Angola

Operational Plan Report

FY 2011

Operating Unit Overview

OU Executive Summary

Background

Angola is a post-conflict country recovering from a prolonged civil war, which ended in 2002 and decimated the health system infrastructure. Despite important efforts of the Government of the Republic of Angola (GRA) and significant external assistance, Angola's health system still does not provide adequate health for the population. The country has 18 provinces and 164 municipalities. Most public resources are concentrated in the tertiary and secondary health care levels, leaving primary and rural health care centers with minimal support. Only 15% of the health work force provides services in rural areas, where over half of the population lives. 21% of the population lives in extreme poverty. Poverty and low access as well as inadequate quality of health services translate into poor health, particularly for women.

Angola's population is an estimated 18.5 million people with HIV prevalence of 1.98% among the population aged l5-49 (HIV NSP 2011-2014). In 2009, prevalence among pregnant women was slightly higher than in the general population, at 2.8% in 2009 (ANC 2009 Seroprevalence Study). The main drivers of the epidemic are considered to be heterosexual transmission; low level of consistent and correct condom use and high rates of concurrent, multiple partnerships. An estimated 77% of young people aged 15-24 in the general population did not correctly identify ways of preventing sexual transmission of HIV, and up to 32% of youth initiated intercourse before the age of 15 (UNAIDS, 2008). Low knowledge of HIV prevention and early sexual debut reinforce the focus on the general population, including youth as an important risk group. In addition, HIV prevalence among Most at Risk Populations (MARPs), such as Commercial Sex Workers (CSW) is 23.1% and 16%, respectively in Luanda and nationwide (2006 INLS). In 2008, 32.3% of truckers reported having had an HIV test.

Containing and reducing the relatively low-level prevalence of HIV/AIDS remains a national priority. Achieving this objective is heavily dependent on improving the health infrastructure which in turn is dependent on policy frameworks and management systems capable of sustainably delivering quality services. Accordingly, system strengthening is the MOH's top priority. The current health system has a sizable staff of 64,000 health workers; yet, technical capacity is low. In addition, several policies remain poorly defined and require revision, specifically in the areas of human resources for health, strategic information, logistics and drug management.

In line with government policy to decentralize decision-making, provincial and municipal forums play increasingly important roles in implementing HIV/AIDS strategies and recommendations. Since each province is unique, institutional capacities, needs, and progress in implementing HIV/AIDS strategies following the "Three Ones" principles differ considerably among them.

Women, who suffer a disproportionate burden of disease, are the head in one-fourth of all Angolan households. Almost three-quarters of women (72%) have either no education or only a few years at the primary school level. Sexual debut for both males and females is estimated to occur at age 15. The total fertility rate is approximately 6 children per woman with the contraceptive coverage rate is estimated at 6.4%. A study conducted by a USG partner found that women are often powerless to make decisions regarding their reproductive health. These matters are traditionally decided by husbands and mothers-in-law.

Formative research for Behavioral Surveillance Surveys (BSS) among MARPs in 2008, fostered insight to the dynamics among fixed and mobile populations (transactional sex, sex workers and truckers) as well as possible drivers of the epidemic among MSM. Transactional and commercial sex could be responsible for the relatively high HIV prevalence of 9.4% among pregnant women in Ondjiva the capital of Cunene Province (ANC 2009 Sero-prevalence Study) the highest among young women aged 15 to 24 years in the 18 provinces of Angola. Many truck drivers reported having at least two partners and also reported fixed or casual sexual partners throughout the year. This factor, coupled with high alcohol intake and low condom use, has potential to increase HIV/AIDS transmission. Strong social stigma against homosexuality exists in Luanda and throughout the country and MSM interviewed self-identified as heterosexual men with the majority reporting being married and having occasional male and female sex partners in the past 12 months. Sexual "bridging" from MSM to women may account for a substantial proportion of ongoing heterosexual transmission. With USG funding in 2008 a TRaC Behavioral Study focusing on CSWs in Luanda and Cunene and truckers along the transportation corridors found that CSWs reported low condom use in the last 30 days and low HIV testing rates. Results from these studies will guide development of future interventions specific to each MARPS population. An additional USG-funded report indicated that 60% of the military have multiple partners.

There is no exact data of HIV transmission from blood transfusions; however estimated HIV prevalence among blood donors is 1.6% nationally for Angola. In Africa, 65% of all transfusions are given to pregnant women and children. In Angola, 70% of the available blood supply is provided to children with severe anemia caused by malaria infection. According to a WHO Study (2004) 12% of the donated blood in Angola came from unpaid volunteers. It is widely accepted that the lowest risk and therefore the safest blood comes from Voluntary Non-Remunerated Blood Donors (VNRBD).

Sustainability and Country Ownership

The Partnership Framework (PF), signed by U.S. Secretary of State Hillary Rodham Clinton and Angola Minister of Exterior Relations Assunção Afonso dos Anjos in August 2009, intends to strengthen collaboration, coordination and accountability of HIV/AIDS programs by focusing on mutually defined strategies and measures of improved performance. This strategy is derived from and fully aligned with Angola's new National Strategic Plan to Control STIs, HIV and AIDS and the PF Implementation Plan (PFIP) is adapted for the period 2011-2014 (HIV NSP) and, in turn, is harmonized with Angola's Poverty Reduction Strategy Plan and its campaign to achieve the Millennium Development Goals. Thus, the PF is consistent with, supportive of, and complementary to Angola's broad strategy to develop and rebuild the nation following nearly four decades of civil war, which ended in 2002. The new HIV NSP was recently finalized and instead of the previous three goals, it includes five components:

1) Prevention
2) Treatment and Care,
3) Impact mitigation,
4. Health systems strengthening, and
5) Monitoring and Evaluation.

The PEPFAR Angola 2011 COP is aligned with the National Strategy and represents the third year of the 5 year period covered by the Partnership Framework. The PEPFAR USG Angola team members were active participants in working groups to assist with the development of the National Plan. The USG has engaged senior GRA government leaders and UNAIDS to identify structures and participants for the PFIP Management Team. With the imminent arrival of a new U.S. Ambassador to Angola, the PFIP Management Team will soon be formalized.

The Ministry of Health (MOH) is leading planning sessions to support the decentralization of health services at all levels. With ongoing decentralization, the PEPFAR Angola team is in the process of

adapting its COP 2011 activities to maximize opportunities (e.g., support GRA efforts and build relationships with government officials beyond central level.) In COP 2011, the USG will continue efforts and advocacy to promote operational Technical Working Groups, to address various program areas, coordination, and overarching sustainability issues.

Contributing to the long term health system sustainability in accord with the priorities defined by the GRA PF, the USG will continue supporting human resources capacity building to improve quality of health services at all levels of the government, including the strengthening of tiered health networks, and pre-service training.

Long term sustainability in preventing new HIV infections requires genuine engagement of communities to understand, participate in, and take own initiatives that respond to their needs, perceptions, and world view. The GRA and civil society institutions need to increase institutional and technical capacity and coordination to plan and implement effective HIV prevention interventions at the community level. Therefore, institutional and technical capacity building is an important component of prevention interventions and targets civil society organizations and community stakeholders, including traditional leaders and, public sector staff and local government officials. Activists will be trained to do outreach activities but organizations and institutions will also be trained in management, planning and budgeting etc; skill sets that will ensure active CS participation in the national response to HIV. Also, building capacity in staff such as teachers and health staff on community level to better understand and respond to HIV and PLWH, is crucial to reduce stigma and ensure better access and provision of services for all target populations.

Integration across the USG

The Global Health Initiative emphasizes integration across various programmatic areas.
PEPFAR Angola is integrating services and activities with several other USG programs. For example, the Presidents Malaria Initiative (PMI), Family Planning, and PEPFAR have integrated health systems strengthening interventions at the provincial level, including institutional and technical capacity building of clinical staff. To strengthen national supply chain and procurement management strengthening, PEPFAR, USAID's Family Planning program, and PMI jointly financed a mechanism that conducted multiple assessments in 2010 that will inform COP 2011 logistics training and supervision. In COP 2011, the USG will further strengthen integration within and across programmatic areas. PEPFAR Angola activities to be continued in COP 2011 aligning with the Global Health Initiative:

1) Supporting integration of TB and HIV services;
2) Strengthening the national capacity of the government by providing technical assistance in key strategic program areas, including the development of a Human Resources for Health strategic plan;
3) Supporting the National HMIS;
4) Participating on and supporting the CCM to improve governance and oversight of Global Fund grants;
5) Actively assisting the National AIDS Institute in revising the National Monitoring and Evaluation Plan, and harmonizing national HIV indicators, and
6) Promoting the operationalization of Technical Working Groups to improve coordination, the quality of services, and the decrease of duplication of activities, and
7) Developing institutional capacity, including costing of work plans.

Due to the PF and PFIP, the overall PEPFAR Angola budget increased significantly in FY 09. This has facilitated more comprehensive and strategic programming. However, the unusually high cost of doing business in Angola continues to pose a challenge for both the team and implementing partners. Angola was recently identified as the country with highest cost of living in the world (Mercer's Cost of Living

Survey, 2010). Furthermore, due to the global economic crises and inflation; costs continue to rise annually. . This context poses significant constraints on the possibilities of maintaining the current level of activities with flat-lined resources

Health Systems Strengthening and Human Resources for Health

The many decades of civil strife decimated Angola's health system infrastructure. Health systems were developed on an emergency basis and rely mostly on vertical programs that have been working in parallel, with very poor integration. There is a need for structural crosscutting systems to efficiently sustain integrated health services. Containing and reducing the current relatively low-level prevalence of HIV/AIDS remain national priorities. However, achieving this objective is heavily dependent on improving the health system infrastructure and capacity. Developing this infrastructure is dependent on policy frameworks and management systems capable of delivering quality services in prevention, treatment, and care in a sustainable manner.

One of the strategic foci of the USG in the PFIP is Health System Strengthening: *"focusing interventions to strengthen health systems to increase access to quality health services and improve capacity of health workers to deliver higher quality sustainable services"*. Health System Strengthening, according to the PF agreement signed between the two countries, should be achieved with a strategic vision focused on sustainable approaches to rebuild the devastated health infrastructure and capacity in Angola based on the World Health Organization's (WHO) Framework for Action elements.

As Angola revitalizes its health system, major efforts will be placed on system building and strengthening of infrastructure at various levels to facilitate the transition to a sustainable health system.

In FY 2011, the USG will continue an integrated strategy to support the GRA that is firmly aligned with the PF and PFIP at the National, Provincial and Municipal levels by:

- building crosscutting systems with network strengthening;
- building capacity for Human Resources for Health (HRH), and
- strengthening management and planning of the health system on all levels

At the national level, contributing both to system building and HRH, the USG plans to support the GRA to develop a Human Resources Strategic Plan and a Human Resources Information System. Furthermore the USG will support strengthening the National Laboratory Network focusing on the implementation of quality systems, including the development of a Laboratory National Strategic Plan. Finally, the USG will invest in strengthening the national Health Procurement and Supply Chain Management System. These activities will create a matrix for coordination and integration of efforts of the different partners and stakeholders, maximizing resources to fill existing gaps in a comprehensive manner. In addition, there will be a focus on capacity building for specific institutional development and improved coordination across the National AIDS Institute (INLS), Public Health Institute (INSP, the reference laboratory) and the TB programs well as improving monitoring and evaluation systems. The USG will continue supporting pre-service activities through the implementation of the Field Epidemiology and Laboratory Training Program (FELTP) and twinning between local and international universities to develop national capacities of health professionals and contributing to stronger national training capacities at the pre-service level. Additionally support will be given to the GRA for strengthened TB/HIV coordination will transition from pre-service education to TB/HIV reporting.

At provincial and municipal levels, the USG is supporting provincial health directorates of 8 provinces with in-service training and sustained supervision using an integrated approach that includes improvement of HIV/AIDS planning and management and health management information systems, while strengthening systems and HRH. In support of a tiered laboratory network, the USG will work at provincial and municipal

levels to strengthen crosscutting quality systems towards accreditation including TA for the implementation of testing quality control programs.

At the facility level, key priorities include HIV testing and counseling and PMTCT. Capacity building at PMTCT sites in the 8 provinces is a GRA priority, which the USG will continue to support in COP 2011.

As in most countries, the military in Angola (FAA) has its own organizational structure with an internal health system. The USG will continue support to strengthen cooperation between FAA and the MOH for a comprehensive health approach and maximized use of resources. USG is continuing support to FAA on capacity building at different FAA tiered levels including improving health systems, VCT, prevention with positives and clinical mentoring in ARV treatment.

Coordination with Other Donors and the Private Sector

The GRA and USG representatives in Angola will meet semi-annually with leaders from civil society, UN agencies, the private sector and other bilateral agencies, as appropriate, to discuss progress towards goals and objectives and make adjustments as needed. The National AIDS Institute coordinates all partners in the response to HIV/AIDS in Angola and will hold quarterly meetings to review progress in the fight against HIV and AIDS including with the Partnership Framework and its corresponding implementation plan (PF Management Team involving UNAIDS, USG, and INLS). As an active member of the Global Fund Country Coordinating Mechanism, the USG also participates in meetings six times a month to review progress and coordinate bilateral and multilateral efforts in TB, HIV, malaria, and health systems strengthening.

Programmatic Focus:

PEPFAR Funding for FY 2011 will be focused on the following programmatic areas to achieve the 3-12-12 goals:

1. Prevention:

Angola has a mixed epidemic driven through heterosexual transmission. Geographically, the target areas of the prevention component of the PF are Cunene and Luanda and the transport route in between, including the provinces of Huila, Huambo, Benguela, Kuanza Sul and Bengo. Cunene is a strategic high prevalence province due to the heavy inflow of traffic from higher prevalence Namibia via the border crossing outside of Ondjiva. Most goods are still imported in Angola, a large part by truckers from South Africa via Namibia, into Angola and up to Luanda through the provinces mentioned above. These provincial capitals also contain the majority of the population in Angola outside of Luanda. Further, Huila and Huambo are the main areas of agricultural production in the country. Therefore, the concept of focusing on the transport route and areas of main productivity is strategic not only for MARPs but for the general population as well, taking in consideration that funding is insufficient for national coverage. Many Angolans cross the border to seek health services on the Namibian side due to availability and better quality. There is an ongoing cross border dialogue between both the GRA and the government of Namibia, including both the USG teams from Angola and Namibia. PEPFAR Angola intends to build on this in FY 11 and take the opportunity of harmonizing prevention efforts targeting the transport route that goes all the way from the port in the Walvis Bay in Namibia up to Luanda, Angola via the provinces mentioned above. With relatively new prevention projects starting up on both sides of the border, there is a unique opportunity to coordinate efforts that will intensify and improve the reach to all target groups and achieve results during FY 2011.

