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2009

Angola

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## Table 1: Overview

### Executive Summary

File Name	Content Type	Date Uploaded	Description	Uploaded By
Health-DraftStrategicOverviewAngolaFINAL.doc	application/msword	11/14/2008		JPaz-Castillo

### 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.

Yes  No

Description:

The strategic focus of the Angola 5 year plan is not necessarily changing, it is more honed in. In the up-loaded overview, highlighted in yellow, are the new inputs.

Having worked for two years in country, the USG PEPFAR team is focusing more on identified critical areas of need for the country; closer with the WHO and the Ministry of Health in not only strengthening policy and surveillance activities within the National AIDS Institute INLS, but through technical assistance in scaling up two critical areas of prevention, PMTCT and VCT. The team is increasing collaboration and coordination with all other donors and stakeholders in Angola, and through these changes is more able to fill in programmatically, identified gaps.

### Ambassador Letter

File Name	Content Type	Date Uploaded	Description	Uploaded By
AMB DYBUL LETTER0001.pdf	application/pdf	12/1/2008	Ambassador's Letter	AGabriel

### Country Contacts

Contact Type	First Name	Last Name	Title	Email
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USAID In-Country Contact	Bart	Bruins	Health Team Leader	bbruins@usaid.gov
U.S. Embassy In-Country Contact	Dan	Mozena	Ambassador	dmozena@State.gov
Global Fund In-Country Representative	Jorge	Romero	UNDP PR	jorge.humberto.romero@undp.org

### Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2009? \$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, 2009**

	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
<b>Prevention</b>				
<b>End of Plan Goal</b>				
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	20,000	0	20,000
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	0	0	0
<b>Care (1)</b>				
<b>End of Plan Goal</b>				
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	40,000	19,000	59,000
<b>Treatment</b>				
<b>End of Plan Goal</b>				
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	0	0	0
<b>Human Resources for Health</b>				
<b>End of Plan Goal</b>				
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	0	0	0	0

## 2.2 Targets for Reporting Period Ending September 30, 2010

	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
<b>Prevention</b>			
<b>End of Plan Goal</b>			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	30,000	0	30,000
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	0	0
<b>Care (1)</b>			
<b>End of Plan Goal</b>			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	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
8.1 - Number of OVC served by OVC programs	0	0	0
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	50,000	21,000	71,000
<b>Treatment</b>			
<b>End of Plan Goal</b>			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	0	0
<b>Human Resources for Health</b>			
<b>End of Plan Goal</b>			
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	0	0	0

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(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: TBD**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 11246.09  
**System ID:** 11246  
**Planned Funding(\$):** ██████████  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (USAID)  
**Prime Partner:** To Be Determined  
**New Partner:** Yes

**Mechanism Name: Civil-Military Alliance**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 6112.09  
**System ID:** 11237  
**Planned Funding(\$):** \$420,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** Department of Defense  
**Funding Source:** GHCS (State)  
**Prime Partner:** Charles R. Drew University  
**New Partner:** No

**Mechanism Name: Civil-Military Alliance**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 11244.09  
**System ID:** 11244  
**Planned Funding(\$):** \$80,000  
**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:** 5855.09  
**System ID:** 11238  
**Planned Funding(\$):** \$1,000,000  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (USAID)  
**Prime Partner:** Chemonics International  
**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:** 8561.09  
**System ID:** 11239  
**Planned Funding(\$):** \$1,820,000  
**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: USAID**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 6078.09  
**System ID:** 11240  
**Planned Funding(\$):** \$405,000  
**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

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 5857.09  
**System ID:** 11242  
**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:** 6079.09  
**System ID:** 11241  
**Planned Funding(\$):** \$552,000  
**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

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**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 8560.09  
**System ID:** 11243  
**Planned Funding(\$):** \$575,000  
**Procurement/Assistance Instrument:** Grant  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (USAID)  
**Prime Partner:** World Learning  
**New Partner:** No



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**Table 3.2: Sub-Partners List**

<b>Mech ID</b>	<b>System ID</b>	<b>Prime Partner</b>	<b>Agency</b>	<b>Funding Source</b>	<b>Sub-Partner</b>	<b>TBD Funding</b>	<b>Planned Funding</b>
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### Table 3.3: Program Budget Code and Program Narrative Planning Table of Contents

Program Budget Code: 01 - MTCT Prevention: PMTCT

**Total Planned Funding for Program Budget Code: \$275,000**

#### Program Area Narrative:

##### Overview

PMTCT is a key result area in the 2007 – 2010 Angola National AIDS Strategic plan. Specific targets are to increase access to PMTCT services to reach all pregnant women in Angola by the end of 2010. Strategies to be adopted are strengthening of PMTCT through primary HIV prevention and ARV prophylaxis to prevent mother to child HIV transmission, improvement of physical infrastructure for delivery; training for health care workers; and creating demand for PMTCT services through coherent communication strategies; and strengthening of PMTCT monitoring and evaluation systems. To date, 81 PMTCT centers have been established, covering a third of the present ANC clinics, with the goal being to cover all ANCs by 2010.

The National AIDS Institute (INLS), under the Ministry of Health, is the main implementer of PMTCT in Angola. The USG team has been requested by the INLS to help improve and scale up provision of PMTCT services through technical assistance. The INLS returned from the XVII International HIV/AIDS Conference in Mexico interested in supporting more of an integrated approach to HIV care of pregnant women into routine antenatal care. Angola is extremely limited by qualified health care providers. In understanding that integration reduces the burden on scarce human resources, the INLS became interested in learning more. They also learned that this kind of intervention improves uptake of HIV testing through “opt out” testing. As PMTCT is a central theme to the INLS HIV/AIDS Strategic plan, they opened up more to other donors and stake holders working in Angola to discuss the current national protocol. Due to this shift in thinking, PEPFAR will revisit with the Government of Angola (Ministry of Health and the INLS), the January 2008 assessment by Columbia University’s International Center for AIDS Treatment and Programs (ICAP) which recommended that different protocols be implemented in the country, depending on prevalence rates and physician availability.

##### Leveraging and Coordination

In accordance with the INLS’ aim to scale up PMTCT services in health facilities with antenatal care, labor and delivery; the USG Essential Health Services Program (EHSP) provides technical assistance to establish PMTCT services in 16 new centers selected by the provincial governments, taking into account the availability of trained human resources.

The EHSP, funded by the USG, works together with the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and UNICEF to provide technical and financial support to INLS PMTCT programs. All three organizations are involved in PMTCT in the three provinces with the highest prevalence rates: Cunene, Uige, and Kuando Kubano. EHSP collaborates with civil society organizations which take an active role in policy and advocacy to ensure PMTCT services are available to all HIV-positive pregnant women. EHSP works with lead NGO ANASO (a network of HIV non-governmental organizations) and RNP+ (a network of people living with HIV). The GFATM supports the procurement of ARV drugs and the PMTCT and VCT programs in the maternity wards, hospitals and prenatal health services, and UNICEF is piloting PMTCT interventions in the hospitals at these three sites.

In FY09, PEPFAR will strengthen collaboration with the Presidential Malaria Initiative (PMI) nationally and in provinces where initiatives overlap. Please see activities below under ‘USG FY09 Support’.

##### Current USG Support

The USG provides technical assistance around policy implementation, training, rehabilitation and advocacy for the uptake of services in order to improve provision of PMTCT services. This approach focuses on ensuring that systems are in place to increase the number of women and their partners who access services.

- In collaboration with UN agencies, the USG supports the INLS in the application of protocols and guidelines in PMTCT and breastfeeding and conducts training for Ministry and partner staff on each set of guidelines;
- PMTCT services are provided by teams of 8 health professionals, including medical doctors, nurses, midwives, laboratory technicians and pharmacists. The USG program, through EHSP, is training 80 staff in the three target facilities in Luanda. Further training courses are conducted as they are needed to staff the new PMTCT centers. Protocols and training curricula are reviewed to meet national and international standards;
- USG support ensures 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 improves facilities’ environment for antenatal consultations, labor and delivery. The rehabilitation work includes partitioning, painting, replacing windows and doors, and other related work;

•The USG in Angola works on a cross border issues to increase access to HIV testing in antenatal clinic sites in Cunene, where the prevalence of HIV is disproportionately high (9.4%).

USG FY09 Support

In 2009, an assessment of the EHSP project will be conducted and recommendations may influence programming in this area. The program will continue many of the FY08 activities but focusing TA to give a more focused approach to directly preventing infant mortality infections and on pregnant women as a strategically important entry-point to achieve PEPFAR goals of reduced transmission. The program will also move to leverage other funds (government and GFATM) for rehabilitation of ANC/PMTCT sites.

Through cross border programs the USG will give support to PLWHA Networks to promote ANC utilization and testing for pregnant women, follow-up for HIV positive women, and take advantage of exchange of experience. This program, in collaboration with DOD, will strengthen waiting houses and strengthen gender initiatives, through encouraging men to be tested and to participate in the health care of the family.

In FY09, PEPFAR will strengthen collaboration with the Presidential Malaria Initiative (PMI) nationally and in provinces where initiatives overlap (Huambo and Lunda Norte).

- Women who are identified as HIV positive will receive a bed net. For those women who have malaria, treatment will be provided along with HIV prevention messages as malaria increases the risk of HIV mother to child transmission;
- Training for health care workers on malaria will have a component on HIV prevention and any strategic information that is collected on one disease will also collect information on the other;
- PEPFAR and PMI will look at more substantial integration through increasing up to two doses IPT in HIV Positive Pregnant women. As this needs strong political will, as well as adequate funding and drug supply both PEPFAR and PMI will be working with the INLS to promote this integration.

Since the XVII International HIV/AIDS Conference in Mexico, the Government of Angola is more receptive to exploring the idea of task-shifting. The USG will pilot with the Provincial Health Department (DPS) to advocate for the utilization of nurses to provide PMTCT services under the supervision of medical doctors and of lay and non-medical health care providers to increase availability of quality services.

There will also be a scale-up of services for HIV+ in treatment adherence through civil society organizations (CSOs); increased emphasis on strengthening surveillance in ANC/PMTCT clinics in focus provinces and improved M&E for PMTCT on provincial level.

