



Angola
Operational Plan Report
FY 2012



Operating Unit Overview

OU Executive Summary

Country Operational Plan 2012—PEPFAR Team Angola
Executive Summary

Country Context

Although no national census has taken place since the 1970s, Angola is estimated to have approximately 19 million inhabitants, 62% of which are under the age of 24. In 2002, Angola ended a decades-long period of widespread war that destroyed much of Angola's basic infrastructures, including health and education. Violence and uncertainty during this time period led to an exodus of trained professionals who had occupied key managerial and executive positions, leaving poorly-trained personnel to work in the health, sanitation, water, and transportation sectors, and an infrastructure that was unable to meet the basic needs of most Angolans. Universities and professional schools are only now beginning to graduate students who are prepared to occupy key positions in the government. A lack of well-trained human resources remains one of the most important barriers to successful development in Angola.

Angola has vast mineral and petroleum reserves that fuel one of the fastest-growing economies in the world. Promising opportunities from the rapidly-growing Angolan economy combined with a recent decade of peace have stimulated immigration of workers involved with the extraction of natural resources such as petroleum and diamonds. The revitalization of the internal transportation infrastructure that has accompanied Angola's economic growth has made difficult-to-reach areas of the country more accessible to displaced persons, travelers, tourists, migrant workers, and business persons, including long distance truck drivers traveling between Angola and its neighboring countries.

Despite the recent economic expansion and large annual revenues from the oil industry, Angola's development indicators continue to rank among the worst in the world, with two-thirds of the population living below the poverty level while Luanda has become one of the most expensive cities in the world in which to live and do business.

Epidemiology of the HIV epidemic in Angola

There is a lack of accurate information on many aspects of the Angolan population such as health, education, and basic demographics. Existing surveillance systems are unable to provide an understanding of the status of most infectious or chronic diseases, and considerable outside intervention



is necessary to describe the HIV/AIDS epidemic at the national level and within different geographic, demographic, and behavioral segments of the population.

Several studies over the past decade support the conclusion that Angola has a generalized HIV epidemic with a national HIV prevalence rate of approximately 2% to 3% in the general population (UNDP Human Development Report, 2004). Data from national ante-natal clinic (ANC) sentinel surveillance studies since 2002 have found the highest HIV prevalence rates on the border with Namibia (7% to 9%) and the lowest rates in the central part of the country (<1%) (INLS: Relatório Nacional da Vigilância Epidemiológica de VIH e Sífilis, Angola, 2002, 2004, 2005, 2007, 2009). Data from the 2009 ANC surveillance study was used to estimate the number of people living with HIV/AIDS to be 166,500. Of these, 18,000 adults and 6,000 children were new infections. A 2009 survey estimated that 25% of Angolans in need of ARVs are receiving treatment (WHO/UNAIDS/UNICEF: Towards Universal Access: Scaling Up Priority HIV/AIDS Interventions in the Health Sector, Progress Report, September, 2009). The main driver of the epidemic is considered to be heterosexual sex coupled with a young age of sexual debut and frequent concurrent sexual partnerships. A 2008 study estimated that 32% of youth initiate sexual intercourse before the age of 15 (UNAIDS 2008). Target interventions have focused on improving consistent and correct condom use, decreasing rates of concurrent sexual partnerships, and delaying age of sexual debut, and efforts have been focused in provinces with high HIV prevalence and in those that border countries with high HIV prevalence.

Angola is in the initial stages of understanding the size of and the HIV prevalence among the Most at Risk Persons (MARP) population, as well as the behavioral aspects that characterize these target population groups. A 2006 study found an HIV prevalence rate of 23% in Commercial Sex Workers (CSW) (INLS, 2006). Biological Surveillance Studies (BSS) in 2009 and 2010 found higher HIV rates in young women engaged in transactional sex along the border with Namibia and Men who have Sex with Men (MSM) in Luanda. The number of HIV infections acquired by exposure to unsafe blood is unknown, but according to a 2004 WHO study, the HIV prevalence rate among blood donors was estimated to be 1.6%, and 12% of donated blood comes from unpaid volunteers. In 2012, two PEPFAR-funded BSS studies will estimate the HIV prevalence and behavioral patterns among prisoners, diamond miners, and long-distance truck drivers, groups thought to be most at risk in Angola. Effective interventions in high-risk groups are in the early stage of implementation.

Angola's national HIV prevalence rate is among the lowest in the southern Africa region, where national rates are typically 5 to 10 times higher. The reason for this striking difference is not well understood. It could be in part explained by Angola's history of war that started before the HIV virus began circulating at an international level and served as a deterrent for immigration into the country. However, the increasing immigration into and mobility within the country that are crucial to the rebuilding of the economy and



social structure of the country could also increase the importation and circulation of HIV within the country. Indeed, national surveillance between 2002 and 2009 has demonstrated small but real increases in the HIV prevalence rate. It is not clearly understood why Angola's HIV prevalence has not risen to levels of other countries in the region. It could be due to the high reported rate of circumcision by traditional methods (Male Circumcision: Global trends and determinants of prevalence, safety, and acceptability estimates that 80% to 90% of young men are circumcised) or some other unidentified protective factor, or it could be a matter of time before Angola's HIV prevalence rate rises.