Despite this geographic focus, some activities continue to be implemented in other geographical areas due to the nature of the activity, including the prevention program in the military that aligns with the

military structure dividing the country into regions and where the focus is on geographical areas considered strategic by the military.

During FY 2010, prevention activities in Angola were re-strategized to align with the goals and principles of PEPFAR Phase II including combination prevention, with the latest epidemiological data in Angola and the signed PF. The ongoing activities with the Military, the Community Based Prevention Project, Prevention for MARPs, the Gender Based Violence Project and Social Marketing for Health, all aim to contribute to the provision of a comprehensive package of basic services for the general population including youth and MARPs. In COP FY10 PEPFAR Angola also received for the first time funding for blood safety.

Key principles include designing interventions with the appropriate mix of behavioral, biomedical, and structural approaches, using resources effectively and strategically, achieving quality, scale and scope, achieving measurable capacity building, and using existing structures to ensure sustainability beyond PEPFAR. All projects include behavior change interventions, condom promotion and distribution, promotion of health seeking and protective behaviors and linkages to Voluntary Counseling and Testing (VCT) services.

The prevention initiatives will measurably contribute to the adoption of safer behaviors by Angolan adults and youth, and their sexual partners, to prevent HIV infection, and increase the social norms that promote gender equity and healthy lifestyles.

Community Based Prevention (CBP):
A cornerstone of the CBP project is to utilize community platforms to achieve meaningful and measurable engagement of stakeholders and networks in comprehensive and sustainable HIV prevention. This includes building relationships and linkages with traditional leaders, such as the Sobas (i.e., Chiefs), civil society organizations and churches, professional affiliations including those of teachers, police, military and civil servants.

The CBP project also includes the *Jango Juvenil*e youth centers which are being aligned with the comprehensive prevention approach and will function as a base for community mobilization. This activity includes the development of skills-based HIV prevention curricula in schools, with age-appropriate messages on sexuality, gender norms, and sexual harassment. It will also build relationships with parents, teachers, and community leaders that should be actively involved in all stages of school-based HIV prevention interventions. Messaging includes mass media communication, a radio show, IEC and the promotion of a continued dialogue on socuially based issues at the community level. The project also includes a strong component of technical and institutional capacity building for civil society and other relevant stakeholders in the community to contribute to the capability of community entities to take the lead in a sustainable national response to the HIV epidemic.

MARPs:
MARPs programming support by PEPFAR in Angola currently targets CSWs, truckers and military. Since many CSWs would not self identify as sex workers, activities will also target transactional sex where appropriate. Male sex workers and MSM are also hidden, vulnerable and hard to reach sub populations, requiring increased attention and tailored programming. Additionally, the MARP project is identifying methods to increase outreach to non-casual partners of MARPs, including marital or long-term non-marital sexual partners for all of the above. Given that different MARPs such as CSWs and truckers face different challenges and have various needs, prevention initiatives targeted to MARPs need to be evidence-based and tailored to each MARP and context, and linked to behavioral outcomes.

A very important component is reducing stigma and discrimination and linkages to 'MARP-friendly' healthcare services including VCT, referrals for post-exposure prophylaxis, male circumcision, family

planning/reproductive health including PMTCT and antiretroviral services etc and to build capacity in staff to appropriately respond to the special needs of MARPs.

The military is targeted through prevention programs which will continue to train HIV/AIDS activists in the Angolan Armed Forces (FAA). The Military personnel will be trained in peer education techniques related to HIV prevention, transmission, and testing. Continuous engagement will be carried out with top level officials of the Angolan military to maintain a sense of urgency in the promotion of behavioral change and awareness of the threats posed by HIV, both to military forces and to the society in general.

PEPFAR will work with the FAA to design educational materials and deliver HIV prevention messages to the armed forces and their families. Lower level officers will be trained in the production of HIV prevention radio scripts, story development, and message production. This will create an independent team that can develop mass media messages from start to finish and is technically equipped to air these messages on the military radio hour through the National Radio Station (RNA). The USG will also assess ways to reach and set up health clubs in the Military Academic Institutes to further promote the fight against HIV/AIDS in the armed forces. Geographical areas for the PEPFAR military prevention programs are aligned with the military structure, which divide the country into regions considered strategic by the military.

Blood safety
Improving blood safety is a priority in Angola. The National Blood Center, which is part of the Angola MOH, has entered into a co-operative agreement with PEPFAR to improve the safety and adequacy of the national blood supply. The primary goals of the cooperative agreement are to expand: the number of units collected; the proportion collected from voluntary, non-remunerated donors versus family replacement; the ability to fractionate units into components and test all units for HIV, Hepatitis B and C, plus syphilis in a quality assured manner; and donor recruitment and retention as well as mobile blood collections from low risk donors.

2. Strategic Information:

The USG's overarching SI strategy of building local capacity to increase country ownership and provide data for decision making will be continued in FY 11, through: a) surveys to assess local knowledge and perceptions about HIV/AIDS in the general and vulnerable populations; b) evaluations of specific prevention activities and the overall PEPFAR response; c) improved data collection and reporting to inform prevention and other programs; d) surveillance in specific populations to measure changes in the epidemic; e) in-service trainings to build capacity; and support to the national level for the health zones mapping exercise and HMIS strengthening. In addition to strengthening SI, this comprehensive strategy will provide improved data for programmatic and policy decision-making across technical areas.

In support of national M&E systems in COP 10, the USG harmonized PEPFAR Next Generation Indicators (NGI) with the former National Strategic Plan and participated in the revision of the NSP and the National Monitoring and Evaluation Plan as well as in the elaboration of the national master indicator list. This support will be continued in FY11 with the harmonization of PEPFAR NGIs for the revised NSP, support of implementation of the National M&E Plan including support of data quality through standardization of data collection tools, methods and understanding of data use. The USG will also continue support of the national government's mandate to improve multi-sectoral coordination and metrics in line with GHI.

In FY10, the USG provided limited HMIS support to the local government via training in data management, training in electronic data capture during the BSS surveys and explored methods to support implementation of the WHO-based HMIS assessment. Headquarters support was received to analyze the implications of the 2009 WHO HMIS assessment and potential opportunities for the program were determined that hinge on prioritizing the procurement of a USG HIS-focused staff member,

implementation of the national HIS strategy and TWG to support the national HIS needs. In FY11, the USG will continue to support progress towards a national HMIS.

In COP 11 the USG SI strategy will continue filling gaps in strategic information and promoting capacity, to increase ownership of the HIV/AIDS program and reduce the need for USG assistance in SI. This will be accomplished through continued support for data collection activities in the pipeline and training of local resources in methodology. Simultaneously, the USG will continue to build the evidence base for targeted prevention interventions while continuing discussions of cost effective methods of data and information gathering through improved coordination of the national research portfolio, and leveraging with bilateral stakeholders and the private sector. The USG will also continue addressing the PFIP objective of promoting country ownership by providing continued support of surveillance activities such as the 2011 ANC survey. In addition, funding will continue to support the National ANC versus PMTCT Comparison Study to assess the utility of routine PMTCT program data for HIV surveillance reporting thus potentially promoting the country's ability to use routine data for surveillance, planning and decision making in a more sustainable fashion. Support for the EPI Info based data management component of the 2011 ANC Survey will be transitioned to the Angola School of Public Health and USG support of other data collection activities such as the Census will be discontinued to better focus the M&E and HMIS components of the SI program area.

3. Women and Girl Centered Approaches:

Gender inequality and harmful norms that put both men and women at risk are major driving forces behind the HIV epidemic. A widely patriarchal society exacerbates risky behaviors and choices, including low condom use, sexual abuse and alcohol abuse and makes women and girls more vulnerable and less empowered to adapt protective behavior. A gender perspective is mainstreamed in all activities in PEPFAR/Angola and key areas of focus include increasing the role of women in decision making, positive male norms initiatives and increased male participation in reproductive health and the prevention of gender based violence (GBV) at different levels of society.

Domestic violence and abuse against women is common and it is difficult to file a complaint about physical/sexual abuse or violence since charges are often not taken seriously, and there are few forensic scientists, police or health workers trained in GBV. This makes it virtually impossible to build a credible case (especially in cases of sexual abuse/rape). There is also a lack of referral systems to clinical settings, counseling, or support services for GBV (both government and civil society sponsored).

In COP 2010, a GBV intervention aiming at improving the response and protection systems for victims of GBV was initiated. This intervention will build, create and support critical linkages to, and between, support services and the legal system, address policy level and protocol and build capacity in institutions and staff, especially police and health sector. The continued COP 2011 activity will be implemented in close cooperation with the GRA and relevant ministries and institutions. Other activities within the comprehensive prevention projects include developing tailored messaging for men and women, boys and girls; developing and disseminating curricula on health education for use in schools addressing sexual and reproductive health, gender and HIV and building capacities of teachers; specifically a focus on young men and male norms through youth corners in schools and the Jango Juvenil youth centers as well as promotion of greater male involvement in VCT and PMTCT services, targeting of male clients of Female Sex Workers (FSWs). These will be key components of these programs since men generally hold the decision making power, including whether or not to use condoms.

Currently a new legislation on gender-based violence, including domestic violence awaits approval by the general assembly. The Norms and Protocols on Sexual and Reproductive Health were developed and approved in 2004, but the gender perspective is minimal and often absent in programs where it should be included at policy and implementation level. The Ministry of Women and Family (MINFAMU) is charged

with the implementation of the new legislation following approval. The National HIV Institute (INLS) recently called for more attention to gender and a particular focus on working with men during a meeting with all ministries working on HIV/AIDS.

New Procurements
Redacted

Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	180,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Adults 15-49 HIV Prevalence Rate	02	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Children 0-14 living with HIV	22,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Deaths due to HIV/AIDS	11,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months	810,000	2007	UNICEF State of the World's Children 2009. Used "Annual number of births (thousands) as a			

			proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	16,000	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010.			
Number of people living with HIV/AIDS	200,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Orphans 0-17 due to HIV/AIDS	140,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
The estimated number of adults and children with advanced HIV infection (in need of ART)	86,000	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010.			
Women 15+ living with HIV	110,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			

Partnership Framework (PF)/Strategy - Goals and Objectives

(No data provided.)

Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies

Redacted

Public-Private Partnership(s)

(No data provided.)

Surveillance and Survey Activities

Name	Type of Activity	Target Population	Stage
Assessing the utility of PMTCT data for HIV surveilance	Evaluation of ANC and PMTCT transition	Pregnant Women	Publishing
Behavioral Surveillance Survey with Biological Markers for HIV and Syphilis among Men who have sex with Men in Luanda, Angola	Population-based Behavioral Surveys	Men who have Sex with Men	Publishing
Behavioral Surveillance Survey with Biological Markers for HIV and Syphilis among Miners in Angola	Population-based Behavioral Surveys	Migrant Workers	Planning
Behavioral Surveillance Survey with Biological Markers for HIV and Syphilis among Prisoners in Angola	Population-based Behavioral Surveys	Other	Implementation
Behavioral Surveillance Survey with Biological Markers for HIV and Syphilis among Truckers in Angola's transportation corridor	Population-based Behavioral Surveys	Mobile Populations	Implementation
Behavioral Surveillance Survey with Biological Markers for HIV and Syphilis among Uniformed Service Members in Angola	Population-based Behavioral Surveys	Uniformed Service Members	Other
Behavioral Surveillance Survey with Biological Markers for HIV and Syphilis	Population-based Behavioral Surveys	Female Commercial Sex Workers	Publishing

among Young Women engaged in Transactional Sex along the Angola-Namibia Border			
PLACE	PLACE	General Population	Data Review
PLACE - Transportation corridor	PLACE	General Population	Planning
Standard Protocol – Linked Anonymous Testing with Parallel Unlinked Anonymous Testing with Informed Consent National HIV and Syphilis Sero-prevalence Sentinel Surveillance	Sentinel Surveillance (e.g. ANC Surveys)	Pregnant Women	Publishing

Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source				Total
	Central GHCS (State)	GAP	GHCS (State)	GHCS (USAID)	
DOD			2,000,000		**2,000,000**
HHS/CDC		3,000,000	2,470,000		**5,470,000**
HHS/HRSA			300,000		**300,000**
USAID			5,530,000	4,400,000	**9,930,000**
Total	**0**	**3,000,000**	**10,300,000**	**4,400,000**	**17,700,000**

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency					Total
	DOD	HHS/CDC	HHS/HRSA	USAID	AllOther	
HLAB		540,000				**540,000**
HMBL		700,000				**700,000**
HVAB	100,000			750,000		**850,000**
HVCT	300,000			550,000		**850,000**
HVMS	200,000	3,250,000		1,475,000		**4,925,000**
HVOP	880,000			4,255,000		**5,135,000**
HVSI		0		500,000		**500,000**
MTCT				500,000		**500,000**
OHSS	520,000	980,000	300,000	1,900,000		**3,700,000**
	2,000,000	**5,470,000**	**300,000**	**9,930,000**	**0**	**17,700,000**

Budgetary Requirements Worksheet

(No data provided.)

National Level Indicators

National Level Indicators and Targets

Redacted

Policy Tracking Table

(No data provided.)

Technical Areas

Technical Area Summary

Technical Area: Biomedical Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HMBL	700,000	
Total Technical Area Planned Funding:	**700,000**	**0**

Summary:
(No data provided.)

Technical Area: Counseling and Testing

Budget Code	Budget Code Planned Amount	On Hold Amount
HVCT	850,000	
Total Technical Area Planned Funding:	**850,000**	**0**

Summary:
(No data provided.)

Technical Area: Health Systems Strengthening

Budget Code	Budget Code Planned Amount	On Hold Amount
OHSS	3,700,000	
Total Technical Area Planned Funding:	**3,700,000**	**0**

Summary:
(No data provided.)

Technical Area: Laboratory Infrastructure

Budget Code	Budget Code Planned Amount	On Hold Amount

HLAB	540,000	
Total Technical Area Planned Funding:	**540,000**	**0**

Summary:
(No data provided.)

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	4,925,000	
Total Technical Area Planned Funding:	**4,925,000**	**0**

Summary:
(No data provided.)

Technical Area: PMTCT

Budget Code	Budget Code Planned Amount	On Hold Amount
MTCT	500,000	
Total Technical Area Planned Funding:	**500,000**	**0**

Summary:
(No data provided.)

Technical Area: Sexual Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HVAB	850,000	
HVOP	5,135,000	
Total Technical Area Planned Funding:	**5,985,000**	**0**

Summary:
(No data provided.)