Targets:

- 1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards. 30
- 1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results. 30,000
- 1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards. 50

**Table 3.3.01: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 5855.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Chemonics International	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (USAID)	<b>Program Area:</b> Prevention: PMTCT
<b>Budget Code:</b> MTCT	<b>Program Budget Code:</b> 01
<b>Activity ID:</b> 11917.27033.09	<b>Planned Funds:</b> \$200,000
<b>Activity System ID:</b> 27033	
<b>Activity Narrative:</b> Not required	
<b>New/Continuing Activity:</b> Continuing Activity	
<b>Continuing Activity:</b> 18917	

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18917	11917.08	U.S. Agency for International Development	Chemonics International	8297	5855.08		\$295,000
11917	11917.07	U.S. Agency for International Development	Chemonics International	5855	5855.07		\$295,000

**Table 3.3.01: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 8560.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> World Learning	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (USAID)	<b>Program Area:</b> Prevention: PMTCT
<b>Budget Code:</b> MTCT	<b>Program Budget Code:</b> 01
<b>Activity ID:</b> 21138.27045.09	<b>Planned Funds:</b> \$75,000
<b>Activity System ID:</b> 27045	
<b>Activity Narrative:</b> N/A	
<b>New/Continuing Activity:</b> Continuing Activity	
<b>Continuing Activity:</b> 21138	

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21138	21138.08	U.S. Agency for International Development	World Learning	8560	8560.08		\$50,000

Program Budget Code: 02 - HVAB Sexual Prevention: AB

**Total Planned Funding for Program Budget Code: \$980,000**

**Program Area Narrative:**

Sexual Prevention - Abstinence and Be Faithful and Other Sexual Prevention

Overview

High-risk groups appear to be a principal driver of the HIV/AIDS epidemic in Angola and require special attention if the rate of HIV transmission is to be slowed. The USG's strategic approach to prevention targets the general population, with a heavier emphasis on most-at-risk populations, namely: in- and out-of-school youth, military personnel, truck drivers and commercial sex workers (CSWs). HIV is transmitted primarily through multi-partner heterosexual encounters, with a male-to-female ratio of 0.8:1, indicating that women are more likely to be infected than men. Angola's ANC data estimates HIV prevalence at 2.1% of the population aged 15-49, and 2.6 % for the age group 15 – 24, with pockets of concentration along its borders with countries affected by hyper-epidemics (for example, 9.4% in Cunene province, which shares a border with Namibia).

The recent 2005 TRaC study conducted by Population Services International (PSI) with USG support, shows that the mean age of sexual debut is relatively young (15.03yrs) and the practice of multiple concurrent partnerships and support for several households is common. Recent findings conducted by the National AIDS Institute (INLS) in collaboration with the USG through

the TRaC study 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 intergenerational sexual activity and multiple partners (23% of youth reported having two or more partners in the last three months), low condom use (55% of youth used a condom with their last casual partner, 37% with a non-married permanent partner and 19% with a marital partner), and low risk perception (9% of youth classified themselves as being at high-risk of contracting HIV). A 2006 INLS study showed that commercial sex workers have an estimated 26% prevalence rate. Similarly, more than half of VCT clients reported not using a condom in the last three months, 35% reported sometimes using 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 voluntary (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.

#### Leveraging and Coordination

During the 27 years of civil conflict NGOs were the principal actors in the field of HIV/AIDS. These NGOs lacked infrastructure, experienced personnel, reliable information, and opportunities for capacity building. The USG, working with the Government of Angola (GoA) through the INLS, the Global Fund to fight HIV/AIDS, Malaria and Tuberculosis (GFATM), and UNICEF, has pulled together an effective intervention to strengthening these NGOs.

Together with the INLS and the Ministry of Youth and Sports, the USG supports national information, education and communication campaigns (IEC) around the prevention of HIV. The USG's partnership with the INLS, UNDP and the Brazilian corporate partner Odebrecht sets favorable conditions for the distribution of USG purchased condoms and test kits. Odebrecht stores 15 million non-branded USAID purchased condoms that are distributed in a targeted fashion by working with the Angolan Business Alliance to use its network to ensure free condom availability to its employees and to other high-risk groups. Through this partnership, an integrated system for effective logistics management and warehousing is being developed that works to resolve the problems of condom distribution (see OHSS narrative). The GoA, USG and the UK Department for International Development (DFID), in conjunction with the British Broadcasting Company, have provided strong social marketing programs for condoms. The USG works closely with the GFATM to implement prevention activities, especially with high risk groups, using Round Four funding (\$86,120,215).

#### Current USG Support

The USG implementing partners, working together with other stakeholders in Angola, are making strong strides forward in HIV/AIDS prevention. Specific current activities include:

- The USG supported the Jango Juvenil youth centre project to promote HIV/AIDS prevention and life skills through age-appropriate messages targeting in- and out-of-school youth aged 15-24. The 'Jangos' provide intensive HIV/AIDS prevention education in a youth friendly, dynamic and accessible setting. There are five centers, each operated by a local partner NGO. These local partners are also provided with continuous technical support, supervision, training and communication skills, as well as technical assistance in organizational development, including project management and financial management skills. The project serves a dual objective of allowing youth to acquire skills to make them more productive and provides an opportunity to address their vulnerability towards HIV/AIDS through role play and counseling.
- The USG program promotes messaging on abstinence, fidelity and correct and consistent condom use (ABCs) among young people aged 15-25 and educates young adults about the risk of STIs and HIV/AIDS through mass media campaigns, including a weekly youth radio program. Youth peer educators managed by local partner NGOs are conducting interpersonal communication (IPC) activities. Through PSI/Angola, the USG has developed comprehensive generic HIV/AIDS prevention materials for three key target groups: 8- to 12-year-olds, 13- to 17-year-olds and 18- to 24-year-olds. These materials have been disseminated widely throughout the Ministries of Health and Education and partner NGOs where they are tailored to meet the needs of each target group. The USG has prepared a training manual for regional level health workers for an IEC campaign as well as provided training to health workers from the Ministry of Health Provincial Health Department (DPS) Units in Luanda and Lunda Norte on stigma and discrimination.
- A PEPFAR-funded social marketing campaign supports the INLS national strategic plan to combat STIs including HIV. The campaign is focused on communications interventions in at-risk provinces, border areas, ports, major urban centers and along transport routes. The "Legal" brand condom is highly subsidized and targeted to high-risk and vulnerable groups.
- The USG, through the DOD-funded Charles Drew University (CDU) prevention program, is working with the Angolan military in the production of IEC materials. Charles Drew also supports interventions that reduce HIV transmission in most-at-risk populations (i.e. commercial sex workers and their clients, long-distance trucker drivers, military and subsets of youth). These interventions include ABC messaging, management of sexually transmitted infections, and programs that encourage healthy behaviors, e.g. partner reduction. The USG is the primary donor addressing HIV transmission in the most at-risk population groups and has worked with a local NGO MAFIKU in Cunene, organizing group activities with CSWs and outreach activities with truckers along the borders. Outreach and training of educators 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 is continuing to support the development of workplace initiatives through the EHSP, including those targeting health care workers to deliver consistent prevention messages, and improved condom availability to workers and their families.
- A mass media campaign, a 20-minute radio broadcast airing on the national radio station during the military hour, includes a radio drama based on a comic book, O Tropa Lunguka, promoting safe sexual behavior among military personnel.

In FY09, the USGs prevention efforts will have a strategic focus on the provinces with the highest prevalence as well as those which border neighboring countries. ABC messages, with a stronger gender focus, will be provided through outreach, training, social marketing campaigns, and distribution of condoms. With the scale-up of strategic information (see SI section) providing more data to inform programs, the USG may decide to revisit prevention efforts by shifting target provinces and populations.

Specific new and ongoing activities include:

- The PEPFAR public private partnership work will be strengthened to increase the level of corporate sponsorship the Banco Fomento Angola provides to the “Jango” youth centers. This increased support will cover more of the operating costs and to allow for expansion to additional provinces.

- Prevention efforts will continue at the five youth centers located in the provinces of Luanda, Huambo, Cunene, Huila and Cabinda. Jango Juvenil activities will include debates, individual counseling, role play, skills-building classes (i.e. basic literacy, crafts, electrical) and inter-personal communication outreach into the respective communities to reach youth not attending the Jango Juvenils. PSI’s AB approach will focus on gender sensitive key messages targeted to two age groups – those under 18 and those over 18 years of age. For under 18 youth, messages include promotion of delayed sexual debut, focusing on empowering girls to resist pressure and sensitizing boys to refrain from pressuring girls. Delayed sexual debut communications address the peer pressure faced by adolescents to prove themselves to their peers by becoming sexually active. For over-18 youth, promotion of fidelity and partner reduction will address the lack of self-efficacy of some youth to refuse sex with a new partner. Activities will also include condom promotion for the sexually active.

- The social marketing component of the USG program delivered by PSI will be expanded to incorporate the following new components in FY09:

- Improved training, more frequent monitoring and new education tools for activists;
- Increased IEC and BCC addressing stigma in communities and transactional and trans-generational sex;
- Strengthened gender aspects in lay counselor training;
- Improved coordination of the NGO forum together with ANASO and Global Fund to ensure that duplication of efforts is avoided;
- Incorporation of new TRaC information as well as follow-up qualitative research to review/update messages for CSWs and their clients to motivate behavior change;
- Improved interactive educational materials, including picture codes, role-playing guidelines, risk assessment tools and debate techniques that focus on individual risk assessment of behaviors in the Jango Juvenil Youth Centers;
- New behavioral research using TRaC methodology in men and young women (14 – 20) to review/update messages according to key behavioral determinants;
- More prevention activities on men who have sex with men (MSM), truckers and native populations along the border areas, specifically the border area of Cunene. Once CDC’s BSS results are ready, PEPFAR partners will strengthen these activities with the BSS results;
- 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;
- Prevention and treatment options will also be addressed by PSI through the use of radio programs, skits, and inter-personal communications within the family and community.

- World Learning (WL) will take over the administration of the grants component of the Jangos project and will provide capacity building for local NGOs that promote AB messages. Youth centers will partner with local health centers and offer on-site counseling and testing for STIs and HIV. WL will promote the transition of financing of these NGOs and youth centers through leveraging more banking and Global Fund support to cover the total costs of the Jangos, enabling them to expand to more provinces. WL will continue to work with a consortium of human rights-based organizations that advocate for the availability of services for people living with HIV/AIDS, their families, and communities. Working with local NGOs, WL increases awareness on the right and importance of getting tested, provide information on testing sites and increase the number of people who know their status.