Status of the national response

Achieving real results in progress toward Angolan national priorities in a sustainable way is heavily dependent on improving three key aspects of the health care system: Governance and Accountability Human Resources for Health, and Supply Chain Management. Strategies to achieve these three areas are outlined in the Global Health Initiative (GHI) strategy for Angola, and health activities of the USG have been re-aligned to best reach these goals. The health care system is characterized by poor coverage and poor quality of services, with both quality and availability of care is notably worse outside of the capital city. In order to address urban-rural disparities, the Government of the Republic of Angola (GRA) has developed a "decentralization" plan that aims to improve access and quality of care at the municipal level. Towards this effort, the Ministry of Health has pledged to allocate funding that will be distributed to each municipality in the country.

There are multiple partners involved in the fight against HIV/AIDS in Angola. Within the GRA the main partners are the Ministry of Defense (MoD), the Ministry of Health (MoH), the AIDS Institute (INLS), the Cabinet for Planning and Statistics (GEPE), the Public Health Institute (INSP), and the National Blood Center (CNS). Among multilateral donors, the partners are UNAIDS, UNICEF, the European Union (EU), the Global Fund to fight AIDS, Tuberculosis, and Malaria (GFATM). Two universities have played a prominent role in our work in Angola: the University of Agostinho Neto (an Angolan university), and Charles Drew University (a US university). The non-governmental organizations (NGO) with which we work are: World Learning, PSI, JHPEIGO, MSH, EngenderHealth, various Community-Based Organizations (CBO) such as ANASO (national umbrella organization for local HIV/AIDS NGOs), and RNP+ (national network of people living with HIV/AIDS). The major bilateral arrangements are between GRA the US Government through PEPFAR, Brazil, and Portugal. Currently, there is no dedicated person on the USG team to advocate to private entities to participate in the fight against HIV/AIDS in a strategic approach; however, there are several companies present in Angola: Odebrecht (a Brazilian construction company), British Petroleum, Total, and Chevron.

UNAIDS and the USG Interagency PEPFAR team have taken a leading role in guiding the HIV response,



working closely with the INLS to start implementation of the Prevention of Mother-To-Child Transmission of HIV (PMTCT) initiative 'Countdown to Zero'. The MoH developed a budget counting on funds from GFATM to purchase and deliver ARVs.

The USG team places an emphasis on transparency and accountability among all donor organizations, and there are strong formal and informal interactions among the members of the donor agencies. This has pushed us to establish ongoing dialogues among USG agencies, other donors, our implementers, the Country Coordination Mechanism (CCM), and our colleagues and counterparts in the GRA to share information that will allow us to identify gaps, duplications, and potential synergies in our work. In 2012 we have begun a trend to meet more frequently to share important details that will help us to better coordinate our activities. Plans have been developed to increase coordination of PEPFAR and GFATM programs with resources to be provided under the Country Collaboration funds. These activities will be scaled up and expanded when the promised Country Collaboration funds are actually received in-country.

Although the funding provided by PEPFAR represents a small fraction of the funding budgeted by the MoH, the USG team continues to play an influential role in the shaping of the national policy due to the technical capacity and expertise it has to offer. The HIV portfolio profile of the USG has been designed to maximize our contributions in areas we have the highest capabilities for high-impact interventions.

CDC is providing a 2-year program to train epidemiologists to become effective members of the public health workforce (Field Epidemiology and Laboratory Training Program). They are trained to be able to improve laboratory capacity and disease surveillance systems and strategies. In most instances, CDC staff provides direct consultations and technical support to the MoH (specifically, the INLS, INSP, and CNS). In other situations, CDC hires implementing partners for specific activities such as conducting field activities or managing large studies.

USAID is supporting activities that directly address the HIV prevention needs of Angola, as well as more broad-based systems strengthening support to both the Angolan Health sector and local civil society organizations. USAID's approach is one that focuses on integrating systems and interventions to enhance synergies and prevent overlap, and seeks to promote sustainability by increasing country ownership and the use of local partners as outlined in the USAID Forward Initiative. USAID works principally through cooperative agreements with implementing partners that provide direct technical assistance/support to Angolan counterparts in these areas.

The US DoD funds partner Charles Drew University (CDU) to provide technical assistance to the Angolan Armed Forces (FAA) in HIV Prevention programming and geographic targeting according to the PEPFAR programmatic areas and host military health priorities. The main focus of these activities is human



capacity building via trainings and field supervisions.

PEPFAR focus in FY 2012

For years, the USG team in Angola has discussed with the GRA the importance of increasing human capacity. Over time our portfolio has been fine tuned to maximize the transference of technical capacity to all levels of the government through close interactions with the GRA. The main focus of these interactions has been on the creation of sustainable systems for health. We have worked to increase the capacity of the human resources to create a system that is capable of delivering high-quality health care to Angolans.