Technical Area: Strategic Information

Budget Code	Budget Code Planned Amount	On Hold Amount
HVSI	500,000	

Total Technical Area Planned Funding:	**500,000**	**0**

Summary:
(No data provided.)

Technical Area Summary Indicators and Targets

Redacted

Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
10401	Charles R. Drew University	University	U.S. Department of Defense	GHCS (State)	1,800,000
11976	Strengthening Pharmaceutical Systems (SPS)	Implementing Agency	U.S. Agency for International Development	GHCS (USAID)	300,000
11977	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
11981	Ministry of Health, Angola	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	700,000
11983	IntraHealth International, Inc	NGO	U.S. Agency for International Development	GHCS (USAID)	250,000
11985	Association of Public Health Laboratories	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	162,000
11990	Charles R. Drew University	University	U.S. Department of Health and Human Services/Centers for Disease	GHCS (State)	150,000

			Control and Prevention		
12565	The Futures Group International	NGO	U.S. Agency for International Development	GHCS (USAID)	100,000
12943	African Field Epidemiology Network	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	378,000
12953	Ministry of Health, Angola	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	200,000
13163	Engender Health	Private Contractor	U.S. Agency for International Development	GHCS (USAID)	500,000
13171	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13236	University of Washington	University	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHCS (State)	300,000

13237	University of North Carolina at Chapel Hill, Carolina Population Center	University	U.S. Agency for International Development	GHCS (USAID)	200,000
13264	Population Services International	NGO	U.S. Agency for International Development	GHCS (State)	1,800,000
13487	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13505	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13528	MINISTRY OF HIGHER EDUCATION AND SCIENCE AND TECHNOLOGY / UNIVERSITY AGOSTINHO NETO	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	0
13531	African Field Epidemiology Network	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	630,000

Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 10401	**Mechanism Name: Civil-Military alliance**
Funding Agency: U.S. Department of Defense	Procurement Type: Grant
Prime Partner Name: Charles R. Drew University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,800,000	
Funding Source	**Funding Amount**
GHCS (State)	1,800,000

Sub Partner Name(s)

Angolan Armed Forces (FAA)		

Overview Narrative

CDU, in partnership with the Angolan Armed Forces (FAA), provides BCC messaging, setting up VCT clinics; and training Angolan medical personnel in VCT counseling, HIV-related lab work, ARV techniques and HIV epidemiology throughout the five military regions.

Prevention in the military programs have already reaches military personnel through HIV prevention workshops and radio programs, as well as the distribution of brochures, HIV prevention manuals, and HIV prevention comic books and posters designed to instruct and motivate behavioral change. Through their activities, CDU aims to further increase the testing and counseling capability of the FAA by helping to refurbish and equip a total of 3 VCT sites. CDU also trained the requisite counselors in the national standards for counseling and testing to provide the human resources necessary for the establishment of additional VCT centers.

CDU conducts on-going data collection efforts (through surveys and focus groups) to evaluate the effectiveness of these programs. CDU collected data about HIV prevalence and risk behaviors among Angolan military personnel in four locations throughout the country in 2003, gaining much-needed information to guide prevention efforts. The results of the 2003 BSS showed that the infection rate in the Angolan Military was approximately 3.6%. The results also showed higher infection rates in the capital

and cities along the Angolan border and very low rates in the center of the country where people have remained fairly isolated.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	130,000
Human Resources for Health	910,000

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Military Population

Budget Code Information

Mechanism ID:	**10401**
Mechanism Name:	**Civil-Military alliance**
Prime Partner Name:	**Charles R. Drew University**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	300,000	

Narrative:

Through the DOD, the USG collaborates with the FAA to establish 3 CT centers and activities respectively in three sites to be indicated by the FAA. In addition a mobile CT center shall be provided to increase uptake in CT and access. 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. These activities are in line with national protocols to enhance the chances of success of both CT and anti retroviral treatment (ART).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	520,000	

Narrative:

CDU will design and implement psychosocial programs to address the psycho-emotional needs of those identified as sero-positive and to improve the rates of adherence for those already in treatment. These psychosocial programs will include prevention education designed specifically to target already HIV-infected persons to help keep their loved ones, family members and sexual partners safe. CDU's prevention efforts with the Angolan Armed Forces are ongoing, and USG aims to reach more military personnel by expanding our programs.Therefore psychologists, physicians will be trained in HIV counseling education with positives. An assessment will conducted to facilitate twinning activities in clinical mentoring between US Navy Medical Center in San Diego and FAA Faculty of Medicine/Psychosocial support program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	100,000	

Narrative:

Through the DOD-funded Charles Drew University (CDU) prevention program, USG 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. military and the police).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	880,000	

Narrative:

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. military and the police). These interventions include prevention messages on promotion of partner reduction, fidelity and the correct and consistent use of condoms. The DoD supports the FAA strategy in the fight against HIV in the military namely training of HIV activists at regional and Unit level. The spouses and children of the military will also be reached with prevention messages.An assessment will be conducted to help set Health Clubs at Military Academic Institutes. These Health Clubs will set up forum to bring awareness about Reproductive and sexual health issues especially HIV/AIDS.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11976	Mechanism Name: SPS
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Strengthening Pharmaceutical Systems (SPS)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 300,000	
Funding Source	**Funding Amount**
GHCS (USAID)	300,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

USG will provide TA for improving the logistics and drugs management in Angola, specifically test kits, condoms logistics and ARV's. Programs suffer from a very weak pharmaceutical supply system at the national as well as the local levels. Health programs have recently experienced difficulties in reaching set targets due to stock outs of drugs and test kits, due to poor management, weak logistics systems and thefts from warehouses.

The USG PMI program conducted an assessment in 2005 and determined that PMI support would include working with the Essential Drug Program to develop the basic pharmaceutical management systems of the MOH. PEPFAR will work in coordination and collaboration with the MOH, the National Malaria Control Program, PRI, WHO and other partners to expand ongoing TA support to, test kits, condoms, ARV's and lab commodities

The overall strategy is to avoid creating a parallel supply system outside of the existing MOH supply system and isolated from other donor programs. An initial assessment will define how USG can best support the MoH and the INLS in this area, for example in the development of a national distribution plan for generic condoms and ARVs. Given the relatively weakened conditions of the MOH system, it is expected that USG support will provide technical support and capacity building to strengthen these systems when appropriate. The main counterpart for this activity is the INLS' National Essential Drugs Program (EDP) which is responsible for the national distribution of essential drugs kits. EDP currently receives technical assistance from PRI, the European Union and WHO. EDP and the INLS coordinate on a variety of issues at the national and provincial levels for ARV, test kits and condoms management.

The initial assessment took place in the end of FY 10 and the implementation plan for following activities is currently being developed based on specific findings from the assessment.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	300,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	11976		
Mechanism Name:	SPS		
Prime Partner Name:	Strengthening Pharmaceutical Systems (SPS)		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	300,000	

Narrative:

Initially, the focus of these activities will be at the central level and then later at provincial levels. The implementation will be strategically phased or staggered over time as systems are put into place and capacity of personnel is developed. Additionally, PEPFAR and other partners will assist the MOH to manage existing in-country stocks of ARVs, test kits, condoms, and lab commodities.
Specific activities in the overall program will include assistance with purchase, warehousing, distribution and the monitoring of commodities. Key to success will be efforts to coordinate partners and their procurements for optimal coverage. Additional focus will be on the optimal scheduling of deliveries for on-going product supply, revision to the quantification process using consumption data from health facilities, improving monitoring of the performance of suppliers and adjusting distribution schedules as well as administrative accountability. Critical outcomes of this activity will be to estimate the funding gaps for national and continuous ARV's availability, to define distribution routes, transportation means and estimate costs, to provide TA for improving national and provincial storage facilities and/or determine alternatives with cost estimates, and to develop mechanisms to minimize leakages from the public sector.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11977	**Mechanism Name: Community Based Prevention**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted
Redacted	Redacted

Sub Partner Name(s)

TBD		

Overview Narrative

The USG will initiate a comprehensive, multi-faceted prevention program to promote normative change and adoption of safer sexual behaviors, with the aim of reducing new HIV infections among general population adults, youth and high-risk groups. The prevention program will require concerted attention to the general population while concentrating on specific targeted populations such as youth (<15, 15-24) who represent 60 percent of the population, and the highest risk populations. The common practice of multiple concurrent partners (MCP) is an important driver. Additional key drivers of the epidemic include: high rates of unprotected sex, either low and or inconsistent condom use in sexual relationships, and low perception of risk, though data needs to be strengthened to better understanding the dynamics of the epidemic.

To avoid vertical programming and in order to achieve the maximum results with limited funds, it is important to focus efforts in an efficient, comprehensive and integrated manner. In terms of the implementation, USAID's prevention efforts will be split into two main projects and targeted interventions, this Community Based Prevention Project, and PROACTIVO targeting MARPs. A third mechanism, Social marketing for health, will support the other projects and ensure availability of commercial and generic condoms in Angola. A gender lens will be integrated into all activities, recognizing that cultural and gender norms may reinforce key drivers of the epidemic such as multiple concurrent partners and transactional

sex.

Other key considerations for program design and implementation include undertaking a good epidemiologic analysis. This is especially critical for Angola, as there is little data and in-depth understanding of risk behaviors, groups and key drivers. Not only will this analysis help to identify critical areas, groups at higher risk, to some extent, it will also help with the market segmentation of BCC messages. The PLACE study will provide critical evidence for targeting services and messaging and will assist with the design of the various components of the community based response. Special efforts will be placed on training community health workers to engage in outreach for follow up of HIV+ people. The new community based prevention program which integrates the general population and youth packages has the following key objectives:

1) Supporting and developing an effective community based prevention response with an emphasis on BCC and creating critical linkages with the community;

2) Developing and implementing a comprehensive Life-skills curriculum at the primary and secondary school level;

3) Strengthening mass media efforts at the National and community level, to raise awareness, decrease stigma and discrimination and create demand for services, while emphasizing GBV;

4) Capacity building for the CBOs, Youth Centers, and other key community stakeholders such as FBOs and traditional leaders to implement comprehensive, community-based prevention programming.

Objective 1: Community based prevention activities will reach the general population with a strong focus on youth by improving individual's and communities understanding of the risks of HIV infection, scale - up HIV prevention and health promotion, and expand critical services, including condom programming and BCC/IEC messages. Community based activities will be linked to scaled up VCT, STI, PMTCT and other reproductive health services at various levels. Concerted efforts will be devoted to reducing alcohol use/abuse, as this is a known factor related to gender based violence, forced and/or unprotected sex.

In order to achieve successful delivery of these activities engagement of youth centers (i.e. Jangos), civil society, traditional leaders and the faith based community will be critical. Additionally, linkages to and promotion of related HIV clinical services are also a key component of this response. The Jangos will adopt a community approach leveraging and collaborating with the private sector and other influential actors in their respective communities such as schools, churches, and police. These new partnerships will allow for a comprehensive approach and will build linkages, referral and promotion for services, and re-orient the focus to interventions for transactional sex, and gender negotiation.

Program activities and messages will aim to increase individual's risk perception, BCC directed to the sexual networks that drive transmission; especially in high risk sexual encounters by HIV-positive persons, and include efforts to increase the age of sexual debut. The package of interventions will be based on evidence and use proven technologies and approaches. Interventions will be grounded in local culture to address epidemic drivers through clear, specific, consistent messages and behaviors and social norm change approaches, and to address underlying gender dynamics and norms.

Effective BCC efforts and messages need to be coordinated, and aim to reinforce messaging through: Mass media, community level capacity building, peer education, in/out-school youth and provision of reinforcing prevention messages within the clinical arenas of VCT and PMTCT. The interaction between national and local mass media, community mobilization, and interpersonal communication interventions and how to link them effectively while targeting specific populations with tailored messages will be important to address. Angola needs a reinvigorated and strategic BCC effort and the work of the USG at the community, individual and National level (providing support to the INLS) should help to support this.
Objective 2: Youth prevention will target boys and girls, in and out of school, with specific activities and messages to modify behaviors, values and cultural practices that put young men and women at risk of HIV. To support this intervention, an assessment of male and female norms and practices among youth (<15, 15-24) groups will be carried out to document cultural/sexual practices and vulnerabilities of boys and girls, and young men and women, providing a basis for comprehensive prevention activities, including the provision of youth friendly health services.
All of the youth focused interventions outlined in the Overview Narrative will be undertaken in collaboration with Ministry of Education, Ministry of Youth and Sports, Ministry of Health, specifically to:
• Develop life skills curricula in schools, including sexuality and an emphasis on sexual harassment;
• Improve school-based reproductive and sexual health services;
• Engage parents and actively involve them in activities to support a healthy environment for their children;
• Integrate other key components of school-based programming (see budget code narrative for more details).

Objective 3: The mass media components should include both community and national level efforts and include serial dramas, call-in shows, spots, billboards, print etc. and the use of role models (famous musicians or sport figures) to emphasize risk reduction prevention messages. All of these messages used in the community based BCC efforts should be aligned with the national campaigns, messages and use and/or adapt existing materials and resources when appropriate.
Currently, the INLS develops and implements national level informational and behavioral change with financial support from other donors. These efforts while, technically sound, are ad-hoc and lack innovation and varied means of delivery. It is envisioned that the USG will provide additional technical support, to re-invigorate the national BCC response with new and creative ideas and to improve coordination between the national and community levels to ensure consistent, high-quality materials, messaging and BCC activities. BCC interventions messages, approaches and materials targeting general population adults and youth will be revised on the basis of available data.
Objective 4: The community prevention program for youth and general populations provides capacity building to the Angolan government and civil society institutions and communities to plan and implement effective prevention interventions at the community level. The program promotes sustainability by

engaging individuals, communities, and leadership to encourage ownership of activities and results. Key principles includes using resources effectively and strategically; achieving quality, scale and scope; strengthening systems; and using existing structures to ensure sustainability beyond PEPFAR. It aims to creating synergies through effective linkages with other partners, programs, and activities.
This project provides technical assistance and sub-granting to CSOs at the community level to implement effective prevention activities (mentioned above). Capacity building will be provided to CSOs and in the future to the Jangos and will include areas of organizational, technical and programmatic capacity. Additional training will focus on community health workers and traditional leaders who can disseminate information to their communities.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	Redacted
Human Resources for Health	Redacted

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**11977**
Mechanism Name:	**Community Based Prevention**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted

Narrative:

Interventions will complement the HVAB activities including:
• BCC directed towards sexual networks that drive transmission, BCC and IEC messages, approaches and materials will be revised and reinvigorated based on available, new study data, and proposed assessments. Peer counseling protocols and messages will be revised by and will work to emphasize the four transmission routes (fluids) and individual risk behaviors.
• Activities with the Jangos will focus on specifically tailored messages and customized activities to reach both in and out of school youth through both centers and outreach activities with an emphasis on gender

norms, behaviors and vulnerability for HIV and will provide boys and girls with gender neutral skills such as computer- and language. Messages will include abstinence, secondary abstinence and fidelity components.