- The DOD will continue its efforts with the Angolan Armed Forces (FAA) to promote the ABC approach. The target population, young sexually active men, require prevention efforts that appropriately reflect the needs of the population. Charles Drew University will train trainers, create educational materials (i.e. HIV prevention manuals, comic books, posters, informational pamphlets) and assist the FAA in institutionalizing effective programs that motivate behavior change to reduce risky sexual behavior among military personnel. To overcome the specific challenges presented in this population, educators are trained in effective interactive teaching techniques and the implementation of an HIV intervention specifically designed for the Angolan military. Training includes messages on gender equity and guidance on how to work with military men to address issues of violence, cross-generational and transactional sex, and alcohol abuse.

- In addition to training military trainers, social marketing campaigns address the importance of VCT, fidelity, safe sex, reduction of stigma and discriminating attitudes, as well as the promotion of tolerance and support for those affected.

- The USG will conduct a qualitative study to examine the feasibility of interventions in male circumcision.

## AB Targets

2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or

being faithful 90,000

2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful 500

OP Targets

5.1 Number of targeted condom service outlets 2,000

5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful 25,000

5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful 500

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 8560.09 **Mechanism:** N/A  
**Prime Partner:** World Learning **USG Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (USAID) **Program Area:** Sexual Prevention: AB  
**Budget Code:** HVAB **Program Budget Code:** 02  
**Activity ID:** 19163.27046.09 **Planned Funds:** \$450,000  
**Activity System ID:** 27046  
**Activity Narrative:** N/A  
**New/Continuing Activity:** Continuing Activity  
**Continuing Activity:** 19163

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19163	19163.08	U.S. Agency for International Development	World Learning	8560	8560.08		\$260,000

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 11244.09 **Mechanism:** Civil-Military Alliance  
**Prime Partner:** Charles R. Drew University **USG Agency:** Department of Defense  
**Funding Source:** GHCS (State) **Program Area:** Sexual Prevention: AB  
**Budget Code:** HVAB **Program Budget Code:** 02  
**Activity ID:** 12182.27047.09 **Planned Funds:** \$80,000  
**Activity System ID:** 27047  
**Activity Narrative:** N/A  
**New/Continuing Activity:** Continuing Activity  
**Continuing Activity:** 18914

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18914	12182.08	Department of Defense	Charles R. Drew University	8296	6112.08	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:** 8561.09  
**Mechanism:** AIDS Prevention/Expansion Program  
**Prime Partner:** Population Services International  
**USG Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (USAID)  
**Program Area:** Sexual Prevention: AB  
**Budget Code:** HVAB  
**Program Budget Code:** 02  
**Activity ID:** 19165.27036.09  
**Planned Funds:** \$450,000  
**Activity System ID:** 27036  
**Activity Narrative:** N/A  
**New/Continuing Activity:** Continuing Activity  
**Continuing Activity:** 19165

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19165	19165.08	U.S. Agency for International Development	Population Services International	8561	8561.08	AIDS Prevention/Expansion Program	\$750,000

Program Budget Code: 03 - HVOP Sexual Prevention: Other sexual prevention

**Total Planned Funding for Program Budget Code: \$1,430,000**

**Table 3.3.03: Activities by Funding Mechansim**

**Mechanism ID:** 8561.09  
**Mechanism:** AIDS Prevention/Expansion Program  
**Prime Partner:** Population Services International  
**USG Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (USAID)  
**Program Area:** Sexual Prevention: Other sexual prevention  
**Budget Code:** HVOP  
**Program Budget Code:** 03  
**Activity ID:** 19166.27037.09  
**Planned Funds:** \$1,220,000  
**Activity System ID:** 27037



**Activity Narrative:** N/A

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 19166

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19166	19166.08	U.S. Agency for International Development	Population Services International	8561	8561.08	AIDS Prevention/Expansion Program	\$945,000

**Table 3.3.03: Activities by Funding Mechanism**

**Mechanism ID:** 6112.09

**Mechanism:** Civil-Military Alliance

**Prime Partner:** Charles R. Drew University

**USG Agency:** Department of Defense

**Funding Source:** GHCS (State)

**Program Area:** Sexual Prevention: Other sexual prevention

**Budget Code:** HVOP

**Program Budget Code:** 03

**Activity ID:** 12183.27030.09

**Planned Funds:** \$160,000

**Activity System ID:** 27030

**Activity Narrative:** N/A

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 18915

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18915	12183.08	Department of Defense	Charles R. Drew University	8296	6112.08	Civil-Military Alliance	\$145,000
12183	12183.07	Department of Defense	Charles R. Drew University	6112	6112.07	Civil-Military Alliance	\$225,000

**Table 3.3.03: Activities by Funding Mechanism**

**Mechanism ID:** 8560.09

**Mechanism:** N/A

**Prime Partner:** World Learning

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (USAID)

**Program Area:** Sexual Prevention: Other sexual prevention

**Budget Code:** HVOP

**Program Budget Code:** 03

**Activity ID:** 29786.09

**Planned Funds:** \$50,000

**Activity System ID:** 29786

**Activity Narrative:** N/A

**New/Continuing Activity:** New Activity

**Continuing Activity:**

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Program Budget Code: 04 - HMBL Biomedical Prevention: Blood Safety

**Total Planned Funding for Program Budget Code: \$0**

Program Budget Code: 05 - HMIN Biomedical Prevention: Injection Safety

**Total Planned Funding for Program Budget Code: \$0**

Program Budget Code: 06 - IDUP Biomedical Prevention: Injecting and non-Injecting Drug Use

**Total Planned Funding for Program Budget Code: \$0**

Program Budget Code: 07 - CIRC Biomedical Prevention: Male Circumcision

**Total Planned Funding for Program Budget Code: \$0**

Program Budget Code: 08 - HBHC Care: Adult Care and Support

**Total Planned Funding for Program Budget Code: \$0**

Program Budget Code: 09 - HTXS Treatment: Adult Treatment

**Total Planned Funding for Program Budget Code: \$0**

Program Budget Code: 10 - PDCS Care: Pediatric Care and Support

**Total Planned Funding for Program Budget Code: \$0**

Program Budget Code: 11 - PDTX Treatment: Pediatric Treatment

**Total Planned Funding for Program Budget Code: \$0**

Program Budget Code: 12 - HVTB Care: TB/HIV

**Total Planned Funding for Program Budget Code: \$100,000**

**Program Area Narrative:**

Overview

The estimated number of people with tuberculosis (TB) in Angola has more than doubled between 1990-2006, from 21,380 to 47,231, and the TB prevalence is estimated to be 220/100,000 inhabitants (WHO, 2008). The DOTS strategy covers 116 of 164

municipalities, only 70% of the country, and lacks essential monitoring and evaluation (M&E) of patient registry, outcomes, and program performance parameters.

Based on very limited data, the Ministry of Health (MoH) National TB Control Program (PNCT) estimates of HIV prevalence among TB patients was up to 15% in 2007. Therefore, HIV infection is expected to be high in patients seen in TB clinical settings, making these settings "high yield" for the identification of those patients with concomitant HIV infection and their referral for HIV prevention, care and treatment. Although improving, there continues to be a need for more coordination and collaboration between TB and HIV activities at all levels.

The national TB Control program submitted a round 8 Global Fund proposal that totalled \$25,000,000 for five years. This proposal has since been rejected. Since submission of the proposal, the PNCT organized a TB symposium where the national TB strategic plan 2009-2013 was presented to an audience that included international donors, NGOs and other government organization.

Among other needs, PNCT continues to experience significant obstacles. These include:

- Insufficient numbers or inadequately trained personnel to
  - o Provide HIV counseling and testing
  - o Perform M & E functions related to TB/HIV activities in TB facilities
  - o Provide referral and follow-up of HIV-infected TB patients
- Inadequately functioning M & E resulting in a significantly diminished capacity to
  - o Perform HIV surveillance among TB patients
  - o Record and report program performance
  - o Monitor, forecast, procure, and manage lab reagents and drug stocks for the diagnosis and TB treatment of HIV-infected patients

#### Leveraging and Coordination

Three non-governmental organizations (NGOs) receive funding from the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria (GFATM) and the U.S. Agency for International Development (USAID) to implement TB and TB/HIV services in the public and NGO sector: Catholic Relief Services (CRS) and CUAMM (CUAMM and the NGO LEpra also receive support through other funding sources). The U.S. Centers for Disease Control and Prevention (CDC) is not currently working with any local partners on TB system strengthening, although discussions are in progress to work with the Dutch NGO, KNCV and possibly CUAMM and LEpra to establish sentinel surveillance and improve case detection, provider initiated HIV counseling and testing, and recording and reporting of TB and HIV information for the purposes of M&E and routine surveillance.

#### Current USG Support

The USG has funded the Essential Health Services Program (EHSP) since FY07, to address critical human resource problems that limit the availability of TB treatment and referral, through training and supervision interventions, and the updating and integration of TB testing protocols with HIV referral procedures. "Master trainers" were trained to provide oversight and supervision in target areas. Additional TB/HIV activities include:

- Assisting the PNCT with updating and development of policy, and the adoption of a national HIV testing policy in TB facilities;
- Implementing HIV testing services at the Cunene and Huambo DOTS centers and TB screening in the USG-supported voluntary counseling and testing (VCT) center in Luanda. Rapid HIV test kits, microscope, reagents and staff training are also being provided.

Over the course of the past year, USG has made moderate strides in coordination efforts for HIV and TB collaboration between the National AIDS Institute (INLS) and the Ministry of Health's National TB program. A CDC staff position, (to be seconded to one of the two entities) will be hired in order to further facilitate this relationship. This position was programmed in the FY08 mini-COP but remains vacant. CDC will continue to recruit for position in FY09 (see below). The purpose of secondment is to facilitate the formation of a functional national TB/HIV collaborative entity between PNCT and INLS to oversee TB/HIV collaborative policies and activities.