Our focus on transference of technical capacity falls directly in line with the goals of the second phase of PEPFAR and the GHI focus on country ownership. Our development of a GHI plan for Angola allowed us to specify how to further refine the portfolio so that it emphasizes the areas of Governance and Accountability, Human Resources for Health, and Supply Chain Management. Because the profile of activities was designed with such a focus on transference, these changes have not required major restructuring of our profile.

One of the biggest challenges in designing effective HIV interventions is to understand where new cases are occurring. The FELTP program, supported by both the MoH and FAA, is designed to empower public health workers to create ongoing systems of surveillance that can generate data that inform us on the current status and the evolution of the HIV epidemic in Angola. Similarly, our collaboration with the INLS has provided the only historical and ongoing information about HIV at the national level.

In 1999, the Government of Angola embarked on a gradual process of de-centralizing public service functions to Provincial, Municipal and Local Administrations. Since 2006, the USG team has been supporting the GRA in this decentralization initiative at multiple levels and using both bilateral and central mechanisms. USG has been focusing efforts at central level decentralization in current programming and will continue to expand upon that base. Due to in-country evidence that programs with strong field presence have better results, in 2012 the USG team will shift away from small partners and towards larger partners that are currently working on health systems strengthening projects such as the USAID-supported SASH program.

Due to difficulties of recruitment and hiring in Angola, CDC and USAID currently have significant vacancies in their technical teams, creating a situation in which the USG team is not yet optimally staffed to support country ownership. Fortunately, all positions on the USAID team have incumbents selected,



and the PEPFAR Coordinator position has been recently filled by an Eligible Family Member of an employee of the US Embassy. The PEPFAR coordinator is scheduled to begin work in March 2012. Because of these positive changes, the USG team is in the process of reassessing its structure, resources, and overall capacity to support increased country ownership. Because technical capacity can be best transferred through daily interactions and cultural immersion, there is a push to hire and train Angolan staff. Of 9 staff working at CDC, 7 are Angolans.

In line with the GHI call for increased country ownership and the plan outlined by the Ambassador, the USG team is making a shift away from direct service delivery and toward a technical assistance model. Such activities to directly improve Human Resources for Health require working with multi-year, ongoing collaborations in all of our partnerships. Even activities such as improving blood safety, which in many countries would be an activity of short duration focusing only on improving the physical resources available, in Angola require multi-year investments to improve the capacity of the staff to use, maintain, and train others to use the equipment in a way that will truly improve the blood supply.

The USG team does not have any centrally-funded HIV initiatives in Angola.

We have encountered implementation difficulties in the area of blood safety due to low capacity in our major partner, the CNS, to carry out the activities of their cooperative agreement. A focus for FY 2012 will be to provide CNS with the support they need to carry out their activities.

In FY 2012 CDC Angola will:

- Scale up the Field Epidemiology and Laboratory Training Program to train the full complement of 20 epidemiologists to provide MoH with trained epidemiologists to work at the national, provincial, and municipal levels.
- Fill all staffing gaps that exist
- Provide stronger technical guidance to CNS to improve the safety of the national blood supply at all levels by increasing the number of Voluntary Non-Remunerated Blood Donors (VNRBD).
- Use recently-developed National Strategic Plan for Laboratories to initiate activities to improve the capacity of the national laboratory network through improving management capacity.
- Work with Angolan and South African implementing partners to conduct BSS survey in prisoners, long-distance truck drivers, and miners.
- Provide direct technical guidance for analysis of data from the 2011 ANC surveillance study.
- Prepare operation plan for the 2013 ANC surveillance study.
- Continue to sponsor the vice director of INSP to participate in a CDC leadership program in Atlanta.



- Engage the Director of INLS in more dialogues about vision for the direction of the HIV/AIDS response in Angola.
- Help Angolans in the MoH present at international conferences and publish in scientific journals.
- Increase participation in the CCM.

In FY 2012 USAID will:

- Work towards implementing SASH with the goal of increasing the availability and use of high quality services in key areas including family planning, malaria, and HIV/AIDS. Consistent with the GRA's Revitalization of Municipal Health Services strategy and in support of the GRA's decentralization program aiming at empowering the role of provincial health administrators, the SASH program will focus on capacity building at the sub-national levels (Provincial Health Departments, Municipal Health Departments, and health facilities) in the provinces of Luanda and Huambo. Assistance will be provided to improve the management skills of MoH directors at the provincial and district level, specifically in the areas of governance (planning, advocacy and oversight), finance (budgeting and execution), human resources (in-service training and supervision) and implementation of a health management information system.
- Provide intensive training for nurses and doctors to improve their HIV diagnosis and treatment skills, specifically in PMTCT and Voluntary Counseling and Testing (VCT).
- Strengthen the protective behaviors of at-risk adults, at-risk youth, and their sexual partners to prevent HIV transmission.
- Design evidence-based prevention programs based on research and segmentation.
- Implement comprehensive HIV prevention initiatives at the community-level.
- Strengthen Angolan entities' capacity to deliver comprehensive and sustainable community-based HIV prevention initiatives.
- Build capacity in HIV prevention and organizational development within Angolan CSOs.
- Strengthen the protective behaviors of MARPS and their partners to prevent HIV transmission
- Increase of condom availability and use including generic condom distribution through the Integrated Social Marketing Program. This program is intended to increase demand for, access to, and use of these essential health commodities and related services by targeted populations to help reach the Developmental Objective of Improved Health Status of Angolans. In addition, the project will develop and implement programs to increase adoption of, and consistent adherence to associated healthy behaviors. The focus of this social marketing project is aligned with current priorities of the MoH.
- Develop organizational and individual advocacy plans with MARPS and CBO partners.
- Conduct a small qualitative survey that addresses experiences on violence, harassment and threats



