•Desks, tables, chairs, filing cabinets, shelves, waste disposal buckets, and materials for blood collection and bio-safety will be provided based on need. In addition, the health facility will designate a space to store drugs and consumable supplies.

4)Facilitating the procurement and logistics of test kits and other supplies required for counselling and testing.

The National HIV AIDS institute identified increase access to ARV as a priority particularly in high risk areas. To support this effort, Drew Cares has focused on capacity building and increase access to VCT services. In FY08, USG funds will support the establishment of four VCT centers within Angola military structures located in high risk priority areas that include Cabinda, Uige, Lunda Sul, and Huambo. A minimum of four staff members per site will be trained in VCT techniques and record keeping according to national standards and protocol. USG funds will equip the new VCT sites to be fully operational with the necessary furniture, supplies and staff.

Program Area Downstream Targets:

9.1 Number of service outlets providing counseling and testing according to national and international standards	3
9.3 Number of individuals trained in counseling and testing according to national and international standards	100
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	12000

Custom Targets:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 6112.08
Mechanism: Civil-Military Alliance
Prime Partner: Charles R. Drew University
USG Agency: Department of Defense
Funding Source: GHCS (State)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 11927.08
Planned Funds: $120,000
Activity System ID: 18916
Activity Narrative: NA
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11927
Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27031	11927.27031.09	Department of Defense	Charles R. Drew University	11237	6112.09	Civil-Military Alliance	$120,000
11927	11927.07	Department of Defense	Charles R. Drew University	6112	6112.07	Civil-Military Alliance	$100,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 9217.08
Mechanism: N/A
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 21137.08
Planned Funds: $20,000
Activity System ID: 21137
Activity Narrative: $60,000 in funding was incorrectly obligated by the USAID mission to EHSP to purchase testkits when the funds should have been obligated to SCMS (as it was stated in the Mini-COP 07). This error is corrected in the reprogramming for Mini-COP 08.
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5855.08
Mechanism: N/A
Prime Partner: Chemonics International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 18930.08
Planned Funds: $440,000
Activity System ID: 18930
Activity Narrative: In FY 2007, $60,000 of funds planned in mini-COP 07 to be programmed for SCMS were erroneously obligated to EHSP to purchase testkits.
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

HLAB - Laboratory Infrastructure

Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12

Total Planned Funding for Program Area: $375,000

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

Overview:

Laboratory support for HIV care and treatment is being implemented by the Government of Angola with the assistance of PEPFAR implementing partners and others to include GFATM. The USG has achieved noticeable success in laboratory systems over the past 4 years, including government acceptance and successful validation of rapid HIV tests, establishment of a national HIV testing algorithm, and developing and equipping a national level-2 biosafety laboratory. Core HIV/AIDS functions of the CDC supported molecular biology laboratory at the National Institute of Public Health, Instituto Nacional de Saúde Publica (INSP), include HIV diagnostic testing, CD4 and lymphocyte tests, PCR viral load testing and genotyping. In an effort to improve the quality of HIV laboratory services, two Central Reference Laboratory (INSP) laboratory technicians have been trained in HIV diagnostic PCR, bio-safety and RT-PCR testing of samples. Written laboratory protocols are also available. Creating close collaboration and synergy between the three USG funded initiatives (PEPFAR, PMI, AI) in Angola is the best way to continue to improve laboratory conditions in Angola.

Leveraging and Coordination

Coordination between implementing partners and others will promote the establishment of a Technical Advisory Committee for Laboratory and Blood Safety that is supported by the GOA. Central Technical assistance and recommendations will support the establishment of a USG Emergency Plan Laboratory Strategy that leverages and coordinates activities.

Current USG Support:

CDC has since addressed most of the lab equipment challenges, and renewed the maintenance contracts on the sequencer and other key pieces of equipment. A broad strategic and visionary discussion was initiated with the MOH and the National Institute of Public Health, to address laboratory staffing issues and to create a synergistic collaboration between the PEPFAR, PMI and AI initiatives in Angola through which the viability and sustainability of the lab could be better guaranteed.

Although not PEPFAR specific, TA with other emerging threats such as Marburg and Cholera have been provided to the INSPs' reference laboratory by CDC. A section of the Molecular biology lab is designated a P3 field laboratory and was further enhanced during the Marburg outbreak of 2005 when CDC sent a team of up to 64 scientists to country to assist the MOH with the outbreak. As part of that episode, two Angolan scientists were trained in laboratory diagnosis of hemorrhagic fever of not only Marburg but also Ebola, Lassa Fever, Yellow Fever, etc. These scientists are no longer available as a result of staffing and high turnover issues.

USG FY08 Support:

In FY08, USG will provide support and guidance to conduct in-country meetings of identified stakeholders to review plans of action to adress critical elements needed for building a sustainable laboratory capacity. A mapping of diagnostic, treatment, and laboratory sites with clear referral patterns needs to be constructed and coordinated based on geographic location of sites and planning for their integration into the expanding ART network. A clear referral system needs to be developed between primary sites, such as, VCT, PMTCT, ANC, and TB-HIV sites, where laboratory services are limited to support a functional tiered network that is integrated into a unified quality assurance program. With plans to increase the numbers of sites providing ANC/PMTCT services and pediatric ART in country, assessments and recommendations must address the capability for performing early infant diagnosis. Implementation of these objectives will be coordinated with the Ministry of Health, support from the International Lab Branch of GAP/CDC (Atlanta), "South-to-South" cooperation with Brazilian laboratory scientists (FIOCRUZ), APHL and the University of Columbia who will receive USG funding to implement PMTC activities.

As provincial laboratories are set up and strengthened, planning should address the development of a package of Standard Operating Procedures and establishment of a system for equipment maintenance. Standardized bio-safety procedures and

supplies that staff must familiarize themselves with must be in place throughout all levels of the system. Quality assurance (QA) for laboratory testing is essential for supporting the diagnosis of HIV and OIs to included TB, care, and treatment. USG resources will support the establishment of a National Laboratory Quality Assurance Program. Planning must ensure availability of adequate resources from donors or other sources to support external quality assurance proficiency testing for diagnostic and monitoring and periodic site visits to ensure implementation of QA practices.

Supply Chain Management System will be utilized for the provision of laboratory equipment, reagents, and supplies, where appropriate. The supply chain system must ensure that all sites receive supplies in a consistent and timely fashion.