#### USG FY09 Support

In order to address the USG TB/HIV priorities of human capacity building, technical assistance for the NTCP, improvement of M&E functions, and the linkages between the activities being undertaken by USAID non-PEPFAR funding and other entities (e.g., GFATM, WB, NGO's), the USG will further strengthen the TB program by increasing the capacity of the NTCP and other NGOs working with TB/HIV by supporting:

- The training of personnel in reporting and recording of TB information according to current guidelines, with a goal of eventually transitioning to an already functional electronic TB register for this purpose, in order to facilitate HIV-infected TB patient management, HIV surveillance in TB patients, and M&E of essential program functions and outcomes;
- The training of these personnel to serve as national trainers for a second tier of TB/HIV personnel in other facilities in the above functions, but particularly in HIV counseling, testing, and referral of HIV-infected patients to appropriate health services;
- The strengthening of the PNCT program TB and HIV diagnostic capacity (including the capability to perform TB culture, resistance testing for the detection of MDR/XDR TB) and the internal and external quality assurance of this capacity by supporting central reference laboratory activities (see lab section);

•The facilitation and formation of a functional national TB/HIV collaborative entity between the PNCT and the INLS to oversee TB/HIV collaborative policies and activities. Support for a specific USG-funded TB/HIV “focal point” staff position to be seconded to either INLS or the PNTCT will continue from FY08 (see Management and staffing).

•The development and implementation of a TB/HIV sentinel surveillance system in collaboration with the PNCT and NGOs already working in this program area.

**Targets**

There are no targets for this program area as all support will be technical assistance

**Table 3.3.12: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 5857.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> US Centers for Disease Control and Prevention	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GAP	<b>Program Area:</b> Care: TB/HIV
<b>Budget Code:</b> HVTB	<b>Program Budget Code:</b> 12
<b>Activity ID:</b> 27521.09	<b>Planned Funds:</b> \$100,000
<b>Activity System ID:</b> 27521	
<b>Activity Narrative:</b> N/A	
<b>New/Continuing Activity:</b> New Activity	
<b>Continuing Activity:</b>	

Program Budget Code: 13 - HKID Care: OVC

**Total Planned Funding for Program Budget Code: \$0**

Program Budget Code: 14 - HVCT Prevention: Counseling and Testing

**Total Planned Funding for Program Budget Code: \$460,000**

**Program Area Narrative:**

Overview

Targeting youth is the highest priority in the fight against AIDS in Angola. In an epidemic as vast as this one could be, the most important strategy of all is to get to uninfected boys and girls before they start to have sex and teach them lifelong, safe behavior. Youth, in particular girls, are not perpetrators of the epidemic but victims.

A few key findings from a Knowledge, Attitudes and Practices study (KAP) supported by the USG through Population Services International (PSI) in collaboration with UNICEF shows that:

- 43% of Angolan young people have had sex by the age of 15;
- nearly 70% of sexual activity amongst young people is unprotected;
- over one-third of boys and young men had slept with two or more partners in the previous three months, 90% are unable to name all three principal ways of avoiding HIV;
- 42% of youth are completely unconcerned or only a little worried about contracting HIV, only 35% of those who knew that condoms are protective used one last time they had sex, compared with 19% of those who did not know;
- over one-third of respondents do not know where to buy condoms.

The need for widespread availability of voluntary counseling and testing sites is obvious. Without facilities to test their HIV status, Angolans will not make necessary adjustments to their lives.

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The National HIV/AIDS Strategic Plan for 2007-2010 calls for the rolling out of mobile CT units in all provinces and building the capacity of health care workers to counsel and test for HIV. The USG supports this plan through providing technical assistance to the National AIDS Institute (INLS) to fulfill its Global Fund to fight HIV/AIDS, Tuberculosis and Malaria (GFATM) objectives on the provincial level. A challenge that remains is the quality of counseling and the follow-up after having tested positive. An opportunity exists in the enhancement of both pre and post exposure counseling services at mobile clinics, and the USG is working with the Provincial Health Department (DPS) in these areas and also on more follow up with clients through local NGOs.

#### Leveraging and Coordination

Currently the majority of CT services are within government health facilities. The USG, along with other donors, is discussing with the INLS and the Ministry of Health (MoH) the need for different models of CT sites. It was clear from the XVII International HIV/AIDS Conference in Mexico that, critical to the scaling up of counseling and testing is to have multiple CT models and sites, mobile testing, Provider Initiated Testing and Counseling (PITC), and community based counseling and testing. The USG is working on political commitment and enabling an environment which is conducive for policy change. Taking into account that HIV testing and counseling services have gender dimensions, the USG is also working with the INLS on CT guidelines which point out that disclosure can be problematic for women and that it is important to promote couples counseling and testing and to implement strategies to increase male uptake of counseling and testing services.

The USG, in collaboration with UNICEF, is supporting the Ministry of Health and INLS to progressively establish CT in all municipal health centers. Efforts are also being made to provide voluntary counseling and testing opportunities through outreach services (mobile CT) to ensure the majority of the population has access to basic services. Although the Angolan Armed Forces (FAA) coordinates on a regular basis with the Angolan institutions responsible for defining and coordinating efforts to fight HIV (i.e., GFATM Country Coordinating Mechanism (CCM), the INLS, and the MoH), it acts independently and with relative autonomy from these institutions. Historically, the political influence the FAA has possessed, allowed it to define its needs and implement its programs without accountability to national health organizations. Currently, the Military is a member on the CCM and attends the INLS partner meetings. They are beginning to work together with other parts of the Government. To increase coordination among these actors, DOD's major implementing partner, Charles Drew University (CDU), has promoted greater communication and coordination across Angola's institutions, while still respecting the FAA's security concerns.

#### Current USG Support

The USG support for CT has focused primarily on creating an enabling environment for effective counseling and testing and developing linkages with other services. The INLS strategic plan calls for scaling up of counseling and testing services. To facilitate this, the USAID-funded Essential Health Services Program (EHSP) works with the Institute and provincial health directorates in Luanda, Cunene, and Lunda Norte to extend CT services in 15 selected health facilities and is further expanding to 16 more VCT centers. Four principal activities support the scale-up:

- Training existing staff who will work as counselors in the facilities;
- Rehabilitating facilities on a small-scale to adapt infrastructure for counseling and testing activities;
- Furnishing and equipping the rehabilitated facilities to conduct counseling and testing;
- Facilitating within the INLS the procurement and logistics of test kits and other supplies required for counseling and testing.

The USG works to integrate CT services with other services within government health facilities to guarantee sustainability. The INLS has taken the lead on CT and the USG provides supports by:

- Providing technical assistance to the INLS to fulfill its GFATM objectives on the provincial level;
- Continuing to support the south-south Initiative in the border regions to improve service delivery;
- With INLS and the Provincial Directorate of Health, encouraging and promoting task-shifting with inclusion of lay counselors especially in areas where medical service is limited.

Through the DOD, the USG collaborates with the FAA to establish 3 CT centers and activities respectively in Luanda and Lubango. The purpose of increasing the number of CT 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 second wave of CT Centers include Cabinda, Huambo, Kuando Kubango 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 CT and anti retroviral treatment (ART).

The program also supports a clinic data management system in collaboration with the Ministry of Health which provides information on CT on a national level.

#### USG FY09 Support

In FY09, the USG will help update policy and guidelines to create a strengthened strategic direction for CT. There will also be an effort to coordinate implementing partners at the provincial and district levels on a regular basis to address issues of logistics, linkages and referrals, training, staffing, and share experiences with rolling out of new models or trainings.

In January 2009, an assessment of the EHSP will be conducted and recommendations may influence programming in this area. The program will continue many of the FY08 activities but using technical assistance to give a more focused approach to advocating the use of different models of CT and rolling it out at the community level while leverage from GoA and the GFATM is

sought for the rehabilitation cost.

In addition to continued activities, the USG will

- Promote the best practice of lay counselors conducting CT so that they are used in all types of settings to assist in CT activities both in facility and home-based/outreach settings;
- Establish Standard Operating Procedures (SOP) for CT that include external quality assurance, lab quality assurance, supervision of rapid tests, utilization of a CT register, M&E for CT to ensure consistency across all partners, and other standards for provision of quality CT services (timers, training and re-training for counselors and nurses, etc.);
- Promote the best practice of incorporating people living with HIV/AIDS (PLWHAs) needs into prevention, CT, and care activities;
- Promote the integration of CT into the hospital system by the routine offering of CT or Provider Initiated Testing and Counseling (PITC), vice co-location in most HC facilities;
- Develop a plan to begin viral load testing utilizing the current laboratory system;

USG wraparound activities will include:

- Collaboration with PMI in distributing bednets to HIV+ persons at voluntary counseling and testing (VCT) sites;
- Coordinate with water purification activities in VCT sites through the Certeza project financed by the water earmark aimed at diminish water-born infections.

Targets

- 9.1 Number of service outlets providing counseling and testing according to national and international standards 45
- 9.3 Number of individuals trained in counseling and testing according to national and international standards 70
- 9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB) 50,000

**Table 3.3.14: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 5855.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Chemonics International	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (USAID)	<b>Program Area:</b> Prevention: Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Budget Code:</b> 14
<b>Activity ID:</b> 18930.27034.09	<b>Planned Funds:</b> \$300,000
<b>Activity System ID:</b> 27034	
<b>Activity Narrative:</b> N/A	
<b>New/Continuing Activity:</b> Continuing Activity	
<b>Continuing Activity:</b> 18930	

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18930	18930.08	U.S. Agency for International Development	Chemonics International	8297	5855.08		\$440,000

**Table 3.3.14: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 6112.09	<b>Mechanism:</b> Civil-Military Alliance
<b>Prime Partner:</b> Charles R. Drew University	<b>USG Agency:</b> Department of Defense
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention: Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Budget Code:</b> 14

Activity ID: 11927.27031.09

Planned Funds: \$160,000

Activity System ID: 27031

Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 18916

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18916	11927.08	Department of Defense	Charles R. Drew University	8296	6112.08	Civil-Military Alliance	\$120,000
11927	11927.07	Department of Defense	Charles R. Drew University	6112	6112.07	Civil-Military Alliance	\$100,000

Program Budget Code: 15 - HTXD ARV Drugs

**Total Planned Funding for Program Budget Code: \$0**

Program Budget Code: 16 - HLAB Laboratory Infrastructure

**Total Planned Funding for Program Budget Code: \$250,000**

**Program Area Narrative:**

Overview

A solid laboratory infrastructure and data quality assurance processes are the pivotal links to ensuring accurate diagnosis and effective treatment and management of the HIV epidemic in Angola. A significant need exists for continued laboratory strengthening at the national and regional levels. To this end, the USG has achieved noticeable success in building laboratory capacity over the last year with the completion of the 2007 Ante Natal Clinic (ANC) study (see Strategic Information (SI) narrative).