• Develop life skills curricula, which include updated components on sexual education to include gender, GBV, and HIV/AIDS, specifically addressing teacher training, reduction of sexual harassment and abuse in the school environment, and provision of peer counseling in schools. New modules to add include girl's empowerment, safer sex negotiation skills, secondary abstinence, self-esteem building and related skills building. Components to emphasize for males include male norms, cultural peer pressure, men as "future partners." Promote the increased and on-going involvement of parents. Critically review teacher's role, both positively and negatively, existing and needed school based policies to protect students from sexual coercion and provide a systematic process for addressing these issues, and mandatory training for teachers.

• Creation and support of innovative and creative AB related messages, campaigns, resources, materials. Examples include seeking to work with the private sector (i.e. the mining companies, cell phone providers, oil companies, etc.).

• Cooperation and coordination with community leaders, parents and teachers and other groups and individuals on HIV prevention and BCC. Capacity building efforts for civil society will include technical support on BCC efforts focusing on A and B and related (i.e. gender and alcohol).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted

Narrative:

Interventions will complement the HVOP activities including:

• All condoms and other prevention efforts, including B and C messaging, alcohol messages and gender related activities. Critical focus will be on interventions addressing reduction of MCP, and consistent and correct condom use, especially in high risk sexual encounters and by HIV-positive persons.

• Small grants programs to work with community leaders, parents and teachers and other groups and individuals on HIV prevention, BCC. Capacity building efforts for civil society will include technical support on BCC efforts focusing OP and related (i.e. gender and alcohol).

• Develop life skills curricula, which include updated components on sexual education to include gender, GBV, and HIV/AIDS, specifically addressing teacher training, reduction of sexual harassment and abuse in the school environment, and provision of peer counseling and condom distribution in schools. Improve school-based reproductive and sexual health services; promote youth-friendly health services, in partnership with the MOH and the provincial and municipal health services, including expansion of VCT, STI and follow-up referral for reproductive health services.

• School-based programming will critically review the role of teachers, both positively and negatively,

existing and needed school based policies to protect students from sexual coercion and provide a systematic process for addressing these issues, and mandatory training for teachers.
• Also reach out of school youth and street youth with tailored messaging and activities
• Activities in collaboration with the INLS will include the creation and support of innovative and creative promotion of HIV services and related BCC campaigns at the national level, including campaigns, resources, and materials. Examples include collaborating with the private sector, support of national efforts, specialized campaigns, one-off activities such as events for World AIDS Day, national testing day, events during Africa Cup, stigma and discrimination campaign.
• Activities with the Jangos will focus on specifically tailored messages and customized activities to reach both in and out of school youth through both centers and outreach activities with an emphasis on gender norms, behaviors and vulnerability for HIV and will provide boys and girls with gender neutral skills such as computer- and language. Messages will include abstinence, secondary abstinence and fidelity components.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11981	**Mechanism Name: MOH/National Blood Center**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ministry of Health, Angola	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 700,000	
Funding Source	**Funding Amount**
GHCS (State)	700,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Minstry of Health (MOH) is the governmental body responsible for blood safety in Angola. Within the

MOH, the National Blood Center (NBC) is responsible for developing national policies and guidelines for the delivery and implementation of blood safety interventions. The NBC is the only official national safe blood service provider of the Government of the Republic of Angola (GRA). Supporting the NBC is consistent with the Millennium Development Goals and the national mandate to strengthen the central system for sustainable practices in blood safety.

The MOH/NBC is currently working with the USG, the GFATM the private sector, and Safe Blood for Africa to train blood service staff at the provincial level as well as medical personnel in the proper use of blood products, how to mobilize voluntary non remunerated blood donation (VNRBD), the strengthening of information systems, and exploring commitments for site renovations. With this collaboration in place, the MOH/NBC is positioned to use these funds to expand efforts to ensure an adequate supply of safe blood for transfusion from VNRBDs.

The USG with the GRA will also develop and implement a project-specific monitoring and evaluation plan by drawing on national and USG requirements and tools, including strategic-information guidance provided by the Office of the U.S. Global AIDS Coordinator and WHO. Furthermore, the USG will support development and implementation of a sustainability plan that includes advocacy with the GRA for increased commitment to national blood safety efforts. This is a continuation activity. FY 2011 will be:

1. Increase the number of VNRBD
2. Support the provinces
3. Most technical assistance will be provided through the CDC central mechanism with HOP funding.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	140,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**11981**
Mechanism Name:	**MOH/National Blood Center**

Prime Partner Name:	Ministry of Health, Angola		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMBL	700,000	

Narrative:

FY 10 funds were designated for capacity building and infrastructure development of NBC. The NBC will continue to implement the national screening strategy for all donated blood and blood products, using the most appropriate and effective tests, and adhering to good laboratory practices. This is a continuation activity and FY 2011 focus will be the following:

• Supporting centrally located training activities in Luanda to improve service development in Angola, particularly in the areas of quality management of blood donors, materials handling and testing for transmittable infections (TTI);
• Supporting situational analysis of selected provincial blood services.
• Assess and review the infrastructure, technical capacity, and existing or potential community networks that could support VNRBD;
• Training to promote and increase the number of VNRBD;
• Training, including principles of Quality Management Systems, in specific areas of blood safety, including monitoring & evaluation; and
• Support the provinces

Most technical assistance will be provided through the CDC central mechanism with HOP funding.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11983	**Mechanism Name: Capacity Project**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: IntraHealth International, Inc	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 250,000

Funding Source	Funding Amount
GHCS (USAID)	250,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In Angola, The GRA is currently in the process of strengthening the Human Recourses for Health capacity. Among other things, five new medical schools will open along with an unknown number of new training programs for creating new healthcare workers. As a result of this expansion, the number of health care workers will increase substantially in the next few years. Despite the chronic shortage of health care workers in Angola, specifically doctors, midwives, laboratory technicians and pharmacists, the current health care infrastructure is both unable and ill-equipped to absorb such rapid expansion of the healthcare workforce. In order to increase the absorbability of this large influx of new healthcare workers into the current system while managing existing workers, it is imperative that the USG provide technical assistance (TA) to support the implementation of managerial systems and build the capacity in the hiring, distribution, and retention of health care workers. The Capacity Project will provide support to the MoH and INLS with a Human Resources Assessment, the development of a Human Resources Strategic Plan, and the establishment of a Human Resources Information System.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	250,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**11983**
Mechanism Name:	**Capacity Project**
Prime Partner Name:	**IntraHealth International, Inc**

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Other	OHSS	250,000	

Narrative:

In FY 2011, the Capacity Project will be implemented in the priority areas of Luanda and Cunene to ensure that a well functioning management system is in place so that resources can be distributed equitably in the most effective manner. The project will then potentially be expanded to other regions of the country. Furthermore, it is essential that routine performance evaluation for healthcare workers are established and the appropriate in-service training can be offered to these newly trained healthcare workers once they enter the workforce in order to effectively monitor and improve the quality of the services they provide for their patients. The USG will support the MOH's effort to improve the retention rate of healthcare workers in the country and assist the government to establish and use use the Human Resources Information System to efficiency allocate and train healthcare workers according to need.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11985	**Mechanism Name: APHL (Lab)**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Association of Public Health Laboratories	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 162,000	
Funding Source	**Funding Amount**
GHCS (State)	162,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Significant efforts have been made by the Angolan MOH to support conditions to establish a functional National Reference Laboratory within the National Institute of Public Health (INSP). A solid laboratory network based on quality training and supervision is now essential to support expansion and

decentralization of HIV services. A tiered national laboratory infrastructure, supported and complemented with a national strategic plan, must be structured to maximize quality systems and support the sustainability of the response to HIV/AIDS. Quality systems are the basis for an appropriate laboratory performance and network. Quality systems are applicable to all areas of laboratory performance from management to supply chain management systems, from human resources to the sample traceability, also implementation of external quality assurance programs for testing, including sample re-testing at reference lab and testing of proficiency panels at sites. This is essential for all HIV programmatic areas (VCT, PMTCT, EID), patient follow-up, adherence, systematic disease surveillance and monitoring and evaluation.

With the support of PEPFAR in COP10, under this mechanism, the MoH is currently conducting a national assessment of the existing laboratory structure, its capacity, operational status, and constraints from the municipal to the national levels. This data will be used to inform the Strategic Planning process and the development of the National Laboratory Strategic Plan which has activities planned and funded under COP10).

APHL partners with leading health and international assistance agencies are working to strengthen laboratory capacity and build national laboratory networks in countries where there are limited resources. CDC has a central cooperative agreement with APHL to support several countries in strengthening laboratory services.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	142,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**11985**
Mechanism Name:	**APHL (Lab)**
Prime Partner Name:	**Association of Public Health Laboratories**

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Treatment	HLAB	162,000	

Narrative:

FY 2011 will focus on continuing support to Strengthen Laboratory Network and Quality Systems at National Level partnering with APHL and others. These activities include but may not limited to the following:

• Continuing to support the Quality Manager and the participation in a mentoring program on quality systems. The Quality Manager will work for the Angolan Public Health Institute (INSP), the National Reference Laboratory, to provide and implement a quality plan towards accreditation of the reference laboratories within INSP as well as provide technical guidance for quality systems to strengthen the national laboratory network;
• Continuing to support the implementation of a National Advisory Technical Committee for the laboratory network by promoting regular meetings.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11990	**Mechanism Name: TB coinfection**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Charles R. Drew University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 150,000	
Funding Source	**Funding Amount**
GHCS (State)	150,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Charles Drew University of Medicine and Science in Los Angeles, California (CDU) is committed to improving the health of the under-served populations of the world. CDU has been partnering with the Angolan Armed Forces on a prevention program since 2001, and has been expanding its relationships with Angolan agencies ever since.

In the context of growing HIV/TB co-infection in Angola, Africa, the proposed project focuses on developing Angolan institutional capacity for a coordinated and long-term response to these co-occurring epidemics. Through technical assistance provided by Charles Drew University to the Angolan National Programs for HIV and TB and to the medical universities of Agostinho Neto and Jean Piaget, this project will design protocols and training curricula to improve surveillance, diagnostics, and treatment of HIV/TB co-infection. At the conclusion of this project, the main institutions charged with the coordinated HIV/TB response will be in possession of the protocols that define the roles, obligations, and methodologies to be followed by health providers and other stakeholders, as well as training materials to prepare health providers to diagnose and treat HIV/TB co-infection.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**11990**		
Mechanism Name:	**TB coinfection**		
Prime Partner Name:	**Charles R. Drew University**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	150,000	
Narrative:			
COP 10 funding was for CDU to provide technical assistance to the National program for HIV and TB to design protocols and training curricula to improve surveillance, diagnostics, and treatment of HIV/TB co-infection. CDU also continued facilitating the national TB advisory group. For the COP FY 11 this is a			

continuation activity. In FY 11 the focus is as follows: Strengthening the paper-based reporting system Preparing for transition to electronic reporting USG will continue to provide short-term TA through headquarters.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12565	**Mechanism Name: Institutional development INLS**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: The Futures Group International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 100,000	
Funding Source	**Funding Amount**
GHCS (USAID)	100,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In 2006, the Institute for fighting HIV/AIDS in Angola (INLS) developed their second National Strategic Plan (NSP) for the 2006-2010 period. This plan has been used since 2006 to implement the Angolan HIV/AIDS strategy in the country and was the basis for two Global Fund proposals in 2008 and 2009. From April until July 2010, the INLS developed a new strategic plan. Two costing experts financed by PEPFAR helped the INLS make a budget for the strategic plan and later for the GFATM Round 10 proposal. In the coming year, HPP TO3 will give a follow-up to this costing exercise, in particular training staff of the INLS to enable them to do these exercises in the future themselves. HPP TO3 will also look at other facets of institutional functioning that can be improved in close collaboration with the INLS. In COP 11 the mission wants to continue providing institutional capacity building to the INLS.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	80,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12565**
Mechanism Name:	**Institutional development INLS**
Prime Partner Name:	**The Futures Group International**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	100,000	

Narrative:

The INLS requested USG to provide training to their staff in costing and give TA in other aspects of strengthening the functioning of the institute.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12943	**Mechanism Name: AFENET-LAB**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: African Field Epidemiology Network	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 378,000	
Funding Source	**Funding Amount**

GHCS (State)	378,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Significant efforts have been made by the Angolan MOH to support conditions to establish a functional National Reference Laboratory within the National Institute of Public Health (INSP). A solid laboratory network based on quality training and supervision is now essential to support expansion and decentralization of HIV services. Quality systems ensure a gold standard laboratory performance, from management to supply chain management systems, from human resources to the sample traceability, and implementation of external quality assurance programs for testing, including sample re-testing at reference lab and testing of proficiency panels at sites. This is essential for all HIV programmatic areas (VCT, PMTCT, EID), patient follow-up, adherence, systematic disease surveillance and monitoring and evaluation.

The Strengthening Laboratory Management Towards Accreditation (SLMTA) program will provide guidance to lead laboratories through the process of WHO stepwise accreditation. A SLMTA program consists on a set of individual laboratory assessments using the WHO accreditation checklist combined with training workshops for laboratory personnel and assignment/implementation of improvement projects to/by the lab professionals. Sustained steps achieved per each laboratory are accounted into the PEPFAR indicator for laboratory accreditation. The implementation of the program includes involvement of all stakeholders and country ownership in bringing the need for laboratory accreditation into the national agenda and priorities. The program has a major focus on developing national capacity for sustained implementation of the program by the country after first coached stages which invest in certifying national trainers, national assessors, and mentors. SLMTA identifies a matrix of specific needs allowing for a comprehensive approach of MoH and different partners and donors in supporting laboratories aiming for the final target of having certified quality laboratory services.

As per the 2009 INLS first quarterly report, the number of VCT sites increased over 21 times since 2004 and PMTCT services significantly expanded. This expansion of VCT and PMTCT services corresponds to a significant increase in HIV testing. Implementing quality control programs for rapid testing is fundamental to determine the quality of results and design rational interventions where needed, while Angola is increasing coverage of testing. Implementation of quality control of HIV rapid tests has been included in the National HIV/AIDS Strategic Plan which was updated in 2010. The existence of Dry Tube Specimens (DTS) allows for the production of proficiency panels that can be distributed and tested in testing laboratories and sites. Program includes training of central lab technicians on preparation of the

proficiency DTS panels, developing national capacity for sustainability, shipping to the testing units, training of testing laboratories and sites on how to manipulate the panels and register results; and interfacing between reference lab, testing units, and supervision.