As the needs for training increase, so should coordinated planning for the provision of this training. Hands on training with on- site follow-up for reinforcement should include Good Laboratory Practices, Laboratory Management, Quality Assurance/Quality Control, and specific training on the conduct of specific tests. A National Training Plan for all aspects of laboratory support and quality management should be developed in conjunction with the GOA and coordinated with all care and treatment partners and other USG funded activities to include PMI and AI. This plan should ensure that adequate personnel are available, trained as trainers, and that they have the time and support for conducting the training. USG funding will be leverage to support the implementation of training for laboratory managers to support the increasing demands on the laboratory services. Existing partnerships, such as with APHLand South-to-South Collaboration with CDC/Brazil, FIOCRUZ, and the Federal University of Rio (UFRJ) will be considered to assist in this training.
INSP will be assisted to strengthen its ability to undertake the following key objectives:

1.Provide highly technical laboratory services to support HIV & TB testing and treatment programs
2.Provide laboratory services to support surveillance activities
3.Provide support and assist in the development of training materials to expand the capacity in clinical laboratories
4.Develop protocol and SOPs for the quality assurance programs in order to sustain the national quality assurance program for HIV testing
5.Develop protocols and SOPs to initiate a pilot program for early infant diagnosis using DNA PCR technique to reduce the HIV-related infant mortality and refer HIV-infected infants and children to lifesaving treatment program.

The external quality assessment (EQA) program is an important laboratory activity that INSP can provide for the HIV testing program using rapid tests. INSP can initially establish a retest program for the rapid tests performed by the VCT or NGO sites using dried blood spots. Other PEPFAR countries with successful retesting programs, such as Rwanda; can be consulted and the following steps taken to make this activity become a reality:

1.Develop protocols and SOPs for the quality assurance programs to sustain the national quality assurance program for HIV and TB testing
2.Determine the percentage and number of specimens that need to be retested
3.Estimate the cost and time frame for these activities
4.Train the VCT and NGO staffs on the proper technique to collect, package, storage and transport dried blood spot using Whatman 903 filter paper for testing
5.Anticipate problems and methods to resolve them, such as retraining staffs as needed.

An equally important activity for the INSP to undertake is early infant diagnosis using DNA PCR. Working with the PMTCT program in country and utilizing the expertise that already exist in the institution for molecular biology, many HIV-infected infants and children can be saved and referred to lifesaving treatment program.

With plans to increase the numbers of sites providing ANC/PMTCT services and pediatric ART in country, assessments and recommendations must address the capability for performing early infant diagnosis. The INSP laboratory has the necessary instruments and can quickly develop a pilot program to implement early infant diagnostics around the Luanda area. The following steps will be taken to operationalize the pilot program as soon as feasible:

1.Develop national guidelines, protocols and SOP's for HIV testing in children
2.Train nurses and clinical staff for the collection of dried blood spots
3.Develop logistics for sample storage and transport
4.Train laboratorians for the DNA PCR techniques and report results.

Program Area Downstream Targets:

12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	1
12.2 Number of individuals trained in the provision of laboratory-related activities	3
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	3000

Custom Targets:

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 5857.08 **Mechanism:** N/A

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Activity ID: 11928.08

Planned Funds: $375,000

Activity System ID: 18939

Activity Narrative: NA

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11928

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11928	11928.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5857	5857.07		$250,000

HVSI - Strategic Information

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Total Planned Funding for Program Area: $872,000

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

Overview
There is still very limited quality HIV-related data available in Angola. The 2004 and 2005 national HIV (hepatitis B and syphilis) antenatal clinic (ANC) surveys are the only accurate national estimates of HIV prevalence, to date.
Angola has no systematic process for M&E, routine surveillance, or standardized HMI system [see Brazilian Corporation (BC), below]. Consequently, the GoA and Institute for the Fight against AIDS (INLS) have a significant deficiency in developing data-driven policies, plans, and programs.
According to GFATM, at the beginning of 2007, a total of 118 nationals had been trained in program management financial and programmatic administration and M&E for HIV/AIDS, TB, and Malaria.
By the end of 2007, The INLS will have scaled up PMTCT programs to all 18 provinces (this activity is not USG-funded). Nevertheless, its ability to perform M&E for program effectiveness and inform critical indicators is not evident. The BC consultant group (private company) is contracted by INLS to, nominally, strengthen the national capacity to record and report national PMTCT data, and create data collection tools for M&E of PMTC, VCT and ARV distribution programs. Despite repeated inquiries made to INLS about the BC consultant group's specific areas of work, USG has been unable to determine areas where funding or technical assistance could complement BC consultant's activities. A proposed Oracle-based IT system for VCT and ARV M&E has been reportedly designed by BC consultant's, and indications are that some provinces may have already begun implementing it, however with questionable functionality.
The USG maintains an Epi Info (Windows)-based database for clinical and program data from 10 VCT sites managed by INLS in 4 provinces (3 are supported by USG). A CDC staff epidemiologist maintains the database and analyses the information, though

no regular reports are produced for the INLS. In addition, CDC has an M&E officer position, vacant for 1 ½ years, to assist INLS with M&E policy development and indicators. To date, however, very little progress has been accomplished in these areas, and national PMTCT program and PEPFAR indicators remain largely distinct.

Adequate training in data collection, basic computer skills, epidemiological data analysis, interpretation, and report writing continue to be challenges for INLS and other MoH personnel involved in the Angola response to the HIV epidemic. Special studies that might inform the drivers of the HIV epidemic in Angola have been performed haphazardly ans/or without standardized methodologies. One survey of CSW with HIV marker by PSI demonstrated a prevalence of 33%. Youth surveys show early sexual debut and moderate to poor knowledge about how to protect themselves the infection.

Leveraging and Coordination

Despite the in-country presence of and/or technical assistance from the WHO, UNAIDS, CDC, USAID, the World Bank, DoD, and an $87 million grant from the GFATM (of which only $19 million has been disbursed), almost no strategic information (SI) about the HIV epidemic in Angola is being generated. The exception is the CDC-supported ANC surveys.

GFATM has proposed a national, population-based behavioral survey for FY 08.

Current USG Support

Although on a more limited basis currently, the USG, in collaboration with GFATM, WHO, UNICEF, UNAIDS and HAMSET, continues to offer technical assistance in the harmonization and standardization of M&E policies and indicators for prevention, diagnosis, care and treatment of HIV disease. The USG (CDC) has a funded M&E officer position which has remained vacant since 2006. In 2006, howeve, USG was instrumental in developing PMTCT indicators that harmonized both PEPFAR and those of the Angolan National Plan. INLS has yet to approve them.

The USG (CDC) also funds a position for surveillance and data management. This staff member has been instrumental in operationalizing, training, implementing, and data entry and management for the 2007 Antenatal Clinic (ANC) survey. He is also responsible for the maintenance and data analysis of a VCT database (10 sites in 4 provinces) developed by CDC, and for training in MoH staff in database management, and data entry basic analysis.

Prioritization of the 2007 national HIV ANC survey caused the postponement of the behavioral survey in selected border cities and Luanda until 2008. Nevertheless, USG (CDC Angola and Brazil) has facilitated a South-to-South collaboration with Brazilian behavioral scientist who have already visited the country and have accepted to lead the behavioral surveys for CSW and transportation specialists in 2008.