In the upcoming year, the USG will build upon current laboratory strengths by cross training laboratory personnel as it continues to forge collaborative relationships specifically with the National Institute of Public Health, Instituto Nacional de Saude Publica (INSP), and the National AIDS Institute (INLS). The BED capture enzyme immunoassay (BED-CEIA) will be introduced to laboratory personnel to provide support for the anticipated 2009 HIV ANC survey with incidence and resistance testing (see SI narrative). The BED-CEIA measures the increasing proportion of HIV-1 IgG to total IgG after seroconversion to estimate HIV-1 in a population. This information will help identify a more strategic approach to address HIV in Angola.

Although the Angolan Ministry of Health (MoH) has developed and expanded the Prevention of Mother to Child Transmission (PMTCT) program covering a good portion of the country's provinces, only a few children <15 years old are on anti-retroviral (ARV) drugs. This represents a small percentage of the total population on ARV, and is due primarily to the lack of early diagnosis and follow-up systems. As a result of laboratory staff turnover and difficulty establishing needed partnerships, early infant diagnosis (EID) training was initiated but not fully implemented. The USG is working in conjunction with the INLS and the INSP to identify the appropriate partners for this effort and to provide technical assistance to a broader group of laboratory personnel to implement the laboratory segment of the EID program in Angola.

Leveraging and Coordination

Building close collaboration and synergy between the three USG funded initiatives in Angola (President's Emergency Plan for HIV/AIDS Relief (PEPFAR), the Presidential Malaria Initiative (PMI) and Avian Influenza (AI)) is the most effective way to ensure continued improvement of laboratory conditions in Angola to ensure innovation, quality assurance, and sustainability of the lab. Laboratory training of personnel has been leveraged across the USG initiatives. Special emphasis has been placed on common equipment purchases, safety training, and molecular biology diagnostic techniques that can be utilized across the various initiatives. The Global Fund to fight HIV/AIDS, Tuberculosis and Malaria (GFATM) and the Clinton Foundation support will be leveraged for support of molecular laboratory test kits and supplies for EID and BED-CEIA analyses.

The U.S. Centers for Disease Control and Prevention (CDC) continues to address staff training needs and laboratory equipment challenges. Equipment maintenance is a critical aspect of laboratory management and data quality assurance. Therefore, the maintenance contracts on the sequencer and other key pieces of equipment were renewed. USG provided technical support to address critical elements for building laboratory capacity to successfully implement the 2007 national Antenatal HIV Sero-prevalence study. Implementation of these objectives were 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 and FURJ), and APHL. 43 individuals were trained throughout the completion of this study.

USG funding was leveraged to coordinate planning for the provision of hands on training with on-site follow-up, including Good Laboratory Practices, Laboratory Management, specific training on the conduct of specific tests, and Quality Assurance/Quality Control. The latter effort is identified as an area of increased emphasis for the upcoming year. Existing partnerships, such as with APHL and South-to-South Collaboration with CDC/Brazil, FIOCRUZ, and the Federal University of Rio (FURJ) were initiated to assist in the training initiatives.

#### FY09 Activities

Several discussions have taken place with the Ministry of Health and the National Institute of Public Health, to address laboratory staffing and infrastructure issues. The USG will support the establishment of a synergistic collaboration between the PEPFAR, PMI and AI initiatives in Angola to strengthen the INSP laboratory infrastructure.

Continued technical support and guidance for previously initiated projects will be provided to the INSP. However, there will be three major laboratory activities launched in FY09 identified below:

##### •External Quality Assessment (EQA) Program:

The USG will continue to support the establishment of a retest program for the rapid tests performed by the INSP using dried blood spots in addition to the following proposed in 2008.

- Develop protocols and SOPs for the quality assurance programs to sustain the national quality assurance program for HIV and TB testing
- Determine the percentage and number of specimens that need to be retested
- Estimate the cost and time frame for these activities
- Train the appropriate laboratory staff on the proper technique to collect, package, storage and transport dried blood spot using Whatman 903 filter paper for testing
- Anticipate problems and methods to resolve them, such as retraining staffs as needed.
- Organize refresher training on the basis of the results of the re-testing.

##### •Early Infant Diagnosis (EID):

The USG will continue to support the INSP in undertaking early infant diagnosis using DNA PCR.

CDC-Angola is currently working in partnership with CDC-Atlanta, APHL South-to-South Collaboration CDC/Brazil, and the Federal University of Rio (FURJ) to establish an EID pilot project in conjunction with the INSP and INLS laboratorians. Financial support for this initial effort will be provided by CDC-Atlanta through APHL. Through CDC/Brazil and the FURJ, the support will cover a laboratory assessment, and on-the-job training technical assistance and mentoring for 3-4 individuals for a 2-month period to become fully competent in EID technology. Subsequent to the initial effort, identified PMTCT and pediatric sites will be provided training in sample collection, storage, and transport. The USG will leverage with the Clinton Foundation to provide support for test kits and reagents.

The INSP laboratory has the necessary instruments and can quickly develop a pilot program to implement early infant diagnostics around the Luanda area, with the long-term goal of scale-up and capacity building in the regions. The following steps will be taken to operationalize the pilot program as soon as feasible:

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

##### •HIV-1 incidence and resistance testing:

The BED-CEIA can be used to estimate HIV-1 incidence in cross-sectional serosurveys, including sentinel surveillance surveys among ANC attendees or other populations, and population-based surveys.

A 2009 HIV Incidence study in Angola is planned and is described under Strategic Information. BED assay training is important to the conduct of the study. Training will be conducted for INLS and INSP lab personnel to analyze samples for the study. Training will take place in collaboration with CDC-Atlanta and identified partners used in EID training to promote consistency and data quality. Reagents will need to be purchased. The CDC-Angola will leverage with the Global Fund to provide support for test kits and reagents for BED analysis.



Technical Assistance to lab personnel will include the following:

- Training on laboratory and epidemiological procedures for the BED-CEIA assay;
- Incidence estimation; and
- In-country laboratory and epidemiological technical assistance for implementing the BED-CEIA assay for incidence estimation in surveillance activities and data analysis and integration.

Resistance testing allows for the identification of resistant virus. Resistant testing has led to improved outcomes in randomized clinical trials in which treatment decisions are made with resistance data compared to those made without this information. In addition, results from clinical trials demonstrate improved virologic outcomes when patients receive more agents to which their virus is sensitive as determined by resistance tests. Training laboratory personnel to conduct resistance testing will enhance the laboratory capacity in Angola. Thus, resistance testing will be an important component of the HIV Incidence study.

•Staff Scientist Position:

The incumbent will serve as the key advisor on programmatic and technical/scientific issues. Oversight and integration of laboratory processes and training efforts for HIV, Malaria, and Avian Influenza initiatives is a primary focus of this position. In addition, the staff scientist will provide support for the implementation of the Field Epidemiology Laboratory Training Program (see HSS and HCD narratives).

Targets

12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests 6

12.2 Number of individuals trained in the provision of laboratory-related activities 82

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 44,950

**Table 3.3.16: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 5857.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> US Centers for Disease Control and Prevention	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GAP	<b>Program Area:</b> Laboratory Infrastructure
<b>Budget Code:</b> HLAB	<b>Program Budget Code:</b> 16
<b>Activity ID:</b> 27049.09	<b>Planned Funds:</b> \$175,000
<b>Activity System ID:</b> 27049	
<b>Activity Narrative:</b> N/A	
<b>New/Continuing Activity:</b> New Activity	
<b>Continuing Activity:</b>	

**Table 3.3.16: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 6079.09	<b>Mechanism:</b> CDC
<b>Prime Partner:</b> US Centers for Disease Control and Prevention	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Laboratory Infrastructure
<b>Budget Code:</b> HLAB	<b>Program Budget Code:</b> 16
<b>Activity ID:</b> 27522.09	<b>Planned Funds:</b> \$75,000
<b>Activity System ID:</b> 27522	
<b>Activity Narrative:</b>	
<b>New/Continuing Activity:</b> New Activity	
<b>Continuing Activity:</b>	

**Total Planned Funding for Program Budget Code: \$1,225,000**

## Program Area Narrative:

### Overview

To date, national level HIV-related data in Angola is limited to surveillance in pregnant women and a limited number of Voluntary Counseling and Testing (VCT) sites. The 2004, 2005 and 2007 national HIV (hepatitis B and syphilis) antenatal clinic (ANC) surveys are the only estimates of HIV prevalence. During the first two surveys, the USG played a critical role in building local government capacity enabling the National AIDS Institute (INLS) to take the lead in the 2007 survey. Angola has no systematic process for monitoring and evaluation (M&E), routine surveillance, or standardized Health Management Information System (HMIS). Consequently, the Government of Angola (GoA) and the INLS recognize the need for high quality data and technical assistance support to program development and policy implementation.

Between 2007 and 2008, the Global Fund to fight HIV/AIDS, Tuberculosis (TB) and Malaria (GFATM) trained a total of 272 Angolan nationals in financial program management, program administration, strategic planning and M&E for HIV/AIDS, TB, and Malaria. An additional 165 nationals will be trained in 2009. A USG partner, World Learning, leveraging GFATM funds, trained 150 of these people, who are members of NGOs funded through PEPFAR. The USG will support an M&E program officer tasked with liaising with local government and other stakeholders to facilitate the fulfillment of PEPFAR reporting requirements as well as coordinate efforts across donors so that the national M&E program conforms to the "three one's". The INLS' ability to perform M&E for program effectiveness and inform critical indicators is not evident and relies on a technical working group comprised of consultants from various stake holders and members of the INLS. The INLS continues to rely heavily on the Brazilian Corporation (BC) consultancy group (a private company) to strengthen the national capacity, record and report national PMTCT data, and create data collection tools for M&E of PMTCT, VCT and antiretroviral (ARV) distribution programs. The USG continues to support the INLS with data management where requested however the INLS has begun implementation of the proposed Oracle-based IT system for VCT and ARV M&E designed by BC consultant's. The extent of the functionality of the system is unknown. The USG supports and maintains an Epi Info database for program data from 17 VCT sites. A CDC staff epidemiologist analyses the information and produces monthly summaries which are shared with the INLS.