AFENET is a non-profit organization and networking alliance dedicated to helping Ministries of Health (MOHs) in Africa build strong, effective, sustainable programs and capacity to improve public health systems on the African continent with a mission "To ensure effective prevention and control of epidemics and other priority public health problems in Africa". AFENET has recently initiated a collaborative effort with CDC to support African countries on strengthening laboratory services by improving quality systems.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	142,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12943**
Mechanism Name:	**AFENET-LAB**
Prime Partner Name:	**African Field Epidemiology Network**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	378,000	

Narrative:

FY 2011 will focus on continuing support to Strengthen Laboratory Network and Laboratory Quality Systems initiating a partnership with AFENET on laboratory activities. This partnership will allow leveraging efforts of AFENET support to the Angolan FELTP progam. AFENET works with MOHs and other public health institutions to strengthen their countries epidemiology workforce through Field Epidemiology Training Programs (FETPs) and Field Epidemiology and Laboratory Training Programs (FELTPs), which are residency-based programs in applied epidemiology and laboratory practice. FY 2011 activities include the following:

• Engage stakeholders with SLMTA, identify people to be trained as trainers and support ToT; • Initiate a SLMTA program (assessments, training workshops and implementation of improvement projects) with small group of laboratories; • Stakeholder meetings to discuss the first steps of implementation of rapid testing EQC and country expansion plan, is proposed; • Training of the reference lab to prepare the DTS panels; • Enroll testing sites providing training to the health professionals on the preparation and testing of the DTS panels as well on registry procedures.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12953	**Mechanism Name: FELTP MOH/National School of Public Health**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ministry of Health, Angola	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 200,000	
Funding Source	**Funding Amount**
GHCS (State)	200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Human resources represent a major challenge in terms of both quantity and capacity of the healthcare delivery system to address Angola's public health needs. Angola currently has one physician, fourteen nurses, one pharmacist and one laboratory technician per 10,000 people. These statistics illuminate the critical shortage of skilled public health workers, particularly field epidemiologists and laboratory managers, with the capacity to respond to the increasing public health needs in the Republic of Angola.

This shortage of qualified and capable health care workers poses a major challenge for healthcare delivery. The Angola Field Epidemiology and Laboratory Training Program (A-FELTP) is a collaborative effort of the Angola Ministry of (MoH), University Agostinho Neto, the African Field Epidemiology Network (AFENET), and PEPFAR to address human resource issues regarding qualified epidemiology and lab personnel.

The shortage of qualified health care workers poses a major challenge for quality and sustainable health care delivery. Implementation of the Field Epidemiology and Laboratory Training Program (FELTP) will 1)enhance retention of health care providers through specialization opportunities; 2) increase the number of qualified professionally trained health care workers through short term trainings (60 annually in field-based applied epidemiology, laboratory management and public health practice training); 3)strengthening the capacity of health and training institutions to meet accreditation standards; 4) contribute to the development of specific evidence based pre-service curricula; 5) in collaboration with the Avian Influenza program, through a staged process, 6-12 residents will be trained annually to earn a specialization or masters degree in public health; 6) develop curriculum for training of trainers and terms of reference for the lab trainers to build human resources to support expansion and decentralization of the laboratory network. Partnerships will be sought with the private sector to support students enrolled in the program. The program will be initiated in Luanda; other provincial universities that are now being stood up could receive training support initially via distant learning technology sponsored by the World Bank. Technical assistance will be provided to explore twinning opportunities with compatible universities to strengthen and adopt standardized, pre-service competency-based education driven by evidence of need.
The USG support for the A-FELTP, Angolan Field Epidemiology and Laboratory Training Program is consistent with the Government of Angola (GRA's) National Strategic Plan to strengthen a cadre of public health professionals to adequately respond to the national initiative to combat HIV/AIDS. A Memorandum of Understanding has been executed among the Ministry of Health and AFENET to establish the A-FELTP. CDC and MoH have been engaged in conversations with UAN. A single eligibility FOA is being prepared for the establishemnet of a CoAg with UAN to complement support to the A-FELTP.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	120,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12953		
Mechanism Name:	FELTP MOH/National School of Public Health		
Prime Partner Name:	Ministry of Health, Angola		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	200,000	

Narrative:

FY11 focus, the USG will continue funding the MOH to continue the following activities:
• Develop and implement, along with other partners, an integrated and sustainable training plan to build evidence-based public health capacity.
• Develop, along with other partners, curricula and facilitate courses in epidemiology, surveillance, outbreak investigation, biostatistics, among others, along with local faculty, MOH staff, and other guest lecturers.
• Work with counterparts to develop guidelines for trainee selection and select first cohort of trainees
• Work with counterparts to develop field site guidelines and obtain site commitments for participation.
• Designate a program director or other local focal person to be mentored to assume leadership responsibility and overall program management responsibility.
• Strengthen affiliations with international organizations, the Africa Field Epidemiology Network (AFENET) and Training in Epidemiology and Public Health Interventions Network, an umbrella organization of applied epidemiology and laboratory programs in other countries, and
• Enhance communications and networking of public health practitioners and researchers in the country and throughout the region.
• Enhance linkages between public health epidemiology and laboratories.
• Register up to 30 participants for each of two short courses.
• Register the first cohort students for the 2 year program.
• Enrollment of Cohorts for A-FELTP.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13163	**Mechanism Name: Gender Based Violence**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement

Prime Partner Name: Engender Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 500,000	
Funding Source	**Funding Amount**
GHCS (USAID)	500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Angola's population is an estimated 17 million with a HIV prevalence of 2% among the population aged l5-49. During 2004-2007, prevalence among young pregnant women rose from 2.7% to 3.1%. Angola is bordered by the high-prevalence countries of Namibia and Zambia and the growing prevalence of the Democratic Republic of the Congo, and the Republic of the Congo (Brazzaville).

USAID is initiating a comprehensive, multi-faceted prevention program to promote normative change and adoption of safer sexual behaviors, with the aim of reducing new HIV infections among the general population of which youth is a major component. A gender lens will be integrated into all activities, recognizing that cultural and gender norms may reinforce key drivers of the epidemic such as multiple and concurrent partners and transactional sex.

The challenge of HIV/AIDS and gender specific programming in Angola is the nascent and limited capability of civil society, due mainly to the 40 year long civil war, which decimated this section of society. The term "gender" is a relatively new concept in Angola and is typically equated with women, if considered and/or understood at all. There is a para-statal OMA, which is the voice for women and gender issues in Angola. However, this organization has political interests that do not always address the health needs of women and men. Another challenge to programming in Angola is the vast cultural and socioeconomic differences among provinces. There are different religions and cultural factors that influence important aspects of HIV/AIDS prevention, care and treatment for men and women. People report varying rates of male circumcision, risky sexual practices, self-identification as a Commercial Sex Worker (CSW), education and literacy levels and access to HIV/AIDS information. All of these aspects need to be better understood and considered through a gender lens in the design and implementation of programs.

This intervention started in COP 10 with an initial assessment about the in–country capacity and structure for responding to GBV within the public sector, specifically the Police and Health sector in Angola,

including policy and legislative structure, response/referral systems, and the capacity of relevant staff within the legal and health sector to implement scaled up programs. The assessment also aimed to determine the national barriers within the public sector; specifically police and health, to effectively ensure the men and women in Angola can equally exercise their basic human rights and receive equal protection from the legal system. The second phase, and the key activity in this GBV intervention, is capacity building of police and health sector staff to appropriately respond to victims of GBV. Activities will also address the policy framework and build linkages between legal and health services.
Raising awareness of existing and pending GBV legislation is critical. Guidelines, linkages, and referrals between institutions and response-systems need to be identified, strengthened and perhaps created to support implementation of the new legislation and provide protection for victims of GBV.
New legislation against gender-based violence (GBV) was drafted, and is pending approval from the Assembly. While the development of a law to protect against GBV is admirable, the entire process is slow and does not appear to be a top priority for the government. Once this law is enacted, it will take a significant effort to ensure proper and effective implementation.
Currently, when domestic violence occurs, it is difficult to file a complaint about sexual abuse or violence. Few forensic scientists and social workers trained in GBV exist in the country and charges are often not taken seriously by the police. This makes it virtually impossible to build a credible case (especially in cases of sexual abuse/rape). There is also a lack of referral systems to clinical settings, counseling, or support services for GBV (both government and civil society sponsored). Because of these barriers, women are often unprotected and trapped in abusive relationships and continue to be victims of GBV occurrences with no support and recourse.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	250,000
Human Resources for Health	250,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13163**

Mechanism Name:	Gender Based Violence		
Prime Partner Name:	Engender Health		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	500,000	

Narrative:

The activities under this intervention will fall into the OHSS budget code, as it is high level policy work to support the implementation of the new GBV law. This TBD will build, create and support critical linkages to, and between, support services and the legal system.

A critical component will be to build the capacity of key stakeholders, especially police. Bringing awareness of the law and its interpretation is critical to the effective implementation of the law. Linkages and systems need to be identified, strengthened and perhaps created to support its implementation. The initial phase of the projects is also explore possibilities of organizing support and collaboration with MINFAMU (Ministry of Family and Women), the police force and health, and other relevant GRA institutions and stakeholders for the GBV Capacity Building Intervention. This intervention will build, create and support critical linkages to, and between, support services and the legal system. The implementation of the GBV intervention, requires a strong partnership with the GRA's MINFAMU, who will be tasked with implementation of the legislation. However, other relevant ministries and stakeholders will also play important roles and the USG will collaborate with these key stakeholders to implement this policy. The UNDP and UNFPA, the European Commission, the local organization OMA and the Norwegian NGO Ajuda Popular de Noruega (APN) are key stakeholders that have already done a lot of work in the area of gender and GBV in Angola.

This project will coordinate with other prevention efforts to strategically incorporate interventions targeting gender-related issues into the comprehensive prevention package. This activity will also create and strengthen linkages with other prevention activities such as the, Community Based Prevention and MARPs projects, to improve how the government and civil society address gender issues, specific to the GBV legislation.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13171	**Mechanism Name: Next Generation BSS-TBD-CDC**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and	Procurement Type: Contract

Prevention	
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Considering the well documented importance of monitoring the epidemic and the behavior of most-at-risk populations (MARPs) for HIV, the Instituto Nacional de Luta contra a SIDA (INLS) has requested assistance in conducting behavioral and serologic surveillance (BSS) in Angola with MARPs. These BSS will include biological markers for syphilis and HIV with an in-depth, interviewer-administered questionnaire. The results of the BSS will constitute a baseline for a second generation behavioral surveillance system to be implemented in country. This baseline will provide program managers and planners with information that contributes to HIV prevention and care programs targeting these aforementioned vulnerable populations; as well as provide valuable insights regarding the prevalence of HIV and syphilis in these populations. The first priority cluster for BSS included young women engaged in transactional sex in the border region, men who have sex with men (MSM), and truckers. The INLS has identified the next priority cluster of BSS in priority order as prisoners, miners and uniformed forces (police and border authorities).

Status of the first BSS+: The preliminary field investigation (formative research) and protocol development phases of the study were conducted in FY2009. Since that time, considerable progress has been made on the implementation of the young women's BSS. The protocol has been approved by all relevant parties and data collection completed. Data analysis in underway. A contract has been awarded for the MSM BSS and the protocol has been finalized and approved by the local IRB. Datat collection is pending CDC IRB approval and anticipated to start March 2011. The solicitation for the trucker BSS is being re-announced; there were no successful proposals in response to the first announcement. These activities will be completed with prior year funding. During 2010, the USG expects to award contracts to begin the next cluster of BSS based on the priorities established by the INLS targeting prisoners, miners and boarder authorities in that order. It is unlikely that all three studies will be funded with the limited

funds available. These awards will be made by September 30, 2011.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	Redacted

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13171**		
Mechanism Name:	**Next Generation BSS-TBD-CDC**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	Redacted	Redacted

Narrative:

These activities are a continuation of FY 10:

Oswaldo Cruz Foundation (prior sub-grantee of Tulane University): Young women engaged in transactional sex on the Angola-Namibia border region of Cunene:
1. Data analysis and dissemination of results

Tulane University: Men who have sex with men (MSM)
1. Obtain approval of relevant IRBs.
2. Survey implementation/data collection
3. Data analysis and dissemination

Awards will be made to organization(s) TBD to conduct a BSS+ among truckers, prisoners, miners, and border authorities (in this order) should sufficient carryover funding be from years funding. Activities for each study will include the following:
1. Protocol development and approval by relevant IRBs or other appropriate body

2. Survey implementation/date collection 3. Data analysis and dissemination

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13236	**Mechanism Name: I-TECH (International Training and Education Center for HIV)**
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: University of Washington	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 300,000	
Funding Source	**Funding Amount**
GHCS (State)	300,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

ITECH works increasingly on projects that twin universities. Partners are assisted to help improve the quality and relevance of pre-service education for a range of health care professionals, including graduating physicians, clinical officers, nurses, social workers, psychologists, and lab technicians. ITECH provides competency-based HIV and AIDS curricula for nursing and medical schools. ITECH provides technical support to schools in several developing countries across the globe inorder to help those schools integrate infectious disease-related content into their training. In Angola, ITECH will provide the technical assistance required for health care professions training with an initial emphasis on the most established public universities in Angola. Those universities are in Luanda and Huambo.

The Angola MOH programs require additional staff in various technical areas, but a description of the profiles needed and the tasks/scope of practice responding to the needs of the country are not well

defined. There is a need to update the pre-service syllabi of health care providers, but coordinating this update with the Ministry of Education (MoE) has taken more than four years. Technical assistance is needed to move this process forward. The secretariat of higher education based out of the MoE regulates all higher education in the country. The MoE conducts these health training, accredits the teaching system and defines the career categories in Angola The MoH manages 18 training institutions for mid-level practitioners and has opened five health schools in different provinces with an emphasis on basic-level training. There is presently a plan in place to eliminate basic-level staff through promotion programs that will upgrade them to mid-levels. The MoE hopes to reinforce the technical competencies of the trainees / health professionals.

Senior-level training provided by the Faculty of Medicine at the Universidade Agostinho Neto trains nurses, physicians, and lab technologists with an emphasis on physicians, and graduates about 80 – 90 students annually. The Instituto Superior de Enfermeria (ISE) trains nurses. The government recently opened five more medical schools in different provinces under the government's decentralization plan, which includes the training of health providers. The government's plan is to graduate approximately 400 physicians annually within the next 4 to 5 years in different regions. It is hoped that this will contribute to retention of health staff in their home areas and stimulate research and other academic capacities in the region.