The INLS has requested technical assistance in developing epidemiological surveillance and M&E evaluation tools, and USG (CDC) provides this assistance, though not as part of an overall SI strategic plan.

USG FY08 Support

Angola has important deficiencies in both HIV SI and the tools and trained personnel to implement SI initiatives. In addition, several limitations in the working environment of HIV in Angola make the USG goals of capacity building in SI difficult. Despite these limitations, USG, in FY08, will provide funding and technical assistance, to the extent possible, for

A, M&E.

•In FY ’07 USG funding was allocated for the implementation of an M&E “101” course relying on technical assistance from CDC Brazil and Atlanta. With the objective of capacity building in M&E, and the goal of establishing an annual M&E “101” course in Angola, the USG will again sponsor the M&E course in FY ’08 using the same resources, but other resources (e.g., in-country or GFATM), as available. USG envisions the transition of responsibility for the course to an Angolan entity (e.g., school of public health) in the future

•USG will continue to search for a full-time M&E staff member who will assist INLS in the standardization and updating of VCT, PMTC M&E policies and procedures and the harmonization of national and PEPFAR indicators. This person will sit at the INLS and coordinate efforts across agencies so that the national program M&E conforms to the “three 1’s.” The M&E Officer will

oContinue his/her efforts to harmonize national indicators with those of PEPFAR and other agencies such as UNAIDS

oWork with INLS to improve recording and reporting in VCT centers, beginning in the capital. The effort will include an assessment of the obstacles to better reporting and recording, for which CDC will call on expertise within its agency, or facilitate a South-to-South collaborative effort. indicators and other purposes

•The M&E staff member will also be responsible for establishing a standardized process for informing PEPFAR indicators using the UNAIDS-developed CRIS software. This process will include information gathering from all USG partners and sub partners including Chemonics, PSI, DoD, CDC, and USAID

•The USG will continue its consultations with INLS to develop an SI strategic plan that includes routine information gathering and interface with the BC consultants policies and systems ,

B.Surveillance.

oUSG will produce, in 2008, a national epidemiological report in Portuguese that includes 2004, 2005, and 2007 ANC HIV prevalence data, estimates and projections, estimates of incidence, and the integrated interpretation of this information for the INLS

oUSG will provide technical and logistical assistance with the establishment of TB/HIV sentinel sites for the purpose of providing routine HIV surveillance and TB/HIV program M&E [all funding for TB/HIV activities for FY ’08 will be augmented by the $150,000 allocated in FY ’07 for similar but less comprehensive activities in this program area (placed under counseling and testing in the FY ’07 mini-COP)]

oUSG will provide training for TB/HIV sentinel surveillance recording and reporting of TB and HIV related demographic and clinical variables (e.g., outcomes) in electronic format.

oUSG will support an initial cross-sectional surveillance survey of TB/HIV data collected at sentinel sites (once the initiative is established)

oUSG will continue regular database and basic data analysis training for INLS and TB/HIV personnel

oUSG will augment FY ’07 funding to begin the process of moving the previously planned household cluster survey toward implementation in late 2008. The USG will attempt to leverage USAID-funded PSI (or other local organizations with sufficient capacity that have) knowledge of the region and activities and experience with community networks to conduct the door-to-door survey.

oUSG will enter into further discussions with about the possibility of supporting a national demographic health survey (DHS); although since no national census has been conducted since 1970, this effort can go no further than the planning stage until the new census is completed

C.Information systems.

oUSG will open adialogue with the INLS regarding the interface of the VCT Epi Info-based database with that being developed by the BC consultant group (presumably Oracle-based)

oUSG will provide equipment, software (ETR.net--public domain) that is already functional in Portuguese, and technical support for TB/HIV sentinel surveillance electronic recording and reporting of TB/HIV related data from facilities that manage TB patients
oUSG will implement the CRIS database for the recording and reporting of PEPFAR indicators
D.Miscellaneous. USG will continue support for the distance-learning lab with video conferencing capability for distance learning at the Angola University School of Health Sciences, for which PEPFAR funds were allocated in FY '07.

Program Area Downstream Targets:

13.1 Number of local organizations provided with technical assistance for strategic information activities	20
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	150

Custom Targets:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 6079.08
Mechanism: CDC
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 11929.08
Planned Funds: $100,000
Activity System ID: 18940
Activity Narrative: NA
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11929
Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27041	11929.27041.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	11241	6079.09	CDC	$375,000
11929	11929.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5857	5857.07		$400,000

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 8561.08
Mechanism: AIDS Prevention/Expansion Program
Prime Partner: Population Services International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 19167.08
Planned Funds: $372,000
Activity System ID: 19167

Activity Narrative: NA

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 5857.08

Mechanism: N/A

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 18945.08

Planned Funds: $400,000

Activity System ID: 18945

Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

OHPS - Other/Policy Analysis and Sys Strengthening

Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14

Total Planned Funding for Program Area: **$864,000**

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

Overview:
Six years out from 40 years of civil strife, Angola is making the transition from emergency health services to health development. Containing and reducing the current low-level HIV epidemic are essential to that effort. This calls for a policy framework and management systems to deliver quality services in national prevention, treatment and care in a sustainable way. Accordingly, system strengthening is the Ministry of Health's top priority. The health system has a large pool of basic health workers, but their technical capacity is low. The chief policies and systems that need definition and upgrading are information, planning, human resources and drug management. A reliable information system will give the data needed for sound plans; appropriately trained personnel and good drug management are the basis for delivering services effectively, resulting in positive health impact.

Activities respond to concrete needs identified by the Ministry of Health to build capacity. The Ministry's low management capacity and program deficiencies across the board call for a cross-cutting approach by the USG that realizes economies of scale by working with one principal implementing partner to strengthen systems to support HIV/AIDS, malaria, family planning and other priority health programs. The approach also supports policy formulation at the national level and system strengthening at the national and local levels. USG assistance is noteworthy for capacity-building at the base, within the context of decentralized development that meets concrete, identified needs and translates into measurable impact. A systems approach that guards against the duplication of effort that stove-piped programs often produce and a decentralized approach that reaches up via enhanced capacity from the local level offer the best chance for sustainability in the Angolan context of drastic systemic needs emanating from decades of war and a legacy of centralized planning.

Leveraging and Coordination

The USG coordinates it assistance with WHO, UNICEF, UNDP, the European Commission and the World Bank, all of which join the USG as key members of national committees that help guide policy development and implementation. WHO is taking a lead in advising on public health legislation. The USG complements European Commission work to establish a new health management information system by strengthening health information systems at the municipal level. The USG is working closely with the UN to establish a Technical Advisory Committee, which, together with Spanish foreign assistance and other international agencies, will support the National AIDS Institute as the in-country coordinating body for HIV/AIDS. This proposed advisory committee will conduct assessments and provide recommendations on protocols and guidelines the government plans to implement. The USG, German and British foreign assistance agencies are members of the donor-led Global Implementation Support Team (GIST) to address GFATM program weaknesses and transparency concerns.