Discussions have been raised with the local government regarding the importance and need of conducting a census to inform and facilitate future surveys, for example a DHS.

### Leveraging and Coordination

Due to human resource limitations, the USG has collaborated on a limited basis with GFATM, WHO, UNICEF, UNAIDS and HAMSET, and 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 is actively involved in coordination of the GFATM proposed national population-based behavioral survey (BSS) scheduled to commence in November 2008, to avoid overlap in programmatic activities and efforts. The USG coordinates with the Brazilian Corporation and the M&E Officers from other donors like UNICEF in monitoring and evaluation activities to ensure effective implementation and no duplication of effort. The arrival of the USG M&E program officer, and the physical presence of 50% of his/her time in the INLS, will enhance this collaboration.

### Current USG Support

- In February 2008, the USG successfully assisted with capacity building in M&E by supporting the implementation and completion of an M&E "101" course relying on technical assistance from CDC Brazil and Atlanta.
- The USG recruited for a full time M&E staff member to assist the INLS with M&E policy development and harmonization of PEPFAR and local indicators. This position is yet to be filled, with the selection of a candidate anticipated to conclude in late 2008. The M&E officer will be responsible for harmonizing national indicators with those of PEPFAR and other agencies such as UNAIDS; working with INLS to improve recording and reporting in VCT centers; assessing the obstacles to better reporting and recording utilizing CDC interagency expertise; supporting a standardized process for informing PEPFAR indicators; and gathering information from all USG partners and sub partners.
- The USG continued dialogue with the INLS regarding routine information gathering and any technical assistance needs.
- The USG successfully concluded and officially presented the INLS with the National Epi Report.
- Dialogue was initiated with the MOH and INLS regarding the importance and the possibility of a national demographic health survey (DHS) to create a national baseline for indicators in all areas of the health system.
- The USG continues to provide the INLS with technical assistance in developing epidemiological surveillance and M&E evaluation

tools.

•Formative research for the BSS is also ongoing with data collection is planned to begin in early March 2009. Completion of the survey is projected for late 2009.

•The USG was a critical catalyst in establishing communication and coordination among the TB and HIV Institutes as well as other stakeholders. Collaboration among these players will facilitate achievement of the following USG goals:

- To 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;
- To continue regular database and basic data analysis training for the INLS and TB/HIV personnel.

•FY08 funding for the Household Cluster survey will be reprogrammed for the TB/HIV sentinel surveillance system (see FY09 support).

#### USG FY09 Support

Angola continues to face particular challenges regarding 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, in FY09, the USG will provide funding and technical assistance to the extent possible for the following activities:

- The M&E officer, once on board, will continue to provide technical assistance to support the INLS with harmonizing national indicators, improve recording and reporting systems and overall monitoring and evaluation;
- The USG will provide technical and financial support to HIV incidence studies (see Laboratory narrative) at the population level and individual level, for risk determination in newly infected people (see Sexual Transmission narrative);
- The USG will provide technical and financial support for a qualitative circumcision survey, to determine the feasibility of circumcision programs in Angola;
- To determine other drivers of the epidemic, the USG will support a behavioral study in groups of which we have limited knowledge like PLWHA or men. During 2009 a protocol will be elaborated together with the INLS/CDC Atlanta, and others.
- Several TraC studies are planned for high risk groups to increase specific knowledge on risk groups in relation to behavior change and IEC campaigns (operational research).
- USG will continue to support the management of information systems on provincial and municipal level where the Essential Health Services Program (EHSP) is working, as well as the training of health workers in order to increase the quality of the information system, the analysis of data and their use for decision making.
- USG implementers will continue to provide local organizations with technical assistance for strategic information activities and train individuals in strategic information including within NGOs working with youth and PLWHA.
- The USG will augment FY08 funding to continue its TB/HIV SI activities. It will support the establishment of a national TB/HIV surveillance system for routine recording and reporting in TB/HIV initiatives and support the establishment and management of a Sentinel Surveillance database that will support the surveillance activities in TB/HIV and STIs. The USG will then support an initial cross-sectional surveillance survey of TB/HIV data collected at sentinel sites (once the initiative is established);
- The USG will continue support of the BSS survey in Cunene.
- The USG will support a rapid assessment in Cunene of the socio-cultural demographic issues influencing HIV transmission;
- The USG will provide technical support to the GoA for proposed FY09 ANC survey as well as for STI surveillance.

#### Targets

13.1 Number of local organizations provided with technical assistance for strategic information activities 66

13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) 390

**Table 3.3.17: Activities by Funding Mechanism**

**Mechanism ID:** 11246.09

**Mechanism:** TBD

**Prime Partner:** To Be Determined

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (USAID)

**Program Area:** Strategic Information

**Budget Code:** HVSI  
**Activity ID:** 27523.09  
**Activity System ID:** 27523  
**Activity Narrative:** N/A  
**New/Continuing Activity:** New Activity  
**Continuing Activity:**

**Program Budget Code:** 17  
**Planned Funds:** ██████████

**Table 3.3.17: Activities by Funding Mechansim**

**Mechanism ID:** 6079.09  
**Prime Partner:** US Centers for Disease Control and Prevention  
**Funding Source:** GHCS (State)  
**Budget Code:** HVSI  
**Activity ID:** 11929.27041.09  
**Activity System ID:** 27041  
**Activity Narrative:** N/A  
**New/Continuing Activity:** Continuing Activity  
**Continuing Activity:** 18940

**Mechanism:** CDC  
**USG Agency:** HHS/Centers for Disease Control & Prevention  
**Program Area:** Strategic Information  
**Program Budget Code:** 17  
**Planned Funds:** \$375,000

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18940	11929.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8303	6079.08	CDC	\$100,000
11929	11929.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5857	5857.07		\$400,000

**Table 3.3.17: Activities by Funding Mechansim**

**Mechanism ID:** 8561.09  
**Prime Partner:** Population Services International  
**Funding Source:** GHCS (USAID)  
**Budget Code:** HVSI  
**Activity ID:** 19167.27038.09  
**Activity System ID:** 27038  
**Activity Narrative:** N/A  
**New/Continuing Activity:** Continuing Activity  
**Continuing Activity:** 19167

**Mechanism:** AIDS Prevention/Expansion Program  
**USG Agency:** U.S. Agency for International Development  
**Program Area:** Strategic Information  
**Program Budget Code:** 17  
**Planned Funds:** \$150,000

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19167	19167.08	U.S. Agency for International Development	Population Services International	8561	8561.08	AIDS Prevention/Expansion Program	\$372,000

**Table 3.3.17: Activities by Funding Mechanism**

**Mechanism ID:** 5857.09 **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 Budget Code:** 17  
**Activity ID:** 18945.27043.09 **Planned Funds:** \$300,000  
**Activity System ID:** 27043  
**Activity Narrative:** N/A  
**New/Continuing Activity:** Continuing Activity  
**Continuing Activity:** 18945

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18945	18945.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8304	5857.08		\$400,000

Program Budget Code: 18 - OHSS Health Systems Strengthening

**Total Planned Funding for Program Budget Code: \$825,000**

**Program Area Narrative:**

Overview

Angola continues to make strides, even though it is still recovering from 40 years of civil strife and transitioning from emergency health services to health development. Containing and reducing the current low-level prevalence of HIV/AIDS remains a priority area in the collective effort to develop a robust health service infrastructure. Health Systems strengthening, including building local capacity, is an essential component of the USG strategy in Angola across all health funded programs.

Developing this infrastructure 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 (MoH) top priority. The current health system has a large pool of basic health workers; however their technical capacity is low. The chief policies and systems that need definition and upgrading are human resources, strategic information, planning and drug management. A reliable information system will give the data needed for sound planning; appropriately trained personnel and good drug management form the basis for delivering quality services effectively, resulting in a positive health impact.

Leveraging and Coordination

The USG coordinates its 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. The USG

complements European Commission work to establish a new health management information system by strengthening health information and planning systems at the municipal level. The USG is working closely with the UN to establish a Technical Advisory Committee, which, together with other international agencies, will support the National AIDS Institute (INLS) 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 Global Fund to fight HIV/AIDS. Tuberculosis and Malaria (GFATM) program weaknesses and transparency concerns.

In policy and system strengthening, the USG supported Essential Health Services Project (EHSP) leverages resources and creates synergies with other USAID projects in decentralization and civil society strengthening, the former working with local governments and citizens and the latter working with non-governmental organizations (NGOs). These projects promote leadership roles for women and people living with HIV/AIDS (PLWHA). The EHSP has been refined over recent months to focus more 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 prevention of maternal to child transmission (PMTCT) and voluntary counseling and testing (VCT), as well as almost all activities in health systems strengthening.

Private sector enterprises, including multinational firms in the extractive industries, are additional sources for leveraging support for the government of Angola (GoA), and under the leadership of the Ambassador, these opportunities will be expanded in the FY09 program. The USG has engaged the private sector in becoming more involved in HIV/AIDS programs through the Angolan Business Alliance. This partnership of companies is led at the moment by the Brazilian construction company, Odebrecht, who, along with Coca-Cola and others, has a Global Development Alliance (GDA) agreement with USAID, to leverage those firms' experience and energy for workforce HIV interventions and corporate social responsibility in general. This partnership, called Comitê Empresarial de Combate ao SIDA (CEC) will be used to engage other private sector partners (with a focus on oil sector companies, such as Sonangol) to improve workforce policies, share experiences and act as a conduit of information between those who have already developed strong in-house programs and those who wish to begin or strengthen their programs.

#### Current USG Support

In FY08, the USG provided support in the following areas:

##### Policy Making

- Standardized national HIV policies, procedures and protocols to reflect the latest scientific evidence and international consensus;
- Updated protocols and manuals on counseling and testing, PMTCT, blood safety and behavior change, with an aim toward equalizing gender imbalances, training and supervision;
- Revised current policies that seek to reduce stigma and discrimination;
- Outlined policy benchmarks, including the expansion of categories of personnel that can perform rapid HIV testing; to scale up PMTCT services; and strengthening of linkages between HIV and family planning services;
- Collaborated with EHSP, WHO and the MoH to support the completion of the National Health Account (NHA). This midterm expenditure review of public health expenditure, household expenditure on health and health expenditure from donors has never been done thoroughly in Angola. Together with the National Health Policy (currently in the approval process), and the National Strategic Plan for HIV/AIDS, the NHA will be an indispensable planning instrument for all health actions. This funding will leverage other USAID funding (President's Malaria Initiative (PMI) \$100,000 and Population and Reproductive Health \$100,000) and complement other donor and government of Angola funding;
- Maintained representation with Angola Country Coordinating Mechanism.