faced by sex workers on the streets, at work, and in their personal lives.

- Provide training to the local police force to improve their ability to investigate and prosecute gender-based violence with special focus on HIV prevention.

In FY 2012 the US DoD (through Charles Drew University) will:

- Conduct supervision and training of health providers in peer education activities, HIV counseling/testing, care and treatment.
- Strengthen the prevention with positives program for people living with HIV/AIDS.
- Sponsor and encourage host military Health services to take part in regional and international trainings/conferences including the DHAPP South to South Initiative for experience sharing.
- Support and provide technical assistance in the development of an in-country multidisciplinary HIV program for health providers (counselors, physicians, lab technicians, logisticians etc)
- Support the expansion of VCT centers and scale of coverage to brigade level.
- Strengthen the HIV activists' coordination in HIV awareness and support the HIV drama play aired on the nationally-produced media.
- Initiate the planning process of the BSS to be conducted in 2013-2014.
- Continue to strengthen the US DoD-MoD relations through HIV prevention program.

In FY 2012 GRA will: Containing and reducing the relatively low-level prevalence of HIV/AIDS remains a national priority for the MoH and the INLS. In 2012 we expect to see a major shift towards decentralization by MoH and MoD. This can be thought of as a new focus on Human Resources for Health (HRH). There has been a move to revitalize health services (especially primary health care) and increase the number of primary care providers. Due to a critical lack of physicians in the country and a lack of functioning medical schools, there is increasing recognition of the importance of non-physicians in the health system. The MoH has taken important steps to allow certified nurses to provide antiretroviral (ARV) treatments to patients. The INLS has begun campaigns to reduce maternal mortality linked with HIV and has made a commitment to prioritize 'Countdown to Zero'.

The GRA provided a national spotlight on AIDS issues at 2011 International AIDS Day. Following a march through Luanda, the vice-President of the Republic delivered a speech on the current status of the AIDS epidemic in Angola. Angolan Miss Universe Leila Lopes made a special appearance to support the fight against AIDS. The INLS collaborated in the implementation of a BSS study in MSM in Luanda and in the finalization of results from the BSS study among young women engaging in transactional sex along the border with Namibia. INLS collaborated with CDC to perform 2011 national sentinel HIV surveillance



in pregnant women from 36 clinics in all 18 provinces.

PF/PFIP Monitoring

A Partnership Framework (PF) was established and signed in August 2009 by U.S. Secretary of State Clinton and the former Angolan Minister of Exterior Relations. The PF was derived from and fully aligned with Angola's New Strategic Plan to Control STIs, HIV, and AIDS. Furthermore, it is consistent with, supportive of, and complementary to Angola's broad strategy to develop and rebuild the nation following its extended period of war. The PF has served as a guide for developing PEPFAR activities and was an important step towards strengthening country collaboration, coordination, and accountability of HIV/AIDS programs by establishing and focusing on mutually-defined strategies and measures of improved performance. A Strategy has been developed to serve as the implementation document in lieu of a Partnership Framework Implementation Plan (PFIP). A PF Management Committee has been created but has been slow to mobilize. At present, draft Terms of Reference are being developed in consultations with the INLS. Fully activating the PF Management Committee in FY12 is a goal for the USG Team.

Country Ownership Assessment

The USG team maintains on-going dialogues with Angolan counterparts throughout the year rather than waiting for the COP season. Presentations in the form of a distilled and concise PowerPoint summary of the COP content and have led to discussions of planning, implementation, and monitoring of USG PEPFAR activities. GRA leadership is engaged and articulate through asking questions and providing feedback to the USG team and has shown interest in becoming more involved in the process of identifying the priorities for utilizing COP resources. The USG team plans to present a summary level overview of PEPFAR activities to MoH and UNAIDS so that all can express interest in where we want to go as a team. Informal discussions with the director of INLS may also involve key partners such as FAA, INLS, INSP, GEPE, and other stakeholders in the community. These discussions provide space for GRA leaders to express concerns, ask questions, and define their needs and priorities within the PEPFAR context. INLS has shown initiative in AIDS activities but also looks to in-country partners such as UNAIDS and the USG team for guidance on what the most recent trends in HIV activities are so they can be applied to the Angolan context. In February of 2012 the vice-director of the INLS participated in the regional workshop HIV Prevention, Care, and Treatment for MSM: A Review of Evidence-Based Findings and Best Practices.