In policy and system strengthening, USAID's Essential Health Services Project (EHS) leverages resources and creates synergies with USAID projects in decentralization and civil society strengthening, the former working with local governments and citizens and the latter working with non-governmental organizations. These projects promote leadership roles for women. Essential Health Services has been refined over recent months to focus tightly on the USG's priority areas of HIV/AIDS, malaria and family planning and is now under new leadership by a former female Minister of Health from Latin America. This project is the vehicle for the clinical aspects of PMTCT and VCT, as well as almost all activities in health systems strengthening.

Current USG Support

The National AIDS Institute (INLS) began to standardize its policies, procedures and protocols and asked EHS for support. During FY07, the USAID-funded Essential Health Services trained 46 of 99 master trainers in modules on HIV/AIDS and on HIV/AIDS integration with related areas, particularly tuberculosis; schooled 18 health professionals in data collection, management and analysis; and trained 69 community volunteers in two provinces on HIV/AIDS prevention. The USG is helping the Global Fund strengthen management of the Angola Country Coordinating Mechanism, found ineligible in October 2006 on grounds of lack of "leadership, communication and the structure of the Secretariat." This finding prevented Angola from proceeding to Phase 2 of the grant. Our assistance provided a clear structure to the CCM and helped institute a functional Secretariat that oversees the day-to-day activities of the CCM and enabled Angola to submit a subsequent proposal for funding to combat malaria.

USG FY08 Support

USG activities in FY08 are:

1) Policy Making:

•Standardize national HIV policies, procedures and protocols to reflect the latest scientific evidence and international consensus (INLS with EHS).
•Update protocols and manuals on counseling and testing, PMTCT, blood safety and behavior change, with an aim toward equalizing gender imbalances, training and supervision (EHS).
•Revise current policies that seek to reduce stigma and discrimination (EHS).
•Policy benchmarks for FY 08 include expansion of categories of personnel that can perform rapid HIV testing; adoption of a differential treatment regime for PMTCT, based on local capacity and local epidemiological profile, to scale up those services; and strengthening of linkages between HIV and family planning services (ICAP).

2) Information:

•Strengthen health management information systems to improve municipal-level planning that responds to concrete health needs and ongoing municipal decentralization (EHS).
•Adapt the European Commission training model in budgeting and planning to the municipal level (EHS).
•Utilize small amount of PEPFAR funding to complement larger investments from USAID's municipal development and civil society strengthening programs, which collect and analyze information for development planning (Municipal Development Program with CARE, Civil Society Strengthening Program with World Learning and EHS).
•Incorporate appropriate HIV/AIDS and tuberculosis reporting and analysis into the national information system (EHS).

3) Planning:

•Assess needs and capacity for training and clinical care (I-Tech).
•Assist local organizations with development of sound grant proposals for behavior change in HIV (EHS).
•Foster community input, with emphasis on women, into HIV/AIDS programming, bringing local health services and their target populations closer together (EHS).
•Support implementation of a national communications strategy (EHS).

4) Capacity-Building:

•Train personnel for voluntary counseling and testing centers, with an emphasis on women and youth-friendliness and prevention education (EHS).
•Drawing on the training-of-trainers approach, build capacity at the local level by training 1,224 health workers and 1,260 community members in HIV/AIDS in 11 targeted municipalities (EHS).
•Train health officials in epidemiological surveillance and in monitoring and evaluation of HIV/AIDS programs (EHS).
•Develop supervision tools to measure performance (EHS).
•Design workforce training systems (EHS).

5) Drug Management:

•Strengthen systems to forecast needs, procure drugs and ensure their timely and reliable supply throughout the health network (EHS).
•Upgrade integrated logistics systems and supply chains that encompass HIV/AIDS test kits, STI diagnostic materials, anti-retrovirals, and drugs to fight opportunistic infections by complementing PMI funds, resulting in fewer stock-outs (EHS).
•Leverage GDA support from private firms like Odebrecht, tapping their warehousing and distribution resources to facilitate flow of condoms and prevention education to civil society (Business Coalition against AIDS, through GDA with Odebrecht).

6) Other:

•Responding to a request from the Angolan government, assist in the conceptualization and drafting of the HIV/AIDS proposal for Round 8 of the Global Fund (USAID).
•Provide technical assistance to enable the Ministry of Health to become the Principal Recipient for the Global Fund Round 7 malaria grant (USAID)

Program Area Downstream Targets:

14.1 Number of local organizations provided with technical assistance for HIV-related policy development	2
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	2
14.3 Number of individuals trained in HIV-related policy development	10
14.4 Number of individuals trained in HIV-related institutional capacity building	150
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	150
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	150

Custom Targets:

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 6079.08
Mechanism: CDC
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 18946.08
Planned Funds: $0
Activity System ID: 18946
Activity Narrative: Not required
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5855.08

Mechanism: N/A

Prime Partner: Chemonics International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 11932.08

Planned Funds: $864,000

Activity System ID: 18918

Activity Narrative: OHPS – Other Policy and Systems Strengthening
Program Area Code: 14
Word Count: 8,362

Overview:
Six years out from 40 years of civil strife, Angola is making the transition from emergency health services to health development. Containing and reducing the current low-level HIV epidemic are essential to that effort. This calls for a policy framework and management systems to deliver quality services in national prevention, treatment and care in a sustainable way. Accordingly, system strengthening is the Ministry of Health's top priority. The health system has a large pool of basic health workers, but their technical capacity is low. The chief policies and systems that need definition and upgrading are information, planning, human resources and drug management. A reliable information system will give the data needed for sound plans; appropriately trained personnel and good drug management are the basis for delivering services effectively, resulting in positive health impact.

Activities respond to concrete needs identified by the Ministry of Health to build capacity. The Ministry's low management capacity and program deficiencies across the board call for a cross-cutting approach by the USG that realizes economies of scale by working with one principal implementing partner to strengthen systems to support HIV/AIDS, malaria, family planning and other priority health programs. The approach also supports policy formulation at the national level and system strengthening at the national and local levels. USG assistance is noteworthy for capacity-building at the base, within the context of decentralized development that meets concrete, identified needs and translates into measurable impact. A systems approach that guards against the duplication of effort that stove-piped programs often produce and a decentralized approach that reaches up via enhanced capacity from the local level offer the best chance for sustainability in the Angolan context of drastic systemic needs emanating from decades of war and a legacy of centralized planning.

Leveraging and Coordination
The USG coordinates it assistance with WHO, UNICEF, UNDP, the European Commission and the World Bank, all of which join the USG as key members of national committees that help guide policy development and implementation. WHO is taking a lead in advising on public health legislation. The USG complements European Commission work to establish a new health management information system by strengthening health information systems at the municipal level. The USG is working closely with the UN to establish a Technical Advisory Committee, which, together with Spanish foreign assistance and other international agencies, will support the National AIDS Institute as the in-country coordinating body for HIV/AIDS. This proposed advisory committee will conduct assessments and provide recommendations on protocols and guidelines the government plans to implement. The USG, German and British foreign assistance agencies are members of the donor-led Global Implementation Support Team (GIST) to address GFATM program weaknesses and transparency concerns.