##### Information

- Strengthened health management information systems to improve municipal-level planning that responds to concrete health needs and ongoing municipal decentralization;
- Adapted the European Commission training model in budgeting and planning to the municipal level;
- Incorporated appropriate HIV/AIDS and tuberculosis reporting and analysis into the national information system;

##### Capacity-Building

- Trained personnel for voluntary counseling and testing centers, with an emphasis on women and youth- and men-friendliness and prevention education;
- Trained health officials in epidemiological surveillance and in monitoring and evaluation of HIV/AIDS programs;
- Developed supervision tools to measure performance;

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- Designed workforce training systems;

- At the request of the MoH , supported efforts to strengthen health care provider capacity to respond to the GoA roll-out of antiretroviral (ARV) services, focused on provision of VCT and PMTCT within facilities in 3-7 Provinces in 2008 and 2009.

#### Drug Management

- Strengthened systems to forecast needs, procure drugs and ensure their timely and reliable supply throughout the health network on provincial level;

- Upgraded 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;

- Leveraged 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).

#### Other

- Responding to a request from the Angolan government, assisted in the conceptualization and drafting of future HIV/AIDS proposals for the GFATM;

- Provided technical assistance to enable the Ministry of Health to become the Principal Recipient for the GFATM Round 7 malaria grant (USAID) and future rounds.

#### USG FY09 Support

The USG will continue to work with the entities supported in FY08 in areas outlined below. FY09 funds will support continuity of services and training.

- Building on FY08 activities, the USG will continue to work with the INLS and MoH on the standardization of national HIV policies, procedures and protocols. Where these policies and protocols have been finalized, the USG will support their roll out and implementation;

- The USG will support the MoH to utilize the completed National Health Account (NHA) to better inform health sector planning and expenditure;

- Expanding on FY08 successes, the USG will extend and focus support at the provincial level, assisting the Provincial Health Departments (DPS) in managing GFATM funding, strengthening of the health management information systems (HMIS), data collection and use, and planning, forecasting and stock management. The USG will continue to work with PMI to improve the management of the Essential Drug Program, especially around procurement and logistics of ARV's, test kits and drugs for opportunistic infections, including TB drugs for DOTS. The USG will engage the PMI partner with expertise in supply chain and logistics management to provide technical assistance in this area;

- At the request of the GoA, the USG will collaborate in the development of an Angolan Field Epidemiology and Laboratory Training Program (FELTP) in conjunction with donors to respond to the need to improve workforce capacity. FELTP is a public health training program designed to assist countries develop, set up, and implement public health strategies to improve and strengthen their public health system and infrastructure. The laboratory component of the program aims to strengthen the linkage between epidemiology and laboratory systems, primarily with the goal of using laboratory data to improve surveillance and outbreak response. While in training, FELTP participants continue to provide in country services, working with the Ministry of Health on relevant public health efforts specific to the host country. As laboratory systems continue to be strengthened and supported in Angola, establishment of a FELTP is one mechanism to develop a trained Angolan workforce that can provide sustained leadership and assistance to the Angolan Ministry of Health and the Public Health System as a whole. Based on needs specific to Angola, the FELTP can be structured and integrated with a number of partners, including the Ministry of Health, Universities and National Laboratories;

- As part of the cross border programming, the EHSP will assess an inventory of all available health services in the border region with Namibia. The EHSP (in collaboration with DPS in Cunene and Kuando Kubango) will finance the exchange of experiences and lessons learned between health workers of Angola and Namibia;

- Building on the success of the FY08 capacity building activities, the USG will continue to support training and mentorship in organizational capacity, specifically in management, finance and monitoring and evaluation. Several civil society organizations have taken up advocacy efforts on behalf of people living with HIV/AIDS under an umbrella granting mechanism which will expand its CBO base in FY09. The USG team will promote more active and constructive involvement through the GFATM County Coordinating Mechanism (CCM), where ministries and civil society are well represented. The capabilities of local civil society organizations (CSOs) will be improved through training and technical assistance, and the establishment of a sub-grant fund to support projects developed with municipal authorities. The EHSP will combine forces with the Municipal Development Program, where possible, to foster increased community input into HIV/AIDS programming. The program will develop means for HIV/AIDS staff at all levels, but particularly at the local level, to interface with members of their communities and to involve them in decisions. Similarly, the Municipal Development Program will foster community input into municipal government's decision making in the same provinces;

•The USG will buy into the USAID Regional Office for technical assistance in developing its HCD activities and leveraging the Southern Africa Prevention Initiative.

Targets

- 14.1 Number of local organizations provided with technical assistance for HIV-related policy development 46
- 14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building 93
- 14.3 Number of individuals trained in HIV-related policy development 150
- 14.4 Number of individuals trained in HIV-related institutional capacity building 400
- 14.5 Number of individuals trained in HIV-related stigma and discrimination reduction 400
- 14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment 250

**Table 3.3.18: Activities by Funding Mechanism**

**Mechanism ID:** 6078.09 **Mechanism:** USAID  
**Prime Partner:** US Agency for International Development **USG Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (USAID) **Program Area:** Health Systems Strengthening  
**Budget Code:** OHSS **Program Budget Code:** 18  
**Activity ID:** 28792.09 **Planned Funds:** \$25,000  
**Activity System ID:** 28792  
**Activity Narrative:** Buy-in to RHAP TA  
**New/Continuing Activity:** New Activity  
**Continuing Activity:**

**Table 3.3.18: Activities by Funding Mechanism**

**Mechanism ID:** 5855.09 **Mechanism:** N/A  
**Prime Partner:** Chemonics International **USG Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (USAID) **Program Area:** Health Systems Strengthening  
**Budget Code:** OHSS **Program Budget Code:** 18  
**Activity ID:** 11932.27035.09 **Planned Funds:** \$500,000  
**Activity System ID:** 27035  
**Activity Narrative:** N/A  
**New/Continuing Activity:** Continuing Activity  
**Continuing Activity:** 18918

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18918	11932.08	U.S. Agency for International Development	Chemonics International	8297	5855.08		\$864,000
11932	11932.07	U.S. Agency for International Development	Chemonics International	5855	5855.07		\$600,000



**Table 3.3.18: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 5857.09	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> US Centers for Disease Control and Prevention	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GAP	<b>Program Area:</b> Health Systems Strengthening
<b>Budget Code:</b> OHSS	<b>Program Budget Code:</b> 18
<b>Activity ID:</b> 27525.09	<b>Planned Funds:</b> \$100,000
<b>Activity System ID:</b> 27525	
<b>Activity Narrative:</b> N/A	
<b>New/Continuing Activity:</b> New Activity	
<b>Continuing Activity:</b>	

**Table 3.3.18: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 11246.09	<b>Mechanism:</b> TBD
<b>Prime Partner:</b> To Be Determined	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (USAID)	<b>Program Area:</b> Health Systems Strengthening
<b>Budget Code:</b> OHSS	<b>Program Budget Code:</b> 18
<b>Activity ID:</b> 27524.09	<b>Planned Funds:</b> ██████████
<b>Activity System ID:</b> 27524	
<b>Activity Narrative:</b> N/A	
<b>New/Continuing Activity:</b> New Activity	
<b>Continuing Activity:</b>	

Program Budget Code: 19 - HVMS Management and Staffing

**Total Planned Funding for Program Budget Code: \$1,455,000**

**Program Area Narrative:**

Four USG implementing agencies make up the USG President's Emergency Plan (PEPFAR) 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 Defence (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 PEPFAR. The USG PEPFAR country team consists of the Deputy Chief of Mission (DCM), the CDC Chief of Party, the CDC Public Health Advisor-Deputy Director of Operations, the USAID Mission Director, the USAID Health Team Leader, 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 DCM, complemented by biweekly 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 worlds most difficult and expensive. Luanda was recently ranked number one on the list of most expensive cities in the world. Luanda also has the most expensive rental properties for expatriate staff. Annual leases range from between \$100,000 and \$200,000 per year for a medium sized three bedroom house. Shipping, port, and demurrage costs are also among the worlds highest. There is also a limited amount of local skilled human capacity, particularly in the health sector, which forces programs to pay handsomely to acquire technically well trained English language proficient

workers. This often results in senior staff positions being filled by junior or entry level employees, as they are generally the only ones available. As a result of these factors, it is impossible to operate here within current programmatic limitations. For example, the operating ICASS costs, associated with programs financed through PEPFAR in Angola, cannot be covered by the 7% limit on management and staffing as recommended in the FY 2009 COP Guidance. CDC's ICASS cost consists partly of overhead and operations costs paid to the US mission and is not disaggregated. Programmatic funding constraints in a very expensive operating environment are limiting our capacity to fully maximize our dollars in Angola.

Following its establishment in 2002, the CDC office has grown and today consists of two U.S. direct hires (USDH): a Director, and a Deputy Director for Operations, and, for the first time in years, both positions were filled in FY08. In addition to the two direct hires, additional support staff consists of six locally engaged staff and four technical staff. Technical staff consists of a soon to be filled vacant slot for an SI/M&E officer, a soon to be filled HIV/TB Coordinator position; a soon to be filled Surveillance officer position; and an Epi-Data Manager. These individuals are all paid with PEPFAR funds. Under consideration is the desire to expand the duties of the SI/M&E officer to include broad SI responsibilities across all of the USG agencies (CDC, DOD, and USAID), and to also serve as an expert SI/M&E advisor to the Angolan National Aids Program

In addition to PEPFAR related activities, the CDC office also co-implements with USAID the President's Malaria Initiative (PMI), for which a Third Country National (TCN) malaria Resident Advisor is assigned to Angola, and the Avian Influenza Initiative. CDC also provides technical and logistical assistance to the Government of Angola (GoA) as needed to address present or emerging outbreaks and health threats, such as cholera, hemorrhagic fevers, sleeping sickness, and assists in the establishment of a haematology society in Angola at the request of the Minister of Health.