Until now, most senior level nurse graduates have been managers. For those who have specialized in teaching, their scopes of work have been clear. However, confusion exists around those conducting clinical work because there is not a clear distinction of roles among the different categories of nurses (basic, mid-level and high level). Most difficulties occur for those graduates who are employed at public health facilities where there is no tradition for placing high-level nurses in facilities as health care providers. In private clinics nurses typically manage the facilities and care for specialized cases. In the nursing curriculum, there is an integrated course on Sexually Transmitted Infections (will become Infectology in future courses), which covers HIV content. Currently, only physicians are authorized to prescribe ARVs, although there is a debate as to whether this will continue. The Faculty of Medicine and the ISE should work closely together in this area to maximize on efficiency and resources.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	200,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13236		
Mechanism Name:	I-TECH (International Training and Education Center for HIV)		
Prime Partner Name:	University of Washington		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	300,000	

Narrative:

The Angola MOH programs require additional staff but the profiles needed and the scope of practice is not well defined. Additionally, there is also a need to update existing pre-service curricula for health care providers. When coordinating with the Ministry of Education, it has taken a significant amount of time to advance these activities; approximately four years. As a result of this lag, technical assistance is needed to move this process forward. Working with the Ministry of Education, ITECH proposes to conduct a pre-service initiative through the provision of technical assistance required for health care professions. ITECH works increasingly on projects that twin universities. Partners are assisted to improve the quality and relevance of pre-service education for a range of health care professionals, including graduating physicians, clinical officers, nurses, social workers, psychologists, and lab technicians. ITECH provides competency-based HIV and AIDS curricula for nursing and medical schools. Additionally, ITECH provides technical support to schools in several developing countries helping them integrate infectious disease-related content into their training. In Angola, ITECH will provide the technical assistance required for health care professionals training in Angola with an initial emphasis on the most established public universities in Angola situated in the province of Huambo.

FY 2011 focus will be:
• Assessing the clinical content and teaching methods of existing curricula;
• Rewriting health care curricula to integrate evidence-based content, including learning objectives for curricula and competencies for graduates;
• Developing supporting materials, including syllabi, lesson plans, and reference manuals;
• Mentoring and building capacity in faculty and other stakeholders in new clinical content, teaching methods, curriculum design, and monitoring and evaluation; and
• Evaluating educational outcomes.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13237	**Mechanism Name: MAPPING/GIS USAID**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: University of North Carolina at Chapel Hill, Carolina Population Center	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 200,000	
Funding Source	**Funding Amount**
GHCS (USAID)	200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The GIS mapping project was initiated at the end of FY 09 with AED as the implementing partner. However, the implementing partner was switched during FY 10 to Measure Evaluation, which will continue working with and supporting GEPE the MOH department for data collection. The long-term goal of the project is to contribute to improving the response to the HIV/AIDs epidemic in Angola through improvement of the HMIS. The short-term objective is to provide support to the sanitary mapping project of GEPE to identify areas with the greatest need for the GRA, USG and other stakeholders to deploy resources. There is a great need in Angola for an increase in coordination for an expanded and sustainable response to HIV. An obstacle for this is the critical gaps in services and evidence base, including availability of data and the location of services. In keeping with these objectives, Measure Evaluation is tasked with supporting the MOH (GEPE) to complete their mapping exercise in Angola, where maps are still lacking in 7 provinces, illustrating the type of facilities, the locations, and types of services offered at the facilities and the recourses available. Some of the HIV services being analyzed include: Voluntary Counseling and Testing (VCT), Prevention of Mother to Child Transmission (PMCTC), Lab capability for CD4 and Tuberculosis testing and treatment.

Within the first phase of implementation a first set of draft maps were produced, aiming at detailing the location of facilities and the types of services offered on province level. This included collecting existing data and coordinating with other implementing partners, other stakeholders and the Government of Angola. The first phase of the project resulted in a set of maps. The collection of primary data will begin in

the second phase. The maps will continually be updated with incoming data from both collected by the implementer but also provided by other studies, AIS, PLACE, BSS etc., expected to be conducted during the fiscal year. AED also initiated training of three staff from the Ministry of Health in GIS analysis and map making. A lesson learned from this first implementation phase was the need to work more closely with MOH on data collection and dissemination. This eventually led to the need of identifying an implementing partner with the capacity not only to produce GIS products but also to build the capacity in and support the MOH in data collection and analyses. Therefore the decision was made to shift the focus on the activity from mapping health services to support the ongoing mapping exercise taking place within MOH.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	60,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13237**
Mechanism Name:	**MAPPING/GIS USAID**
Prime Partner Name:	**University of North Carolina at Chapel Hill, Carolina Population Center**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	200,000	

Narrative:

Data from secondary sources is anywhere from two to five years old and detailed data is lacking for the country. During FY 10, AED collected primary data based on available data in the various departments of the MOH.

The following will be mapped under this activity:

• Provincial and regional hospitals and possibly Municipal hospitals/clinics.

• Health facilities offering Voluntary Counseling and Testing (VCT), Prevention of Mother to Child Transmission (PMCTC), Antiretroviral Therapy, and Tuberculosis testing and treatment.

• Laboratories that provide CD4 and HIV/AIDS testing.

• TB Facilities An important aspect of this activity is the training of national government staff on data analysis and GIS map creation, as well as staff at other government agencies and at the provincial and local government levels.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13264	**Mechanism Name: MARPs: Project PROACTIVO**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Population Services International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,800,000	
Funding Source	**Funding Amount**
GHCS (State)	1,800,000

Sub Partner Name(s)

TBD		

Overview Narrative

PEPFAR Angola will initiate a comprehensive, multi-faceted prevention program to promote normative change and adoption of safer sexual behaviors, with the aim of reducing new HIV infections among general population adults, youth and high-risk groups. The program will align with GRA priorities and directly support the Prevention Thematic Area of the Partnership Framework, especially as outlined in Goal 2. Reduce the spread of the HIV epidemic, objective 4: Increasing number of people adopting safe sexual behaviors.

Specifically, the USG prevention portfolio in Angola will seek to:

- Reduce risk behaviors such as early sexual debut, multiple concurrent partners (MCP), transactional, commercial sex, inconsistent condom use, gender-based violence (GBV), and sexual risk associated with

alcohol use.
- Use gender-sensitive approaches to reach high risk groups such as youth and adults engaged with multiple concurrent partners, including, mobile population (e.g. truckers, military and police), and areas of high concentration of sex workers.
- Target geographic areas/hotspot venue including areas of high population density such as Luanda, border areas such as Cunene, and transportation corridors such as from Cunene to Luanda.
Angola has a mixed HIV/AIDS epidemic. HIV/AIDS data available show a slightly higher prevalence among women than men, with a principal transmission method being heterosexual sex, as described in the sexual prevention TAN. There are an increased number of cases in provinces near the borders and cities with high population density, such as in Luanda. This trend is associated with the population mobility, poverty, the limited access to primary health care, as well as sexual practices (UNGASS 2007). The prevention program will require concerted attention to the general population while simultaneously concentrating on specific targeted populations such as youth (<15, 15-24) who represent 60 percent of the population, and the highest risk populations. Considering that the main mode of transmission is heterosexual sex; and the common practice of multiple concurrent partners (MCP) is an important driver, though data needs to be strengthened to improve the understanding of the dynamics of the epidemic. Additional key drivers of the epidemic include: high rates of unprotected sex, either low and or inconsistent condom, or low perception of risk. Commercial sex workers, their clients and mobile workers (including truck drivers, miners, military personnel and the police) are assumed to be the most at risk populations in Angola. HIV prevalence among sex workers was reported at 23.l percent (UNAIDS 2008). Little is known about men, who have sex with men (MSM) in Angola, but studies are planned, and there is government support for this work. Although there is little data on prisoners they are a population of concern, as are most vulnerable youth. IDUs are not known to be a MARP in Angola.
In Angola's PFIP, there are three main Prevention packages outlined: prevention package for the general population, prevention package for youth and prevention package for MARPs. To avoid vertical programming and in order to achieve the maximum results on an epidemic with limited amount of data, it is important to focus efforts in an efficient, comprehensive and integrated manner. In terms of implementation of these three packages, USAID's prevention efforts will be split into two main projects and a targeted intervention, one geared towards general population and youth in the community, one reaching Angola's MARPs/highest risk-groups and one geared towards higher-risk general population at hot spots. A gender lens will be integrated into all activities, recognizing that some cultural and gender norms reinforce key drivers of the epidemic such as multiple and concurrent partners, gender based violence and transactional sex.
Well-structured prevention interventions will be directed to difficult and hard-to-reach locations in the country. For each of these specific populations a distinct prevention package is needed. Each package will contain the components of condom promotion, procurement and distribution, tailored messages on prevention, expansion of HIV voluntary counseling and testing, STI prevention and treatment, stigma

reduction for people living with HIV/AIDS, gender equity, and reduction of gender-based violence. Although the proportion of people using male and female condoms rose in recent years, the uptake is still low, and efforts to increase correct and consistent condom use will be strengthened. People living with HIV in these targeted communities are a further priority. Interventions will be customized for different risk groups based on their respective needs.
• The overall goal of this project is to ensure delivery of a comprehensive package of services for MARPs: There is substantial evidence for the effectiveness of a comprehensive package of interventions for populations most-at-risk for HIV, including commercial sex workers, their clients and other high risk populations.

The program will also incorporate linkages to "MARP-friendly" health services, especially referrals to HIV care and treatment which is provided by the GFATM and GRA, given high prevalence in these populations. These linkages may also include referrals substance abuse services, PMTCT (including family planning), and post-exposure prophylaxis as available and appropriate to meet the needs of each vulnerable group as appropriate. Sensitization of health care providers to provide MARP-friendly services will also be a critical part of the package. The program will explore opportunities and linkages with other implementers to bring mobile HIV testing services to locations that are convenient to MARPs.
Due to stigma and discrimination, and a lack of data on MARPs in Angola, thus far HIV-related services have not focused significantly on most at-risk populations. Existing data on HIV in Angola and anecdotal evidence from organizations serving MARPs and other prevention efforts indicate that commercial sex workers, clients of sex workers and mobile men are at significantly increased risk for HIV infection. Although there is a clear need for more systematic data on these populations, the limited data available suggests a mixed epidemic, with various geographic hotspots and MARPs bridging into the general populations. Additionally, due to limited data, there are no reliable estimates of the size of these MARP/high risk populations or mapping of their locations.
Anecdotal evidence suggests that sex workers continue to have unprotected sex, usually at the paid request of their clients. Because MARPs often have sexual contact with the general population, neglecting the prevention needs of MARPs spurs a continual reservoir of new HIV infections in the country. In order to effectively address the HIV/AIDS epidemic in Angola, it is essential to address both the needs of the general population at risk of HIV and those of specific MARP groups.
In FY 08 and FY09 USG supported NGOs that brought BCC and condoms to CSW and truckers in particular. TraC studies were implemented after some years of intervention and show only little change. More in-dept studies were planned and executed to come to more effective interventions that really will lead to behavior change and not only to more knowledge. The National Network of PLWHA was supported to advocate for better services for PLWHA and interventions (PwP) were planned. All involved local NGOs received institutional capacity building to improve their management and M&E.
Plans for FY 10 will include a continuation of existing MARP focused activities. These existing activities

will continue to focus on CSWs, their clients and truckers. Strengthened and expanded activities that reach additional MARPs both in the groups defined above and new key MARPs will be defined and designed, in line with the Prevention strategy in the next five years. Project interventions are likely to be targeted in year one, in order to conduct all of the planned and critical data collection efforts. Based on the results of the data collection and studies, the MARP program will be further defined and expanded and will collect additional data including mapping exercises if needed to inform the design of MARPs activities.

Specifically this project will work to scale-up the delivery of this package to MARPs in priority prevention areas in selected geographic areas through collaboration with local MARP focused organizations. The program will use data and information derived from current and planned studies and program monitoring to strengthen service delivery and to propose additional innovative approaches to reach MARP with prevention services.

Key objectives of this prevention project for MARP/high risk populations include:

Objective 1

Reduce risk of HIV among MARPs and bridge populations by increasing consistent condom use and the adoption of safer sexual behaviors.

The project will expand and increase quality of interpersonal communication and outreach to promote essential elements of HIV prevention—behavior change, products and services—that targeted populations require to protect themselves from new infections (or, given their higher rates of infection, to prevent others from being infected.)

Objective 2

Expand and increase uptake HIV counseling and testing targeted to hard-to-reach populations, and strengthen linkages to other HIV and health services.

The emphasis will be on expanding demand creative and innovative approaches to providing CT for populations who may not access services, due to stigma discrimination reasons, at mainstream clinics; strengthening screening and treatment of sexually-transmitted infections (STIs); and referral for HIV care and treatment and other services.

Objective 3

Continue to improve targeting and uptake, efficiency and sustainability of condom social marketing (CSM) and provision of and access to public sector condoms.

Support and link to existing CSM activities to ensure continuity in the supply of condoms, with increased focus on condom promotion and sales in high-risk populations and communities. Support linkages and distribution of free condoms through peer education and outreach components.

Objective 4

Strengthen capacity of government, civil society and the private sector to deliver comprehensive HIV services for high-risk populations and to create an enabling environment for service expansion.

In the Angolan context, where sex between men and commercial sex remains taboo and stigmatized and

possibly punishable by law, HIV/AIDS programs must enlist the explicit cooperation of law enforcement, health authorities, and the political and religious communities, to reduce the fear of arrest and stigmatization that cause MARPs to avoid health seeking behaviors. Critical advocacy efforts will focus on mobilizing key stakeholders, including government, civil society and members of targeted populations, to create a legal, political and social environment where MARPs can be reached with effective prevention programming. The project will help strengthen government coordination of programming for MARPs, and enable local NGOs and community-based organizations (CBOs) to advocate and mobilize resources for, and to deliver appropriate services to targeted populations in close collaboration with GFATM (through a possible extension of round 4).

The program will look to partner with commercial sex workers, MSM and human rights organizations and networks, in order to spearhead advocacy for policies to reduce barriers for the delivery of services. A range of local, national and regional stakeholders will be encouraged to assume leadership for advocacy efforts, so that this policy work is sustainable beyond the life of the project. The program will support stakeholders by ensuring timely and accurate use of data for policy work and advocacy, and for evidence-based decision making.