In preparation for COP12, the USG team hosted a PEPFAR Partners Meeting in August of 2011 attended



by representatives from the MoH, FAA, INLS, and UNAIDS. Implementing partners presented their work and achievements, discussed challenges, and shared their plans for the coming year. The USG team hosted an Implementing Partners' Meeting in September of 2011. The USG team participates in regular CCM meetings to manage GFATM resources and donor coordination meetings to share information about PEPFAR activities with a broader range of stakeholders.

Periodically, the USG team engages in higher-level briefings with the Minister or Vice-Minister of Health chairing the meetings. For these higher-level discussions, dialogue rooted in concise Power Point slides and handouts in Portuguese have proven to be the most effective approach.

The USG team does face some challenges in its relationship with the GRA on the issue of country ownership. Although there is agreement of the importance of the move towards country ownership at high levels, it is often a struggle to make real progress at the level of implementation. Daily interactions with GRA partners suggest that either this goal is not shared at the working level or that organization and management weaknesses make it difficult to plan for a more autonomous and self-sufficient future. The fact that the entire USG portfolio makes up a small proportion of all health resources in the country may result in interactions and dialog with the USG team having a much lower priority in relation to other agendas. These issues makes something as straightforward as getting a meeting to initiate a dialogue challenging and time-consuming at times. More frequent interactions are needed to help ensure a shared understanding of priorities, decisions, and 'next steps'.

However, there are examples of GRA taking on more responsibility. ANC surveillance has been an ongoing collaborative effort between CDC and GRA since 2002. While CDC continues to provide technical assistance for national ANC surveillance, the GRA has taken on an increasing proportion of the technical and management aspects with each new edition of the surveillance study. Similarly, USAID's new health systems strengthening program is intended to help build solid, quality VCT and PMTCT services in all municipalities in two target districts as models for national scale-up, hopefully with GRA resources. Furthermore, the AIDS Institute has been eager to present the results of a recent study among Angolan MSM at an international AIDS conference in spite of language barriers and the lack of experience in presenting at such venues.

Country Ownership Dimensions

Because country ownership is difficult to quantitatively measure, several dimensions have been identified as important in its characterization:

1. Political ownership



Challenges:

- 1) Cultural and communication differences present challenges for USG partner interactions with GRA counterparts, especially in terms of reaching a clear consensus and shared understanding of mutual agreements and commitments.
- 2) Limited technical and management leadership at key GRA institutions (staff un-trained in management, lack of motivation, inadequate supervision).

Opportunities:

- 1) INLS leadership is strong, engaged, and well-connected.
- 2) USG has Country Collaboration funds to build capacity at the Project Management Unit within the MoH for improved planning, budgeting, and monitoring of GF-supported initiatives.
- 3) GRA is committed to decentralize and revitalize the health care system.
- 4) GRA recognizes need to improve capacity; expresses openness to collaborating with PEPFAR for technical assistance and support.
- 5) INLS plans to present results of 2011 MSM study in Luanda at an international AIDS conference; important because of the desire to present and the desire to present potentially controversial results.
- 6) The Angolan Military Leadership is committed to the fight against HIV.
- 7) The Military Command structure facilitates the execution and implementation of planned activities according to set objectives.

PEPFAR activities to support this dimension of country ownership: USG activities place an emphasis on HRH strengthening (both technical and management) and provide targeted technical assistance in key areas such as health costing. We will increase the frequency of meetings to continue building more effective partnerships and communication with GRA counterparts.

2. Institutional ownership

Challenges: While local counterparts and NGOs often show interest in taking the lead/demonstrating ownership, they often demonstrate a lack of capacity to fully take on these responsibilities.

Opportunities: GRA counterparts and local NGOs are interested in developing capacities to manage better quality programs. We need to transfer capacity in close partnerships that permit a transfer of corporate culture (see examples under PEPFAR activities).

PEPFAR activities to support this dimension of country ownership:



- 1) 90% of DOD activities are implemented by FAA with support from implementing partner.
- 2) GRA team engages in side-by-side frequent interactions with MoH counterparts that transmit knowledge and professional practices.
- 3) FELTP trains students, teachers, and mentors and then places graduates in decision-making positions in the GRA.
- 4) CDC is increasing laboratory management capacity through SLMTA program.
- 5) NGOs are using their knowledge of local communities to help shape PEPFAR programs to meet the needs of MARPs.
- 6) USAID has shifted the focus of their programs from direct service delivery to building capacity with the government and in CSOs to deliver services.

3. Capabilities:

Since the initiation of PEPFAR in Angola, the USG portfolio has been designed and implemented according to the nature of the epidemic, inputs of other donors, and available resources in Angola. It has always been a technical assistance model with a major focus on prevention rather than direct service delivery by USG partners.