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 TCN under the direct supervision of a USDH Supervisory General Development Officer with the support of a USDH Program Officer. A senior FSN, the HIV/AIDS Program Management Specialist, is the focal point for the program and will function as the deputy PEPFAR coordinator. This position will be filled in FY09.

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 2008, the funding for USAID's program elements under Investing in People was distributed as follows: Malaria (\$18,900,000); Family Planning and Reproductive Health (\$2,700,000); Maternal and Child Health (\$1,300,000); Tuberculosis (\$400,000); and HIV/AIDS as detailed in the Mini-COP (\$4,400,000).

The Programs seek to increase the number of Angolans benefiting from quality health services and commodities to reduce the incidence of selected diseases. The major focus of PEPFAR's HIV/AIDS portfolio is prevention. The USAID PEPFAR 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 information, education and communication (IEC) material, counselling, 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 PEPFAR program includes 2 program management specialists (including the TCN PSC health team leader) and 1 support staff. The HIV Program Specialist (LES) is dedicated to work 100% on PEPFAR. In addition, the Health Team Leader will devote 25% of his time to PEPFAR and 1 Health Team Program Assistant (LES) will devote 33% of her time to PEPFAR 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 for USAID staff are estimated at \$380,000. Staff contract costs represent the bulk of the cost of doing business; the TCN contract costs are notably high because of the exorbitant housing costs, 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 PEPFAR Program 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.

The current DOD staffing for Angola includes one coordinator for humanitarian assistance (LES). He will devote 50% of his time to the monitoring and coordination of DHAPP activities. He will serve as the focal point for the program on USG team. \$100,000 is budgeted in FY09 for his salary, travel, ICASS and travel to Angola of the DOD Point of contact at HQ. As the still-born relations between the Angolan Armed Forces (FAA) and DOD continue to improve, there is still a need for considerable amounts of field trips in/out of Angola for experience/knowledge exchange and routine consultation meetings with the health staff of the FAA.

Although the FAA coordinates on a regular basis with the Angolan institutions responsible for defining and coordinating efforts to fight HIV (i.e., GFATM Country Coordinating Mechanism (CCM), the INLS, and the MoH), it acts independently and with relative autonomy from these institutions. Historically, the political influence the FAA has possessed, allowed it to define its needs and

implement its programs without accountability to national health organizations. Currently, the Military is a member on the CCM and attends the INLS partner meetings. They are beginning to work together with other parts of the Government. To increase coordination among these actors, DOD's major implementing partner, Charles Drew University (CDU), has promoted greater communication and coordination across Angola's institutions, while still respecting the FAA's security concerns.

**Table 3.3.19: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 6079.09	<b>Mechanism:</b> CDC
<b>Prime Partner:</b> US Centers for Disease Control and Prevention	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Management and Staffing
<b>Budget Code:</b> HVMS	<b>Program Budget Code:</b> 19
<b>Activity ID:</b> 12189.27042.09	<b>Planned Funds:</b> \$102,000
<b>Activity System ID:</b> 27042	
<b>Activity Narrative:</b> CDC staff all costs	
<b>New/Continuing Activity:</b> Continuing Activity	
<b>Continuing Activity:</b> 18937	

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18937	12189.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8303	6079.08	CDC	\$392,000
12189	12189.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6079	6079.07	CDC	\$331,000

**Table 3.3.19: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 6078.09	<b>Mechanism:</b> USAID
<b>Prime Partner:</b> US Agency for International Development	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (USAID)	<b>Program Area:</b> Management and Staffing
<b>Budget Code:</b> HVMS	<b>Program Budget Code:</b> 19
<b>Activity ID:</b> 12126.27039.09	<b>Planned Funds:</b> \$100,000
<b>Activity System ID:</b> 27039	
<b>Activity Narrative:</b> USAID HIV/AIDS Advisor	
<b>New/Continuing Activity:</b> Continuing Activity	
<b>Continuing Activity:</b> 18941	

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18941	12126.08	U.S. Agency for International Development	US Agency for International Development	8305	6078.08	USAID	\$314,360
12126	12126.07	U.S. Agency for International Development	US Agency for International Development	6078	6078.07	USAID	\$248,520

**Table 3.3.19: Activities by Funding Mechansim**

**Mechanism ID:** 6078.09 **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 Budget Code:** 19  
**Activity ID:** 12187.27040.09 **Planned Funds:** \$280,000  
**Activity System ID:** 27040  
**Activity Narrative:** All other USAID management staff with part-time functions for PEPFAR plus administrative cost  
**New/Continuing Activity:** Continuing Activity  
**Continuing Activity:** 18942

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18942	12187.08	U.S. Agency for International Development	US Agency for International Development	8305	6078.08	USAID	\$44,000
12187	12187.07	U.S. Agency for International Development	US Agency for International Development	6078	6078.07	USAID	\$11,480

**Table 3.3.19: Activities by Funding Mechansim**

**Mechanism ID:** 6112.09 **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 Budget Code:** 19  
**Activity ID:** 19164.27032.09 **Planned Funds:** \$100,000  
**Activity System ID:** 27032  
**Activity Narrative:** DOD Humanitarian Coordinator all costs and travel to Angola of the DOD Point of contact at HQ.  
**New/Continuing Activity:** Continuing Activity  
**Continuing Activity:** 19164

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19164	19164.08	Department of Defense	Charles R. Drew University	8296	6112.08	Civil-Military Alliance	\$95,000

**Table 3.3.19: Activities by Funding Mechanism**

**Mechanism ID:** 5857.09  
**Prime Partner:** US Centers for Disease Control and Prevention  
**Funding Source:** GAP  
**Budget Code:** HVMS  
**Activity ID:** 19128.27044.09  
**Activity System ID:** 27044  
**Activity Narrative:** CDC staffing all costs  
**New/Continuing Activity:** Continuing Activity  
**Continuing Activity:** 19128

**Mechanism:** N/A  
**USG Agency:** HHS/Centers for Disease Control & Prevention  
**Program Area:** Management and Staffing  
**Program Budget Code:** 19  
**Planned Funds:** \$873,000

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19128	19128.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8304	5857.08		\$518,000

**Table 5: Planned Data Collection**

<b>Is an AIDS indicator Survey(AIS) planned for fiscal year 2009?</b>	<b>Yes</b>	<b>X</b>	<b>No</b>
If yes, Will HIV testing be included?	Yes		No
When will preliminary data be available?			
<b>Is an Demographic and Health Survey(DHS) planned for fiscal year 2009?</b>	<b>Yes</b>	<b>X</b>	<b>No</b>
If yes, Will HIV testing be included?	Yes		No
When will preliminary data be available?			
<b>Is a Health Facility Survey planned for fiscal year 2009?</b>	<b>Yes</b>	<b>X</b>	<b>No</b>
When will preliminary data be available?			
<b>Is an Anc Surveillance Study planned for fiscal year 2009?</b>	<b>X</b>	<b>Yes</b>	<b>No</b>
If yes, approximately how many service delivery sites will it cover?	Yes		No
When will preliminary data be available?			12/1/2010
<b>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 2009?</b>	<b>X</b>	<b>Yes</b>	<b>No</b>

**Other Significant Data Collection Activities**

**Name:** Behavioral Surveillance Study

**Brief Description of the data collection activity:**

Formative Research on commercial sex workers and truckers on the border province of Cunene

**Preliminary Data Available:**

12/1/2009

**Name:** BED

**Brief Description of the data collection activity:**

HIV Incidence data collection on ANC blood specimens

**Preliminary Data Available:**

12/1/2010

**Name:** Behavioral Study

**Brief Description of the data collection activity:**

In depth behavioral study to obtain more information about the drivers of the epidemic (PLWHA or men in general)

**Preliminary Data Available:**

12/1/2010

**Name:** Qualitative study on male circumcision

**Brief Description of the data collection activity:**

Qualitative study on the feasibility of male circumcision interventions in Angola

**Preliminary Data Available:**

12/1/2010

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**Name:** TB/HIV Sentinel Surveillance

**Brief Description of the data collection activity:**

TB/HIV Sentinel Surveillance

**Preliminary Data Available:**

12/1/2010

## Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
Justification for CDC.doc	application/msword	11/13/2008		Other	JPaz-Castillo
GLOBAL FUND SUPPLEMENTA1.docCOP09.doc13.Nov.08.doc	application/msword	11/13/2008		Other	JPaz-Castillo
Angola FY 09 Management and Staffing Budget Table for Other Bilat.xls.JPC.xls	application/vnd.ms-excel	11/14/2008		Other	JPaz-Castillo
Angola FY 09 Mini-COP Staffing Spreadsheet.FINAL.FINAL.xls	application/vnd.ms-excel	11/14/2008		Other	JPaz-Castillo
Health-DraftStrategicOverviewAngolaFINAL.doc	application/msword	11/14/2008		Executive Summary	JPaz-Castillo
Summary Targets and Explanations Table.xls	application/vnd.ms-excel	11/14/2008		Other	BBruins
Target Justification 2009 Mini Cop.doc	application/msword	12/1/2008	Angola FY 09 Target Justification	Summary Targets and Explanation of Target Calculations	AGabriel
OVC Budgetary Requirement.doc	application/msword	11/26/2008	OVC Budgetary Requirement	Other	AGabriel
Treatment Budgetary Requirement Justification.doc	application/msword	11/26/2008	Treatment Budgetary Requirement	Other	AGabriel
AMB DYBUL LETTER0001.pdf	application/pdf	12/1/2008	Ambassador's Letter	Ambassador Letter	AGabriel
CN Mini-COP FY09.doc	application/msword	12/1/2008	Congressional Notification	Other	AGabriel
Budgetary Requirement Worksheet.xls	application/vnd.ms-excel	12/1/2008	Angola FY09 Budgetary Requirement Worksheet	Budgetary Requirements Worksheet*	AGabriel
FY 09 Gender Narrative .doc	application/msword	12/1/2008	angola FY 09 Gender Narrative	Gender Program Area Narrative*	AGabriel
FY09 HRH Program Area Narrative.doc	application/msword	12/1/2008	Angola FY 09 HRH Program Area Narrative	HRH Program Area Narrative*	AGabriel