In policy and system strengthening, USAID's Essential Health Services Project (EHS) leverages resources and creates synergies with USAID projects in decentralization and civil society strengthening, the former working with local governments and citizens and the latter working with non-governmental organizations. These projects promote leadership roles for women. Essential Health Services has been refined over recent months to focus tightly on the USG's priority areas of HIV/AIDS, malaria and family planning and is now under new leadership by a former female Minister of Health from Latin America. This project is the vehicle for the clinical aspects of PMTCT and VCT, as well as almost all activities in health systems strengthening.

Current USG Support
The National AIDS Institute (INLS) began to standardize its policies, procedures and protocols and asked EHS for support. During FY07, the USAID-funded Essential Health Services trained 46 of 99 master trainers in modules on HIV/AIDS and on HIV/AIDS integration with related areas, particularly tuberculosis; schooled 18 health professionals in data collection, management and analysis; and trained 69 community volunteers in two provinces on HIV/AIDS prevention. The USG is helping the Global Fund strengthen management of the Angola Country Coordinating Mechanism, found ineligible in October 2006 on grounds of lack of "leadership, communication and the structure of the Secretariat." This finding prevented Angola from proceeding to Phase 2 of the grant. Our assistance provided a clear structure to the CCM and helped institute a functional Secretariat that oversees the day-to-day activities of the CCM and enabled Angola to submit a subsequent proposal for funding to combat malaria.

USG FY08 Support

USG activities in FY08 are:

1) Policy Making:

• Standardize national HIV policies, procedures and protocols to reflect the latest scientific evidence and international consensus (INLS with EHS).
• Update protocols and manuals on counseling and testing, PMTCT, blood safety and behavior change, with an aim toward equalizing gender imbalances, training and supervision (EHS).
• Revise current policies that seek to reduce stigma and discrimination (EHS).
• Policy benchmarks for FY 08 include expansion of categories of personnel that can perform rapid HIV testing; adoption of a differential treatment regime for PMTCT, based on local capacity and local epidemiological profile, to scale up those services; and strengthening of linkages between HIV and family planning services (ICAP).

2) Information:

• Strengthen health management information systems to improve municipal-level planning that responds to concrete health needs and ongoing municipal decentralization (EHS).
• Adapt the European Commission training model in budgeting and planning to the municipal level (EHS).
• Utilize small amount of PEPFAR funding to complement larger investments from USAID's municipal development and civil society strengthening programs, which collect and analyze information for

Activity Narrative: development planning (Municipal Development Program with CARE, Civil Society Strengthening Program with World Learning and EHS).
• Incorporate appropriate HIV/AIDS and tuberculosis reporting and analysis into the national information system (EHS).

3) Planning:

• Assess needs and capacity for training and clinical care (I-Tech).
• Assist local organizations with development of sound grant proposals for behavior change in HIV (EHS).
• Foster community input, with emphasis on women, into HIV/AIDS programming, bringing local health services and their target populations closer together (EHS).
• Support implementation of a national communications strategy (EHS).

4) Capacity-Building:

• Train personnel for voluntary counseling and testing centers, with an emphasis on women and youth-friendliness and prevention education (EHS).
• Drawing on the training-of-trainers approach, build capacity at the local level by training 1,224 health workers and 1,260 community members in HIV/AIDS in 11 targeted municipalities (EHS).
• Train health officials in epidemiological surveillance and in monitoring and evaluation of HIV/AIDS programs (EHS).
• Develop supervision tools to measure performance (EHS).
• Design workforce training systems (EHS).

5) Drug Management:

• Strengthen systems to forecast needs, procure drugs and ensure their timely and reliable supply throughout the health network (EHS).
• Upgrade integrated logistics systems and supply chains that encompass HIV/AIDS test kits, STI diagnostic materials, anti-retrovirals, and drugs to fight opportunistic infections by complementing PMI funds, resulting in fewer stock-outs (EHS).
• Leverage GDA support from private firms like Odebrecht, tapping their warehousing and distribution resources to facilitate flow of condoms and prevention education to civil society (Business Coalition against AIDS, through GDA with Odebrecht).

6) Other:

• Responding to a request from the Angolan government, assist in the conceptualization and drafting of the HIV/AIDS proposal for Round 8 of the Global Fund (USAID).
• Provide technical assistance to enable the Ministry of Health to become the Principal Recipient for the Global Fund Round 7 malaria grant (USAID)

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11932

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27035	11932.27035.09	U.S. Agency for International Development	Chemonics International	11238	5855.09		$500,000
11932	11932.07	U.S. Agency for International Development	Chemonics International	5855	5855.07		$600,000

HVMS - Management and Staffing

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Total Planned Funding for Program Area: $1,373,360

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

Total Planned Funding for Program Area: $1,333,000

Four USG implementing agencies make up the USG HIV Country Team: (1) U.S. Health and Human Services (Centers for Disease Control and Prevention (HHS/CDC), (2) U.S. Agency for International Development (USAID), (3) U.S. Department of Defense (DOD) and (4) U.S. Department of State (DOS). All agencies are under Chief of Mission Authority. The Chief of Mission serves as the overall coordinator for the President's Emergency Plan (PEPFAR). The USG HIV AIDS country team consists of the Deputy Chief of Mission, the CDC Chief of Party, the CDC Public Health Advisor-Deputy Director of Operations, the USAID Mission Director, the USAID Supervisory General Development Officer, the USAID HIV AIDS Specialist, and other skilled professionals with numerous years of experience working in the U.S. and other countries. Technical coordination and management takes place through monthly meetings with all agencies represented under the leadership of the Deputy Chief of Mission (DCM) complemented by more frequent technical working group meetings. Inter-agency working groups are developed as needed for agency programming and implementation of the Mini-COP.

The operating environment in Luanda is among the world's most difficult and expensive. Luanda has the most expensive rental properties for expatriate staff in the world, with rents over $200,000 per year for a medium sized three bedroom house. Shipping, port and demurrage costs are also among the world's highest. There is also a limited amount of local capacity, forcing programs to pay handsomely to acquire technical and language capacity in workers. As a result of these factors, it is impossible to operate here within current programmatic limitations. For example, the real ICASS costs associated with programs financed through PEPFAR under USAID can not be covered by the 7% limit on management and staffing as recommended in the FY 2008 COP Guidance. In addition, a very high percentage of the funding through CDC is used to cover ICASS, housing and other support costs. Programmatic funding constraints are limiting our capacity to fully engage here in Angola.