This project will provide sub-grants and capacity building to a variety of CBOs, CSOs, networks and other key stakeholders related to MARPs. The transfer of knowledge and skills required to operate efficient, cost-effective, accountable and transparent organizations is essential to managing integrated interventions for MARPs and high-risk populations. Moreover, solid organizational performance is fundamental to the short and long-term success of the provision of and scaling up of interventions. Capacity building efforts should work to meet the particular organizational development needs of target organizations. Capacity-building will cover a broad range of substantive areas, ranging from advocacy to administration and finance, governance, leadership, management, networking, and strategic planning. Particular attention will be given to monitoring and evaluation, supportive supervision and quality assurance, given the importance of the quality of interventions to achieving successful behavior change.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	720,000
Human Resources for Health	720,000

Key Issues

Workplace Programs

Budget Code Information

Mechanism ID:	**13264**		
Mechanism Name:	**MARPs: Project PROACTIVO**		
Prime Partner Name:	**Population Services International**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	1,800,000	

Narrative:

In program activities, PROACTIVO will prioritize CSWs, truckers, other clients of sex workers (mobile populations, men with money, and security personnel) and MSM. CSWs and MSM will be reached through peer-education and other interpersonal approaches, while truckers and other clients of sex workers will be reached through "hot zone" activities in bars and nightclubs and through targeted community and mass media. Gender sensitive communications with CSWs, truckers and MSM will include messages about the importance of correct and consistent condom use with all clients and non-casual partners.

Since many CSWs would not self identify as sex workers, activities will also target transactional sex where appropriate. Male sex workers and MSM are also hidden, vulnerable and hard to reach populations, requiring increased attention and tailored programming. Given that different MARPs, such as CSWs and truckers, face different challenges and have various needs, prevention initiatives targeted to MARPs need to be evidence-based and tailored to each MARP sub-population and context, and linked to behavioral outcomes.

Under this program, the PROACTIVO project will support the combination HIV prevention approach advocated by the GRA by delivering and coordinating evidence-based behavioral and structural interventions, while supporting biomedical interventions such as referrals to HIV counseling and testing and STI treatment. Behavioral interventions will include a broad range of communications with a primary focus on community outreach and mobilization. PROACTIVO is supporting structural interventions by addressing stigma and discrimination against MARPs and advocating for an environment supportive of healthy sexual behaviors and gender norms. PROACTIVO supports biomedical interventions by promoting uptake of services, addressing behavioral and structural barriers to use of services and establishing strong referrals.

The PROACTIVO strategy prioritizes evidence based activities that will link MARPs and their sexual partners to a core package of interventions that reach target populations at the individual, sexual networks, community and societal levels.

Specific key activities include:

• Promotion of MARP friendly services is a very important to reduce stigma and discrimination. Promotion of and linkages to 'MARP-friendly' healthcare services includes VCT, referrals for post-exposure prophylaxis, male circumcision, family planning/reproductive health including PMTCT and antiretroviral services etc and to build capacity in staff to appropriately respond to the special needs of MARPs.
• Conducting a mapping exercise within the selected geographic zones building upon the findings of the forthcoming BSS and PLACE/MAP studies conducted by other organizations. The mapping exercise will identify and list all project hotspots in the targeted zones; gather more reliable, recent estimates of specific MARP; identify health service providers (STI, VCT, FP, ARV) in and around major transport hubs and ports; and facilitate monitoring of project intervention coverage. This will allow the project to work with the GRA to finalize strategies that are responsive to each MARP's specific needs.
• Support the GRA in its effort to take mobile VCT to national scale. This approach will be consistent with the MOH's current policy that only trained health staff should implement or manage care and treatment activities such as VCT; and it will also support the INLS' work to expand access to VCT in fixed sites and to ensure that each province has at least two mobile VCT clinics.
• Support GRA in the establishment of a National MARP Working Group. PROACTIVO will seek to establish a MARP Working Group within the broader multi-sectoral HIV coordination committee linked to INLS. PROACTIVO will work with GRA, INLS and other stakeholders on national level to develop a basic terms of reference and structure for the MARP Working Group in the first three months of the project.
• Provide sub-grants to local NGO/CBOs to implement prevention activities focused on MARPS. These organizations will be selected through a competitive process to fill gaps in coverage and to ensure that MARPs' unique needs are met, to contribute to an increased capacity in civil society to respond to MARPs and decrease stigma and discrimination.
• Interpersonal communications. PROACTIVO proposes two approaches to IPC: 1) Trained outreach workers (known locally as activists) implement small group sessions with targeted messages that can have an impact. These can include drama activities at a truck stop and followed up by a 'question and answer' session. 2) Peer educators. Recruiting and retaining peer educators is extremely challenging in Angola. However, peer education is a very effective means of encouraging behavior change and, despite its challenges; it will remain a key approach under this project.
• Alcohol and bar initiative to address alcohol and HIV risk among MARPs. Activists conduct one-off outreach sessions in popular bars and clubs in hotspots. PSI/Angola and its local partners will broaden bar and club work through a concerted effort to build relationships with owners, servers and other employees of nightclubs, bars and brothels and recruit them for condom promotion and IEC material provision.
• Guerilla Marketing. Guerrilla marketing techniques use unconventional marketing approaches in nontraditional venues. Guerrilla marketing is designed to create a memorable experience that generates "buzz" and spreads in viral fashion through word-of-mouth.
• Targeted IEC materials. PSI/Angola will work with the INLS and other government partners to create a

comprehensive national strategy for targeted IEC materials for each MARP population. These will include materials used by peer educators and outreach workers when conducting IPC activities, as well as low literacy materials for direct distribution to target populations. To ensure the success of these materials, representatives from communities and MARP will be involved in their development and pre-testing.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13487	**Mechanism Name: Health System Strenghtening Intervention**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

TBD		

Overview Narrative

From October 2007 USAID PEPFAR funding has supported an integrated health system strengthening activity, Angola Essential Health Services Program (EHSP), leveraging with PMI, FP and TB funding. The activity received funding for its last implementation year in COP 10. In COP 11, a follow on activity will replace the current EHSP. The TBD will also be an integrated activity with leveraged funding from PMI and FP. 0

The purpose of the HIV/AIDS component is to prevent HIV/AIDS transmission in Angola by improving the national and provincial capacity to address the HIV/AIDS epidemic, and to increase access to quality VCT and PMTCT services including follow-up for HIV-positive individuals. The integrated project will target

three key provinces; Luanda, Huambo and Cunene. The HIV/AIDS component will further give support, building on previous interventions under the EHSP project, in additional provinces. In selecting the final geographical target areas, priority will be given to provinces with the highest HIV prevalence, as well as all along the transport corridor between Luanda and Cunene.

The overall objective for this TBD Activity is to contribute to the improved capacity of the health system in targeted provinces to plan, budget, and deliver quality health care and services. In core provinces the activity will work closely with the DPS to develop a strategic approach to target the whole health system in the province, including targeting all municipalities. A lesson learned from previous intervention is the importance of local presence to build relationships and maintain close collaboration with the DPS. Therefore it is expected that the TBD implementer recruit and place key staff locally, in at least the core provinces, establish a working relationship with the DPS and develop an implementation approach tailored for each province during the first year of implementation. It is also important that this project closely coordinates with other USG supported activities such as the Community Based Prevention and MARPs intervention in areas where there is overlap, and with other relevant donors and stakeholders in each province.

It is crucial that his TBD activity builds on achievements and lessons learned from four previous years of implementation within the EHSP activity; A major achievement of the EHSP/SES three year (Oct. 2007-Sept.2010) HIV and AIDS component was the establishment and supporting of 37.2% of all new PMTCT sites within the country, and 48.5% just in Luanda. A total of 66 PMTCT services have been established and supported exceeding the target of 41 services for the three year period, providing the minimum package of PMTCT services according to national and international standards. Additionally, A total of 1,149 women were provided with ARV to prevent the risk of Mother –to - Child HIV transmission against a target of 783. The coverage for prophylaxis increased from 22.1% in 2009 to 43.3% in Sept. 2010. Numbers of health care workers trained also surpassed expectations. A total of 303 Health workers received PMTCT training exceeding the target of 215. EHSP's successes were greatly enhanced by a strong working relationship between EHSP and the INLS and DPS teams that facilitated the trainings, supervision and logistical support; The project work plan took into consideration the priorities set by INLS and DPSs; Community mobilization to promote the use of PMTCT and VCT services; Innovative approaches such as use of mobile phones to reach the rural areas and investing more in supervision and refresher training. Additionally EHSP participated in the elaboration of the Round 10 proposal to be submitted to the Global Fund and the development of the National Strategic Plan 2011-214.

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A major achievement in the three years of the project in CT was that 144,432 individuals received counseling and testing exceeding the targeted 93,610. EHSP supported a total of 54 VCT service outlets surpassing the target of 43 outlets providing counseling and testing for HIV according to national and

international standards which represents 16% of the total VCT outlets in the country. Number of counselors trained surpassed their targets with 381 trainees.

In the three year period EHSP, trained 1,941 in both HIV related stigma and discrimination reduction and HIV-related community mobilization for prevention, care and/or treatment.

The follow on TBD project will build on the achievements and lessons learned from the EHSP projects. In this context, close coordination with the Community Based Prevention and MARPs activities are central, since core components of these projects include technical and institutional capacity building of local organizations and stakeholders, including staff from GRA such as health staff and activists on local level. Behavior change communication and outreach communication activities within the CBP and MARPs also include promotion of, referral and link up to health services. As well, the systemic approach of the HSS TBD of aiming to target, not a set of clinics but, the health system on all levels in each province on requires increased coordination with not only service providers but civil society, traditional leaders and private sector etc.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13487**		
Mechanism Name:	**Health System Strenghtening Intervention**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	Redacted	Redacted
Narrative:			
In COP 11, this TBD plans to continue to support VCT; prioritizing provinces with the highest HIV prevalence. Additionally, the transport corridor between Luanda and Cunene province is a critical area of			

focus.

The project will increase VCT in reproductive health services at the municipal level. The TBD will support the GRA effort of increasing VCT, with expansion to both new centers and mobile clinics, in key geographic regions. The TBD will work with the GRA to establish new VCT service sites if possible together with PMTCT by rehabilitating existing health centers with GoA, USG and GFATM funds and integrating services at government health facilities.

Specific activities include the provision of equipment and small scale refurbishment for counseling and testing services; training in Counseling and Testing including lay counselors; increased provision of supportive supervision and in-service training.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted

Narrative:

In COP 11 the project will focus on a strategic set of activities contributing to the overall efforts for health systems strengthening.

The TBD will help the DPSs to coordinate meetings at provincial levels between partners in the fight against HIV/AIDS to share information, discuss challenges and strengthen linkages

The TBD will provide support to MOH in the decentralization process by providing technical assistance in the areas of finance and planning, national health accounts, and gap analysis. The TBD will work to expand quality control system at municipal and provincial levels to strengthen supervision of health staff and community health workers. Additionally, the TBD will support the MOH to develop capacity of existing health care workers (doctors, nurses, nurse-midwives, medical assistants, laboratory technologists; pharmacy technicians) work on upgrading the clinical, leadership, management, planning, supervision, information systems, quality improvement of services, and stigma reduction skills of health care workers via in-service training at provincial and municipal levels. Collaboration with the MOH will also include support to develop a policy and plan for task shifting to nurses, auxiliaries and community health workers; the establishment of a policy for community health workers to guarantee appropriate follow up to diagnosis (both positive and negative), care and support, and treatment (adherence), and assistance in formulating a strategy to reinforce the referral system.

Some specific activities will include: the provision of technical assistance to train health personnel for PMTCT/VCT; support and management of the mobile clinic; updating national guidelines for CT policies,

development of Standard Operating Procedures (SOP); an emphasis the quality of counseling; follow-up for HIV+ in treatment adherence; training of lay-counselors training; improvements of M&E for CT and the follow-up of PMTCT at the provincial level; as well as training and support to staff in to strengthen M&E and supervision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted

Narrative:

To promote health seeking behaviors and raise awareness among general population and increase access and accessibility of health services for the general population, this TBD will support community mobilization and communication activities using the successful implementation of community health workers training, the link between the health services and the CHW and through capacity building of CSOs and local NGOs and church groups in prevention, care, stigma and discrimination reduction. Prevention activities, conducted mostly through community agents put an emphasis on understanding risk reduction and promoting key behavior change messages, in line with the overall, national behavior change messages and campaigns. The capacity of community agents will continue to be built through training, supportive supervision, management and technical assistance, in close collaboration with the Provincial government. Technical assistance in provision of quality other prevention programming, including STI prevention and treatment and condom promotion and distribution will be provided by EHSP. This component of the project will leverage and coordinate with the prevention projects PROACTIVO targeting MARPs to promote the access of 'friendly' health services, and the Community based prevention to include and engage communities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted

Narrative:

In COP 10, this TBD plans to continue to support to PMTCT services ; prioritizing provinces with the highest HIV prevalence and along the transport route. The aim is to achieve 100% coverage of ANC facilities in both Luanda and Cunene province as well as the transport corridor between the cities in the upcoming two years.

Specific activities will include the on-going collaboration with GRA, USG and GFATM in order to establish new PMTCT sites by rehabilitating existing ANC centers. These sites will be integrated into existing services at government health facilities and will utilize personnel and funds from GRA, USG and GFATM. Plans are to increase CT coverage in prenatal services, and CT and PMTCT at delivery and post partum, at both the provincial and municipal levels. The EHSP will also strengthen integration and articulation

with Maternal -Infant Services and Family Planning at municipal level, as well as increase the provision of reproductive health/family planning services at PMTCT sites. Activities will also include training of health staff in integrated PMTC and Family Planning services and M&E. Increased emphasis will be placed on quality monitoring and follow-up of HIV positive pregnant women and exposed newborns, increased supervision and in-service training; and strengthened south to south cooperation.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13505	**Mechanism Name: Social Marketing for Health**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

TBD		

Overview Narrative

Angola is considered having a mixed HIV/AIDS epidemic with an official national prevalence of 2%. The research and evidence base in Angola is growing; available data indicate the main mode of transmission is unprotected heterosexual sex. The common practice of multiple concurrent partners is an important driver, though data need to be strengthened to improve understanding of the dynamics of the epidemic. Commercial sex workers (CSWs) and mobile workers (including truck drivers, miners, military personnel and the police) are assumed to be the most at risk populations (MARPs) as they are in other sub-Saharan countries. Little is known about men who have sex with men (MSM) in Angola. HIV prevalence among

sex workers was reported at 23.1% (UNAIDS, 2008). An estimated 77 percent of young people aged 15-24 in the general population did not correctly identify ways of preventing sexual transmission of HIV, and up to 32% of youth initiated intercourse before the age of 15 (UNAIDS, 2008).