4. Accountability

Challenges:

- 1) GRA is sometimes exclusive in planning processes.
- 2) Decentralization of funding in the health sector can create challenges for ensuring accountability and avoiding duplication.
- 3) GRA is not always transparent in providing information regarding important issues such as public sector HIV/AIDS budget/expenditures, ARV supplies, funding, forecasting, and procurement plans.
- 4) Angola is a large country with poor communication and transportation infrastructure, creating challenges related to supervision, monitoring, logistics, etc.

Opportunities:

- 1) GRA has shown a willingness to have open discussions and planning processes with a broader range of stakeholders.
- 2) Emphasis can be shifted to securing funding from the MoH.

PEPFAR activities to support this dimension of country ownership: PEPFAR-supported activities designed to strengthening HRH include focus on management (SLMTA), leadership (FELTP), health information (SASH and ANC surveillance) and procurement/logistics (SASH). In regular interactions with the MoH, we support broader engagement of civil society and other partners. We also use the CCM to encourage



improvements in financial management and reporting of GFATM-supported activities.

Summary

Angola is a country with unique challenges and resources. Despite its considerable natural resources, Angola continues to have a low level of human capacity and an educational system that is not capable of replenishing the pool of trained personnel needed to occupy decision-making positions in the government. Angola is a Portuguese-speaking country with a long history of internal war and recent independence. Its language allows it to share resources with Brazil, Portugal, and Mozambique, but the fact that few Angolans speak English often creates a barrier for Angola to take advantage of development opportunities with other international partners. Because Angola is an extremely expensive country in which to live and work, each dollar has limited impact here.

At the same time, Angola is a country that has experienced enormous economic growth in the past decade that is likely to continue for some decades to come. This growth has provided enormous opportunities and resources to the GRA to play an active role in guiding its development path.

Fortunately, the HIV prevalence in Angola is much lower than it could be, considering the situation in many of the neighboring countries. However, it is uncertain how the HIV/AIDS epidemic will evolve in Angola, and we find ourselves at an important point in history. Responsible use of monetary and human resources provided by PEPFAR requires that we coordinate and optimize collaboration to make the interventions that will alter the course of the epidemic here. The strategy outlined in this country operational plan reflects our sincere efforts to implement PEPFAR activities in a responsible and efficient manner.

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	02	2009	UNAIDS Report			

Prevalence Rate			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	17,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Estimated new HIV infections among adults and children	22,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Estimated number of pregnant women in the last 12 months	784,000	2009	State of the World's Children 2011, UNICEF.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	16,000	2010	Global HIV/AIDS response: epidemic update and health sector progress towards universal access: progress report 2011			
Number of people	200,000	2009	UNAIDS Report			



living with HIV/AIDS			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	2010	Global HIV/AIDS response: epidemic update and health sector progress towards universal access: progress report 2011			
Women 15+ living with HIV	110,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			

Partnership Framework (PF)/Strategy - Goals and Objectives

Number	Goal / Objective Description	Associated Indicator Numbers	Associated Indicator Labels
1	.		
1.1	.		

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

In what way does the USG participate in the CCM?



Voting Member

What has been the frequency of contact between the Global Fund Secretariat (Fund Portfolio Manager or other Geneva-based staff) and any USG team members in the past 12 months? If there has been no contact, indicate the reason.

7+ times

What has been the frequency of contact between the Local Fund Agent (LFA) and any USG team members in the past 12 months? If there has been no contact, indicate the reason.

1-3 times

Has the USG or is the USG planning to provide support for Round 11 proposal development? Support could include staff time, a financial contribution, or technical assistance through USG-funded project.

Yes

In any or all of the following diseases?

Round 11 HSS

Are any existing HIV grants approaching the end of their Phase 1, Phase 2, or RCC agreement in the coming 12 months?

Yes

If Yes, please indicate which round and how the end of this grant may impact USG programming. Also describe any actions the USG, with country counterparts, is taking to enable continuation of any successful programming financed through these grants.

Angola's Round 4 HIV/AIDS grant ended its normal cycle in September 2010. A two-year continuation of services was approved in March 3, 2011. This continuation of services (COS) is scheduled to end 30 September 2012.

This COS agreement is particularly important to the USG because it is the main vehicle for purchasing HIV treatment in Angola. Given the USG PEPFAR programmatic focus on prevention and health systems strengthening, it is critical that the Government of the Republic of Angola (GRA) and/or other donors supply these important commodities regularly and reliably.

The USG Health Team has been working zealously to understand the status of this COS and the GRA's plan for future procurements of antiretrovirals and associated commodities. The USG Team has



involved the Global Fund Geneva team in this discussion as well and secured their commitment to prioritize these plans in their exit strategy from this grant.

Even after numerous discussions between the two donors (the USG and Global Fund), it is unclear to either party what the current status is of HIV treatment commodities stock in Angola. GRA officials have continued to claim, however, that sufficient stocks of commodities are in country and that when the Global Fund grant expires the GRA will purchase all necessary commodities. The USG has offered technical assistance to help with that procurement if and when the time comes to do so and the Ministry of Health has acknowledged that offer of support. Both the USG and the Global Fund Managers have been assured by the MOH's National Institute in the Fight Against HIV/AIDS that all patients are receiving treatment in accordance with national guidelines.