Following its establishment in 2002, the CDC office has grown and today consists of two U.S. direct hires: a Director, and a Deputy Director for Operations, and, for the first time in years, both positions are filled in FY08. In addition, to the two direct hires, additional support staff consists of five locally engaged staff and three technical staff. Technical staff consists of a vacant slot for an M&E officer, an Epi-Data Manager/Surveillance Expert, and an Intern/Fellow. These individuals are all paid with PEPFAR funds. Under consideration was the desire to expand the duties of the posted M&E officer to that of a SI Coordinator position, wherein the successful candidate would have broad SI responsibilities across all of the USG agencies (CDC, DOD, and USAID).

In addition to PEPFAR related activities, the CDC office also operates programs involving the President's Malaria Initiative (PMI) and the Avian Influenza Initiative. CDC also provides technical and logistical assistance to the GoA as needed to address emerging outbreaks and health threats.

The USAID Mission in Angola has a technical and administrative staff of 23, including 4 USDHs. The 6-person health team is managed by a Third Country National under the direct supervision of a USDH Supervisory General Development Officer with the support of a USDH Program Officer. The Mission Director is a former health officer. Thus, in total, nine staff members have expertise available to the USG PEPFAR program in Angola. A senior FSN, the HIV/AIDS Program Management Specialist, is the focal point for the program.

The strategic foci of USAID's program in Angola, as embodied in the FY07 USG Angola Operational Plan, are Governing Justly and Democratically; Investing in People: Health; and Economic Growth. In FY 2007, the funding for USAID's program elements under Investing in People was distributed as follows: Malaria ($18,500,000); Family Planning and Reproductive Health ($2,501,000); Maternal and Child Health ($1,000,000); Tuberculosis ($409,000); and HIV/AIDS as detailed in the Mini-COP.

The Programs seeks to increase the number of Angolans benefiting from quality health services and commodities to reduce the incidence of selected diseases. The major focus of Investing in People HIV/AIDS portfolio is prevention. The USAID HIV/AIDS program offers a package of technical assistance, services and commodities that permits greater numbers of Angolans to demand and obtain increased access and use of high quality IEC, counseling, and care. USAID focuses on both technical assistance to provide immediate improvements in service delivery, and longer-term system and institutional improvements that can sustain and enhance these gains.

The current USAID staffing for the Angola Emergency Plan includes 2 program management specialists (including a TCN PSC health team leader) and support staff. The HIV Program Specialist (FSN/LES) is dedicated to work 100% on the Emergency Plan. In addition, the Health Team Leader (offshore PSC) will devote 25% of his time; and 1 Health Team Program Assistant (FSN/LES) will devote 33% of his/her time to Emergency Plan activities. There is a USAID/M&E specialist that devotes a portion of his time to HIV/AIDS data.

Salaries, related benefits and administrative costs are estimated at $284,000. Staff contract costs represent the bulk of the cost of doing business; the TCN contract costs are notably high because housing costs are exorbitant at post, reaching more than

$200,000 per year for rentals, often paid 1-2 years in advance. Components of maternal and child health programming (e.g., ante-natal care services that contribute to VCT, PMTCT, and care and treatment interventions) and other infectious disease programming (such as tuberculosis) are closely integrated with HIV/AIDS programming. Staffing reflects this integration; the work of all contributes to the success of the HIV/AIDS Emergency Plan within the health program, as per the anticipated implementation mechanisms.

The staffing structure reflects USAID's current program management and implementation needs. The future staffing profile may be adjusted if there is a significant change in the strategy or increase in funding.

USAID's mission in Angola provides technical and managerial support for other health programs in addition to PEPFAR. USAID provides technical assistance to the President's Malaria Initiative (PMI), which is a shared effort with CDC under USAID leadership.

USAID ICASS costs directly related to HIV/AIDS programming is $44,000 based on prorating ICASS costs across GHCS funding sources. However, the real ICASS cost is thus disproportionately paid through other funding sources (notably malaria, which is by far the largest GHCS program for USAID) and not from HIV/AIDS GHCS or GHAI.

Program Area Downstream Targets:

Custom Targets:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID:	6078.08	**Mechanism:**	USAID
Prime Partner:	US Agency for International Development	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Management and Staffing
Budget Code:	HVMS	**Program Area Code:**	15
Activity ID:	12126.08	**Planned Funds:**	$314,360
Activity System ID:	18941		

Activity Narrative: The current USAID staffing for the Angola Emergency Plan includes two program management specialists (including a TCN PSC health team leader) and support staff. The HIV Program Specialist (FSN/LES) is dedicated to work 100% on the Emergency Plan. In addition, the Health Team Leader (offshore PSC) will devote 25% of his time; and one Health Team Program Assistant (FSN/LES) will devote 33% of her time to Emergency Plan activities. There is a USAID/M&E specialist who devotes a portion of his time to HIV/AIDS data issues.
Salaries and related benefits are estimated at $274,000. Staff contract costs represent the bulk of the cost of doing business; the TCN contract costs are notably high because housing costs are exorbitant at post, reaching more than $175,000 per year for rentals, often paid 1-2 years in advance. Components of maternal and child health programming (e.g., ante-natal care services that contribute to VCT, PMTCT, and care and treatment interventions) and other infectious disease programming (such as tuberculosis) are closely integrated with HIV/AIDS programming. Staffing reflects this integration; the work of all contributes to the success of the HIV/AIDS Emergency Plan within the health program, as per the anticipated implementation mechanisms.

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15-HVMS Management and Staffing
Total Planned Funding for Program Area: $1,333,000
Four USG implementing agencies make up the USG HIV Country Team: (1) U.S. Health and Human Services (Centers for Disease Control and Prevention (HHS/CDC), (2) U.S. Agency for International Development (USAID), (3) U.S. Department of Defense (DOD) and (4) U.S. Department of State (DOS). All agencies are under Chief of Mission Authority. The Chief of Mission serves as the overall coordinator for the President's Emergency Plan (PEPFAR). The USG HIV AIDS country team consists of the Deputy Chief of Mission, the CDC Chief of Party, the CDC Public Health Advisor-Deputy Director of Operations, the USAID Mission Director, the USAID Supervisory General Development Officer, the USAID HIV AIDS Specialist, and other skilled professionals with numerous years of experience working in the U.S. and other countries. Technical coordination and management takes place through monthly meetings with all agencies represented under the leadership of the Deputy Chief of Mission (DCM) complemented by more frequent technical working group meetings. Inter-agency working groups are developed as needed for agency programming and implementation of the Mini-COP.

The operating environment in Luanda is among the world's most difficult and expensive. Luanda has the most expensive rental properties for expatriate staff in the world, with rents over $200,000 per year for a medium sized three bedroom house. Shipping, port and demurrage costs are also among the world's highest. There is also a limited amount of local capacity, forcing programs to pay handsomely to acquire technical and language capacity in workers. As a result of these factors, it is impossible to operate here within current programmatic limitations. For example, the real ICASS costs associated with programs financed through PEPFAR under USAID can not be covered by the 7% limit on management and staffing as recommended in the FY 2008 COP Guidance. In addition, a very high percentage of the funding through CDC is used to cover ICASS, housing and other support costs. Programmatic funding constraints are limiting our capacity to fully engage here in Angola.