Condom use rates in Angola are low. A study conducted by Population Services International (PSI) indicates that only 55% of youth used a condom with their last casual partner, 37% with a non-married permanent partner, and 19% with a marital partner. Data collected from clients at voluntary counseling and testing (VCT) centers also indicate low condom use rates. 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%.
The PEPFAR program Angola is initiating comprehensive, multi-faceted prevention programs to promote normative change and adoption of safer sexual behaviors, with the aim of reducing new HIV infections among general population adults, youth and most at risk populations (MARPS). To meet the overall goal of improved health status in Angola, the integrated Social Marketing for Health project will scale up the access of health products, including condoms, bed nets, contraceptives and water purification tabs, in Angola and will build on lessons learned and achievement from previous similar USAD supported interventions. The HIV/AIDS component of the project aims to ensure the availability of both commercial and generic brands of condoms nationally, for prevention interventions, specifically targeted for prevention activities in areas considered as hot spots.
USAID also supports an integrated health system strengthening project and Community Based Prevention and MARPs projects. The Social Marketing for Health Project will leverage with all other interventions and cater to all sites and activities, as well as building links and cooperation with GRA and other stakeholders.

A gender lens will be integrated into all activities, recognizing that cultural and gender norms may reinforce key drivers of the epidemic such as multiple and concurrent partners and transactional sex. Gender inequality and social and cultural norms that put both men and women at increased risk of HIV is one of the key drivers of the HIV epidemic in Angola. Typically, men have the negotiating power in heterosexual relationships and women have little influence over sexual and reproductive decision making, including condom use. This exemplifies how harmful gender norms put both men and women at risk of HIV and needs to be addressed in marketing and communication campaigns with target group specific messaging. A gender lens will be integrated into all activities, recognizing that cultural and gender norms may reinforce key drivers of the epidemic such as multiple and concurrent partners and transactional sex, and also address gender based violence (GBV) and alcohol use etc.

The Social Marketing for Health project will additionally include a research component to provide a better evidence base for programming for distribution and marketing of condoms. Research will also feed into programming of the prevention projects in the overall portfolio. In FY10 USAID started implementing Priorities for Local AIDS Control Efforts (PLACE) studies in Angola through MEASURE Evaluation. The purpose of this venue based rapid assessment is to identify geographic areas where HIV transmission is likely to be high and where condom distribution and marketing and prevention programs should be focused. PLACE provides critical information, including a list of venues where people meet new sexual partners, a description of characteristics of the venues and their patrons, and information to monitor youth-focused and general HIV/AIDS prevention programs at these venues, including information about sexual behavior. The study will provide quantitative data that will inform future strategic programming for PEPFAR Angola, especially HIV prevention programs, condom promotion and behavior change interventions.

In FY 2010, two initial PLACE studies were conducted in Luanda. The first, a full study in the municipality of Rica Pinto; a slum in with high population concentration, high presence of mobile population such as truckers and a commercial hub in the city. The second study in Luanda aims to provide 'snapshots' from all of Luanda's nine municipalities and from the estimated total population of about seven million. Preliminary results are forthcoming in the beginning of FY11.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	Redacted
Human Resources for Health	Redacted

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13505**
Mechanism Name:	**Social Marketing for Health**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Other	HVSI	Redacted	Redacted

Narrative:

In COP FY11 funds will include PLACE studies, with a local TBD partner, in the key provinces Cunene and Huambo and cover both rural and urban areas; specific locations and number of studies will be decided in consultation with GRA and local partner organizations and be based on the results from the two initial studies. Maps produced and data collected as part of each study area will be disseminated broadly to facilitate participation and intervention development from various stakeholders and local implementing partners.

An important component of this activity will be to increase the local capacity for conducting studies such as PLACE. Capacity building efforts include intensive analysis and report writing, a stakeholder's workshop to decide locations of subsequent studies, and a data use workshop for local stakeholders to generate interest in PLACE and train stakeholders in using data to inform interventions. Another objective of this approach is the training of a pool of Angolan social researchers and interviewers who can expand this initiative over the whole country in the coming years, linking research to action.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted

Narrative:

Distribution systems and product availability are key areas of focus. Male condoms should be affordable and readily available wherever people need them; products should be in places where people meet sexual partners to increase the probability that people will use them, particularly for high-risk populations and in targeted geographic areas. It's specifically important that condoms are available in 'Hotspots' such as "luncheonettes" and bars, stores, clinics and VCT. Products should be in places where people meet sexual partners to increase the probability that people will use them, particularly for high-risk subgroups and in high-density areas. Condom social marketing will also be linked to outreach. All activities promoting consistent condom use and realistic risk perception and partner reduction should be coordinated with other relevant communications campaigns targeting both men and women.

USAID is looking to the Social Marketing for Health project to dramatically scale up the accessibility of social marketed products, with an initial focus on male condoms, and have a significant and sustainable impact on the use of quality, essential products. Impact may not be defined solely as the sheer number of condoms distributed and purchased, rather, how product use is affecting health issues in Angola, such as including condom use and behaviors by at-risk target audiences, use during higher-risk sexual acts, and the proportion of coverage within a given sub-population.

Social marketing is a strategy to promote the healthy behaviors of the Angolan population and as such, this intervention will be more clearly aligned to behavioral outcomes than previous marketing interventions. The Social Marketing for Health project will focus on effective social marketing to significantly expand coverage, access, and demand. Future communication campaigns needs to be based on clearly defined public health issues and behaviors, and respond to the needs, desires, and requirements of specific target audiences. In regards to HIV prevention, social marketing needs to respond to the drivers and dynamics of the HIV/AIDS epidemic throughout Angola. Social, cultural and gendered norms affecting the choice to use condom or not need to be considered and addressed in all marketing and promotion of correct and consistent condom use to all target populations by tailored messaging. In addition, the project will coordinate with Civil Society, private sector and GRA and provide technical assistance and support to the INLS throughout the life of the project in strengthening the positioning, distribution, marketing, and promotion of non-branded public sector condoms and female condoms for distribution in clinical settings.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13528	**Mechanism Name: FELTP/UAN**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: MINISTRY OF HIGHER EDUCATION AND SCIENCE AND TECHNOLOGY / UNIVERSITY AGOSTINHO NETO	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**
GHCS (State)	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Human resources represent a major challenge in terms of both quantity and capacity of the healthcare delivery system to address Angola's public health needs. Angola currently has one physician, fourteen nurses, one pharmacist and one laboratory technician per 10,000 people. These statistics illuminate the critical shortage of skilled public health workers, particularly field epidemiologists and laboratory managers, with the capacity to respond to the increasing public health needs in the Republic of Angola. This shortage of qualified and capable health care workers poses a major challenge for healthcare delivery. The Angola Field Epidemiology and Laboratory Training Program (A-FELTP) is a collaborative effort of the Angola Ministry of (MoH), Ministry of Higher Education Science and Technology (MOHEST) / University Agostinho Neto (UAN), the African Field Epidemiology Network (AFENET), and PEPFAR to address human resource issues regarding qualified epidemiology and lab personnel. Currently, UAN is the only public medical academic institution with the capacity to develop a highly skilled public health workforce, equipped to respond to the dire public health needs in Angola. GRA has given UAN the legal authority to coordinate and provide higher public health education and medical studies. As a result, this is the only eligible applicant for this funding opportunity and the only applicant to serve as the host university for the A-FELTP

Implementation of the Field Epidemiology and Laboratory Training Program (FELTP) will 1)enhance retention of health care providers through specialization opportunities; 2) increase the number of qualified professionally trained health care workers through short term trainings (60 annually in field-based applied epidemiology, laboratory management and public health practice training); 3)strengthen the capacity of health and training institutions to meet accreditation standards; 4) contribute to the development of specific evidence based pre-service curricula; 5) in collaboration with the Avian Influenza program, through a staged process, 6-12 residents will be trained annually to earn a specialization or masters degree in public health; 6) develop curriculum for training of trainers and terms of reference for the lab trainers to build human resources to support expansion and decentralization of the laboratory network. The program will be initiated in Luanda; other provincial universities that are now being stood up could receive training support initially via distant learning technology sponsored by the World Bank. Technical assistance will be provided to explore twinning opportunities with compatible universities to strengthen and adopt standardized, pre-service competency-based education driven by evidence of need.
The USG support for the A-FELTP, Angolan Field Epidemiology and Laboratory Training Program is consistent with the Government of Angola (GRA's) National Strategic Plan to strengthen a cadre of public health professionals to adequately respond to the national initiative to combat HIV/AIDS. A Memorandum of Understanding has been executed among the Ministry of Health and AFENET to establish the A-FELTP. CDC and MoH have been engaged in conversations with UAN. A single eligibility FOA is being prepared for the establishemnet of a CoAg with UAN to complement support to the A-FELTP. The roles

and responsibilities of MOHEST/UAN are as follows:

• Offer the degree certificates upon successful completion of the course;
• Support the A-FELTP throughout the development process;
• Assist in finalizing training curriculum ;
• Obtain approval of the A-FELTP curriculum;
• Serve as the host for the Public Health Laboratory Residents and Field Epidemiology Residents;
• Award a MPH in Laboratory Epidemiology and Management, Field Veterinary Epidemiology or Field Epidemiology upon satisfactory completion of the program;
• Provide academic supervision during field attachment and dissertation writing; and
• Provide time to residents to conduct outbreak investigation during the training period when requested by MOH.
• Participate on the A-FELTP steering committee.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	120,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13528**
Mechanism Name:	**FELTP/UAN**
Prime Partner Name:	**MINISTRY OF HIGHER EDUCATION AND SCIENCE AND TECHNOLOGY / UNIVERSITY AGOSTINHO NETO**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	0	

Narrative:

Activity will not be funded in FY2011 due to limited funding. Activities will be funded with FY10 funds and were included in COP10. Carryover funding will be used for the following:
• Develop and implement, along with other partners, an integrated and sustainable training plan to build

evidence-based public health capacity; • Develop, along with other partners, curriculum and facilitate courses in epidemiology, surveillance, outbreak investigation, biostatistics, among others, along with local faculty, MOH staff, and other guest lecturers; • Work with counterparts to develop guidelines for trainee selection and select first cohort of trainees • Work with counterparts to develop field site guidelines and obtain site commitments for participation; • Designate a faculty focal person to assume leadership responsibility for university participation; • Strengthen affiliations with international organizations, the Africa Field Epidemiology Network (AFENET) and Training in Epidemiology and Public Health Interventions Network, an umbrella organization of applied epidemiology and laboratory programs in other countries, and • Enhance communications and networking of public health practitioners and researchers in the country and throughout the region; • Work with counterparts to identify and train faculty; • Develop and appropriate academic environment for trainees (classrooms, internet access, and other logistics); • Conduct two short courses for various public health managers; and • Enroll the first cohort of the two-year program.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13531	**Mechanism Name: AFENET/FELTP**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: African Field Epidemiology Network	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 630,000	
Funding Source	**Funding Amount**
GHCS (State)	630,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Significant efforts have been made by the Angolan MOH to support conditions to establish a functional National Reference Laboratory within the National Institute of Public Health (INSP). A solid laboratory network based on quality training and supervision is now essential to support expansion and decentralization of HIV services. Quality systems help to ensure the gold standards for laboratory performance. Quality systems address all standards from management to supply chain management systems, from human resources to the sample traceability, the implementation of external quality assurance programs for testing, including sample re-testing at reference lab and testing of proficiency panels at sites. This is essential for all HIV programmatic areas (VCT, PMTCT, EID), patient follow-up, adherence, systematic disease surveillance and monitoring and evaluation.

AFENET is a non-profit organization and networking alliance dedicated to helping Ministries of Health (MOHs) in Africa build strong, effective, sustainable programs and capacity to improve public health systems on the African continent with a mission "To ensure effective prevention and control of epidemics and other priority public health problems in Africa". AFENET works with MOHs and other public health institutions to strengthen their countries epidemiology workforce through Field Epidemiology Training Programs (FETPs) and Field Epidemiology and Laboratory Training Programs (FELTPs), which are residency-based programs in applied epidemiology and laboratory practice.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	142,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13531**
Mechanism Name:	**AFENET/FELTP**
Prime Partner Name:	**African Field Epidemiology Network**

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Other	OHSS	630,000	
Narrative:			
Contributing to long term health system sustainability, USG will continue supporting Pre-sevice activities through the implementation of the Field Epidemiology and Laboratory Training Program (FELTP). This is a continuation activity with a new partner. FY 2011 will focus on providing TA for training and instruction.			

Implementing Mechanism Indicator Information

(No data provided.)

USG Management and Operations

1.

Redacted

2.

Redacted

3.

Redacted

4.

Redacted

5.

Redacted

Agency Information - Costs of Doing Business

U.S. Agency for International Development

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Computers/IT Services					39,000	39,000
ICASS					82,000	82,000
Management Meetings/Professional Developement					75,000	75,000
Non-ICASS Administrative Costs					4,000	4,000
USG Staff Salaries and Benefits				500,000	775,000	1,275,000
Total	**0**	**0**	**0**	**500,000**	**975,000**	**1,475,000**

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount

Computers/IT Services		GHCS (USAID)		39,000
ICASS		GHCS (USAID)		82,000
Management Meetings/Professional Developement		GHCS (USAID)		75,000
Non-ICASS Administrative Costs		GHCS (USAID)		4,000

U.S. Department of Defense

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
ICASS				60,000		60,000
Management Meetings/Professional Developement				20,000		20,000
Staff Program Travel				40,000		40,000
USG Staff Salaries and Benefits				80,000		80,000
Total	**0**	**0**	**0**	**200,000**	**0**	**200,000**

U.S. Department of Defense Other Costs Details

Category	Item	Funding Source	Description	Amount
ICASS		GHCS (State)		60,000
Management Meetings/Professional Developement		GHCS (State)		20,000

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Capital Security Cost Sharing			82,600			82,600
Computers/IT Services			15,000			15,000
ICASS			15,000	250,000		265,000
Management Meetings/Professional Developement			129,400			129,400
Non-ICASS Administrative Costs			447,000			447,000
Staff Program Travel			140,000			140,000
USG Staff Salaries and Benefits			2,171,000			2,171,000
Total	**0**	**0**	**3,000,000**	**250,000**	**0**	**3,250,000**

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GAP		82,600
Computers/IT Services		GAP		15,000
ICASS		GAP		15,000
ICASS		GHCS (State)		250,000

Management Meetings/Professional Developement		GAP		129,400
Non-ICASS Administrative Costs		GAP		447,000