There is no plan for the USG to change its current PEPFAR program to focus on treatment or to procure commodities.

In your country, what are the 2-3 primary challenges facing the Global Fund grant implementation and performance (for example, poor grant performance, procurement system issues, CCM governance/oversight issues, etc)? Are you planning to address those challenges through any activities listed in this COP?

Redacted

Did you receive funds for the Country Collaboration Initiative this year?

Yes

Is there currently any joint planning with the Global Fund?

Yes

If Yes, please describe how the joint planning takes place (formal/informal settings; the forums where it takes place (CCM?); timing of when it takes place (during proposal development, grant negotiation, COP development, etc.); and participants/stakeholders). Also describe if this joint planning works well and its effects (has it resulted in changes in PEPFAR programming, better anticipation of stock-outs and/or TA needs, better communication with PR, etc.)

Redacted

Has the USG stepped in to prevent either treatment or service disruptions in Global Fund financed programs in the last year either during or at the end of a grant? Such assistance can take the form of providing pharmaceuticals, ensuring staff salaries are paid, using USG partners to ensure

continuity of treatment, , or any other activity to prevent treatment or service disruption.

Round	Principal Recipient	Assistance Provided	Value of Assistance (If Known)	Programming Impact	Causes of Need
10	1	1	01	Involved USG staff time	
10	1	1	02	Involved USG staff time	
10	1	1	03	Involved USG staff time	
10	1	1	04	Involved USG staff time	
10	1	1	05	Involved USG staff time	

Public-Private Partnership(s)

(No data provided.)

Surveillance and Survey Activities

Surveillance or Survey	Name	Type of Activity	Target Population	Stage	Expected Due Date
N/A	Assessing the utility of PMTCT data for HIV surveillance	Evaluation of ANC and PMTCT transition	Pregnant Women	Publishing	N/A
N/A	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	N/A
N/A	Behavioral Surveillance Survey with Biological Markers for HIV and Syphilis among Miners in Angola	Population-based Behavioral Surveys	Migrant Workers, Other	Planning	N/A

N/A	Behavioral Surveillance Survey with Biological Markers for HIV and Syphilis among Prisoners in Angola	Population-based Behavioral Surveys	Other	Development	N/A
N/A	Behavioral Surveillance Survey with Biological Markers for HIV and Syphilis among Truckers in Angola's transportation corridor	Population-based Behavioral Surveys	Mobile Populations	Development	N/A
N/A	Behavioral Surveillance Survey with Biological Markers for HIV and Syphilis among Uniformed Service Members in Angola	Population-based Behavioral Surveys	Uniformed Service Members	Other	N/A
N/A	Behavioral Surveillance Survey with Biological Markers for HIV and Syphilis among Young Women engaged in Transactional Sex along the Angola-Namibia Border	Population-based Behavioral Surveys	Other	Publishing	N/A
N/A	PLACE	PLACE	General Population, Youth	Data Review	N/A
N/A	PLACE - Transportation corridor	PLACE	Mobile Populations	Planning	N/A
N/A	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	N/A



Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source				Total
	Central GHP-State	GAP	GHP-State	GHP-USAID	
DOD			1,540,000		1,540,000
HHS/CDC		3,000,000	3,085,000		6,085,000
USAID			5,675,000	4,400,000	10,075,000
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	USAID	AllOther	
HLAB		1,159,747			1,159,747
HMBL		500,000			500,000
HVAB	152,000		352,870		504,870
HVCT	300,000		350,000		650,000
HVMS	96,000	2,537,652	1,455,766		4,089,418
HVOP	372,000		4,261,870		4,633,870
HVSI		439,710	816,747		1,256,457
MTCT			500,000		500,000
OHSS	620,000	1,447,891	2,337,747		4,405,638
	1,540,000	6,085,000	10,075,000	0	17,700,000



National Level Indicators

National Level Indicators and Targets

Redacted



Policy Tracking Table

(No data provided.)



Technical Areas

Technical Area Summary

Technical Area: Governance and Systems

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	1,159,747	0
HVSI	1,256,457	0
OHSS	4,405,638	0
Total Technical Area Planned Funding:	6,821,842	0

Summary:

Government of the Republic of Angola

GOVERNANCE AND SYSTEMS

HEALTH SYSTEMS STRENGTHENING TECHNICAL AREA NARRATIVE

INTRODUCTION:

Decades of interruption in primary, secondary and university level education have left the country with a critical shortage of trained personnel in all sectors and at all levels. For some years, the USG team in Angola has recognized that deficiencies in human capacity have a negative impact on developmental efforts, and we have worked to optimize our portfolio to emphasize the transference of technical capacity to all levels of the government.