Following its establishment in 2002, the CDC office has grown and today consists of two U.S. direct hires: a Director, and a Deputy Director for Operations, and, for the first time in years, both positions are filled in FY08. In addition, to the two direct hires, additional support staff consists of five locally engaged staff and three technical staff. Technical staff consists of a vacant slot for an M&E officer, an Epi-Data Manager/Surveillance Expert, and an Intern/Fellow. These individuals are all paid with PEPFAR funds. Under consideration was the desire to expand the duties of the posted M&E officer to that of a SI Coordinator position, wherein the successful candidate would have broad SI responsibilities across all of the USG agencies (CDC, DOD, and USAID).

In addition to PEPFAR related activities, the CDC office also operates programs involving the President's Malaria Initiative (PMI) and the Avian Influenza Initiative. CDC also provides technical and logistical assistance to the GoA as needed to address emerging outbreaks and health threats.

The USAID Mission in Angola has a technical and administrative staff of 23, including 4 USDHs. The 6-person health team is managed by a Third Country National under the direct supervision of a USDH Supervisory General Development Officer with the support of a USDH Program Officer. The Mission Director is a former health officer. Thus, in total, nine staff members have expertise available to the USG PEPFAR program in Angola. A senior FSN, the HIV/AIDS Program Management Specialist, is the focal point for the program.

The strategic foci of USAID's program in Angola, as embodied in the FY07 USG Angola Operational Plan, are Governing Justly and Democratically; Investing in People: Health; and Economic Growth. In FY 2007, the funding for USAID's program elements under Investing in People was distributed as follows: Malaria ($18,500,000); Family Planning and Reproductive Health ($2,501,000); Maternal and Child Health ($1,000,000); Tuberculosis ($409,000); and HIV/AIDS as detailed in the Mini-COP.

The Programs seeks to increase the number of Angolans benefiting from quality health services and commodities to reduce the incidence of selected diseases. The major focus of Investing in People HIV/AIDS portfolio is prevention. The USAID HIV/AIDS program offers a package of technical assistance, services and commodities that permits greater numbers of Angolans to demand and obtain increased access and use of high quality IEC, counseling, and care. USAID focuses on both technical assistance to provide immediate improvements in service delivery, and longer-term system and institutional improvements that can sustain and enhance these gains.

The current USAID staffing for the Angola Emergency Plan includes 2 program management specialists (including a TCN PSC health team leader) and support staff. The HIV Program Specialist (FSN/LES) is

Activity Narrative: dedicated to work 100% on the Emergency Plan. In addition, the Health Team Leader (offshore PSC) will devote 25% of his time; and 1 Health Team Program Assistant (FSN/LES) will devote 33% of his/her time to Emergency Plan activities. There is a USAID/M&E specialist that devotes a portion of his time to HIV/AIDS data.

Salaries, related benefits and administrative costs are estimated at $284,000. Staff contract costs represent the bulk of the cost of doing business; the TCN contract costs are notably high because housing costs are exorbitant at post, reaching more than $200,000 per year for rentals, often paid 1-2 years in advance. Components of maternal and child health programming (e.g., ante-natal care services that contribute to VCT, PMTCT, and care and treatment interventions) and other infectious disease programming (such as tuberculosis) are closely integrated with HIV/AIDS programming. Staffing reflects this integration; the work of all contributes to the success of the HIV/AIDS Emergency Plan within the health program, as per the anticipated implementation mechanisms.

The staffing structure reflects USAID's current program management and implementation needs. The future staffing profile may be adjusted if there is a significant change in the strategy or increase in funding.

USAID's mission in Angola provides technical and managerial support for other health programs in addition to PEPFAR. USAID provides technical assistance to the President's Malaria Initiative (PMI), which is a shared effort with CDC under USAID leadership.

USAID ICASS costs directly related to HIV/AIDS programming is $44,000 based on prorating ICASS costs across GHCS funding sources. However, the real ICASS cost is thus disproportionately paid through other funding sources (notably malaria, which is by far the largest GHCS program for USAID) and not from HIV/AIDS GHCS or GHAI.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12126

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27039	12126.27039.09	U.S. Agency for International Development	US Agency for International Development	11240	6078.09	USAID	$100,000
12126	12126.07	U.S. Agency for International Development	US Agency for International Development	6078	6078.07	USAID	$248,520

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 6078.08

Mechanism: USAID

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 12187.08

Planned Funds: $44,000

Activity System ID: 18942

Activity Narrative: USAID ICASS costs directly related to HIV/AIDS programming is $44,000 based on prorating ICASS costs across GHCS funding sources. However, the real ICASS cost is thus disproportionately paid through other funding sources (notably malaria, which is by far the largest GHCS program for USAID) and not from HIV/AIDS GHCS or GHAI.
15-HVMS Management and Staffing

Total Planned Funding for Program Area: $1,333,000

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Activity Narrative:

USAID's mission in Angola provides technical and managerial support for other health programs in addition to PEPFAR. USAID provides technical assistance to the President's Malaria Initiative (PMI), which is a shared effort with CDC under USAID leadership.

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USAID Activity Narratives

Table 3.3.15: Program Area Activity Details

View Activity
Program Area: 15-HVMS Management and Staffing
Mechanism/Prime Partner: USAID/US Agency for International Development
Activity System ID: 18941
Activity ID: 12126.08

Planned Funding (in US dollars)

Activity Narrative:

The current USAID staffing for the Angola Emergency Plan includes two program management specialists (including a TCN PSC health team leader) and support staff. The HIV Program Specialist (FSN/LES) is dedicated to work 100% on the Emergency Plan. In addition, the Health Team Leader (offshore PSC) will devote 25% of his time; and one Health Team Program Assistant (FSN/LES) will devote 33% of her time to Emergency Plan activities. There is a USAID/M&E specialist who devotes a portion of his time to HIV/AIDS data issues.

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Activity Narrative:

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12187

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27040	12187.27040.09	U.S. Agency for International Development	US Agency for International Development	11240	6078.09	USAID	$280,000
12187	12187.07	U.S. Agency for International Development	US Agency for International Development	6078	6078.07	USAID	$11,480

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 6078.08 **Mechanism:** USAID

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 18976.08

Planned Funds: $5,000

Activity System ID: 18976

Activity Narrative: Administration/Staffing

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 5857.08

Mechanism: N/A

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 19128.08

Planned Funds: $518,000

Activity System ID: 19128

Activity Narrative: Following its establishment in 2002, the CDC office has grown and today consists of 2 U.S. direct hires: a Director, and Deputy Director for Operations. The program however has been without a director for the past 18 months. In addition, to the two direct hires, additional support staff consists of 5 locally engaged staff (LES) (2 drivers, 1 Admin Assistant, 1 IT Manager, 1 custodian). Technical staff consist of 1 currently vacant slot for an M&E officer, 1 Epi Data Manager/Surveillance Expert, and 1 Intern/Fellow. These individuals are all paid with PEPFAR funds. There is ongoing discussion amongst the USG team to expand the duties of the M&E officer to that of a SI coordinator position. The idea is for the successful candidate to have broad SI responsibilities across all of the USG agencies (CDC, DOD, and USAID).

In addition to the PEPFAR Initiative, the CDC office also has part administrative responsibility for a Presidential Malaria Initiative (PMI) advisor in Angola. The CDC office also supports the recently implemented Avian Influenza Initiative through the shared monitoring and management of the recently signed Avian Influenza Cooperative Agreement with the MOH. Finally for any and all health threats whether it is the ongoing cholera problem in Angola or ongoing cases of suspected hemorrhagic fevers or Marburg or any other emerging threats, the CDC office is responsible for and always called upon to respond technically and or logistically. There are no plans presently for the CDC Influenza branch to establish a presence in Angola although authority has been given to the Deputy Director of the office to hire locally to support the CoAg as the workload increases as expected.

CDC's complete cost of doing business in Angola, otherwise referred to as "Fixed Operations Costs" "Indirect Costs not tied to any specific strategy" consist of the following in US Dollars.

- Personnel, which include LES (5) and DH staff (2) and contractors (3) are equivalent to $913,000.
- International and national travel is equivalent to $70,000.
- Communications, a satellite for the CDC office, and rents for 2 direct hires as well as a complete set of household furniture, including a generator for the arriving Chief of Party, is equivalent to $453,000.
- Miscellaneous contractual services, office supplies and equipment are equivalent to $101,000.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 6078.08
Mechanism: USAID
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 19161.08
Planned Funds: $5,000
Activity System ID: 19161
Activity Narrative: Administration/Staffing
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 6112.08
Mechanism: Civil-Military Alliance
Prime Partner: Charles R. Drew University
USG Agency: Department of Defense
Funding Source: GHCS (State)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 19164.08
Planned Funds: $95,000
Activity System ID: 19164
Activity Narrative: Administration/Staffing
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 6079.08
Mechanism: CDC
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 12189.08
Planned Funds: $392,000
Activity System ID: 18937

Activity Narrative: CDC ICASS accounts for 18%, salaries for 48%, residences for direct hires accounts for 24% and miscellaneous expenses account for 10% of the fixed operations costs; total ICASS costs for CDC is $331,000. These figures clearly indicate that Luanda, Angola is a very expensive place to do business. Recently a residential annual lease was signed at post for more than $198,000 indicating that the costs are indeed exorbitant in Luanda especially for housing. Although ICASS is also a significant portion of our budget, Luanda, an ICASS 'lite' post, does not allow the option of picking and choosing ICASS specific services. It is an all or nothing structure inadequate to serve the interest of our relatively small CDC office. The Comforce contractors at post are also pricey due to the high (26%) overhead charged by Comforce in exchange for relatively little. The CDC office cares for all of their arrangements and logistics. In Angola, Comforce does not have the means to assist assignees with housing, work permits, transportation, etc. Operations costs have in the past been paid for by HHS/CDC core funds which are still part of the overall country budget with the GHAI funds generally allocated for programmatic activities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12189

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27042	12189.27042.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	11241	6079.09	CDC	$102,000
12189	12189.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6079	6079.07	CDC	$331,000

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2008?	**Yes**	**X**	**No**
If yes, Will HIV testing be included?	Yes		No
When will preliminary data be available?			
Is an Demographic and Health Survey(DHS) planned for fiscal year 2008?	**Yes**	**X**	**No**
If yes, Will HIV testing be included?	Yes		No
When will preliminary data be available?			
Is a Health Facility Survey planned for fiscal year 2008?	**Yes**	**X**	**No**
When will preliminary data be available?			
Is an Anc Surveillance Study planned for fiscal year 2008?	**Yes**	**X**	**No**
If yes, approximately how many service delivery sites will it cover?	Yes		No
When will preliminary data be available?			
Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2008?	**Yes**	**X**	**No**

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
COP08b-Congressional Notification.doc	application/msword	9/30/2007	Congressional Notification	Executive Summary	IKuleba

OVC Budgetary Requirements.doc	application/msword	9/30/2007	Angola OVC Justification	Justification for OVC Budgetary Requirements	IKuleba
Treatement Budgetary Requirements.doc	application/msword	9/30/2007	Angola Treatment justification	Justification for Treatment Budgetary Requirements	IKuleba
Partner justification.doc	application/msword	9/30/2007	Angola 8% Partner Justification	Justification for Partner Funding	IKuleba
Report USAID Tech_Support Strengthen CCM__Mgt_Ang_2July2007_RBM_PF1.doc	application/msword	9/30/2007	Report of USAID Technical Support to Strengthen CCM Structure and Management in Angola	Other	IKuleba
Justification for Budgetary Requirements.doc	application/msword	9/30/2007	Justification for AB Budgetary Requirements	Justification for AB Budgetary Requirements	IKuleba
Angola Global Fund Supplemental[1].doc	application/msword	9/30/2007	Angola Global Fund Supplemental	Global Fund Supplemental*	IKuleba
Ambassador Letter.pdf	application/pdf	9/30/2007	Angola Ambassador Letter	Ambassador Letter	IKuleba
3_MTc5NDcyMjkwMTk4NA___COP07I-Management_and_Staffing_Budget_Table_USAID.doc	application/msword	10/15/2007	Management and staffing budget	Other	AGabriel
Chemonics Partner justification.doc	application/msword	10/15/2007	USG Chemonics Partner justification	Justification for Partner Funding	AGabriel
COP FY 08 Management_and_Staffing_Budget_Table_CDC.doc	application/msword	10/16/2007		Other	AGabriel
MiniCOP FY08 Target Justification with incorporated Addendum.doc	application/msword	10/23/2007	USG Angola Explanation Target Calculations: Original merged with addendum.	Explanation of Targets Calculations*	AGabriel
FINALMini-COP STAFFING SPREADSHEET WITH FTE unlocked1.xls	application/vnd.ms-excel	11/14/2007	USG Angola FY 08 Staffing Matrix	Other	AGabriel
Budgetary Requirement Worksheet.Angola.1.11.08.xls	application/vnd.ms-excel	1/11/2008	NA	Budgetary Requirements Worksheet*	AGabriel
MiniCOP FY08 Strategic Overview Addendum.doc	application/msword	10/23/2007	USG-Angola Addendum to FY07 Strategic Overview. A few modifications to the original document.	Other	AGabriel