GLOBAL HEALTH INITIATIVE (GHI):

GHI is a comprehensive USG initiative to reduce the burden of disease and strengthen communities around the world through support of activities that are in line with partner government priorities and in partnership with multilateral efforts. Angola is one of the 80 countries worldwide where the U.S. has global health investments and programs. Recent efforts to create a GHI strategy for Angola allowed us to consider PEPFAR, PMI, Polio, Family Planning, Influenza, and Global Disease Detection activities together. We took advantage of this opportunity to optimize collaboration among these areas to ensure they work together to remedy critical deficiencies in human capacity.

LEADERSHIP AND GOVERNANCE AND CAPACITY BUILDING:

PEPFAR resources will be used to strengthen management and leadership capacity across program areas through training efforts and policy reforms related to human resources for health. Some areas are mentoring, task-shifting, provider-initiated testing and counseling, privacy and confidentiality, and professional ethics. Capacity-building efforts will enable civil society organizations (CSO) to expand



community outreach for voluntary counseling and testing (VCT) and prevention of mother to child transmission (PMTCT) that target most at risk populations (MARPs) and the general population. Institutional capacity building for civil society will target grant writing, management and supervision, leadership, financial management and monitoring and evaluation (M&E).

STRATEGIC INFORMATION:

Although Angola is still recovering from 40 years of civil strife and transitioning from emergency health services to health development, with external assistance there have been advances in knowledge of particular diseases. However, there still exists a lack of understanding of risk dynamics to be able to develop effective interventions to reach target populations. Given the heterogeneity among populations and the specific sensitivities within MARPs, interventions need to be comprehensive and well-aligned to address the drivers and context of these target groups. Containing and reducing the current low-level prevalence of HIV/AIDS remains a priority area in the collective effort to develop a robust health service infrastructure. Health Systems Strengthening (HSS), including building local capacity, is an essential component of the USG strategy in Angola across all health funded programs. Development of this infrastructure calls for a policy framework and management systems to deliver quality services in national prevention, treatment and care in a sustainable way. Strengthened coordination among the USG, Government the Republic of Angola (GRA), other donors and implementing partners will increase the ability to apply forthcoming data to inform policy decisions and improve programmatic practices. Accordingly, health system strengthening is a top priority for the Ministry of Health's (MoH). The current health system has a pool of generalized health workers; however their technical capacity is low. The chief policies and systems that need definition and upgrading are human resources, strategic information, planning, laboratory infrastructure, and drug management. A reliable information system will give the data needed for sound planning; appropriately trained personnel and good drug management form the basis for delivering quality services effectively, resulting in a positive health impact.

To date, ongoing, national level HIV-related data in Angola is limited to surveillance in pregnant women and a limited number of VCT sites. The 2004, 2005, 2007, and 2009 national HIV (hepatitis B and syphilis) antenatal clinic (ANC) and give us our national estimates of HIV prevalence. During the early surveys the USG played a critical role in technical aspects of the study, but building local government capacity was always a priority. In recent iterations of the study, the National AIDS Institute (INLS) has been able to take much more of an active role. Angola has no systematic process for M&E, routine surveillance, or standardized Health Information System (HIS). The INLS continues to recognize the need for high quality data and technical assistance support for program development and policy implementation. The ability of the INLS to perform M&E for program effectiveness and inform critical indicators at the national level relies on a technical working group comprised of consultants from various stake holders and members of the INLS.

Angola continues to face particular challenges in strategic information (SI) with regards to HIV, especially in the lack of personnel trained to implement SI initiatives. Despite these limitations in fiscal year 2011, the USG was able to accomplish several priority activities. The USG provided technical support for the 2011 ANC survey and for an ANC/PMTCT data comparison study that would assess the utility of PMTCT data to be used for HIV surveillance purposes. The USG continued its support of several Behavioral Surveillance Surveys (BSS). One BSS was completed in young women engaging in transactional sex along the border with Namibia and another was completed in Men who have Sex with Men in Luanda. The USG provided support for an initial rapid assessment to identify geographic areas where HIV transmission is likely to be high among youth (ages 15-24) and where prevention programs could be focused. Priorities for Local AIDS Control Efforts (PLACE) study protocols were developed. The USG also continued to support the management of information systems at the provincial and municipal level by providing training for health workers to increase the quality of the information system, analysis of data and



its use for decision making. The USG provided training to 135 health care workers at the provincial level in financial program management and M&E for HIV/AIDS, TB, and Malaria.

COP strategies for SI support in 2012 closely follow the goals of the GRA National Strategic Plan, the Partnership Framework (PF), and the Partnership Framework Implementation Plan (PFIP). Specific goals are to strengthen the capacity for an effective national response to combat HIV/AIDS. During the PFIP process, the INLS specifically addressed the need for a) alignment and harmonization of PEPFAR indicators with the GRA; b) mapping of all current and future behavior and epidemiological studies; and c) defining the next steps regarding M&E efforts. By filling gaps in SI and promoting continued capacity, USG should strengthen GRA's increased ownership of the HIV/AIDS program and result in a declining need for USG assistance in SI over time.

This overarching SI strategy will build local capacity to increase country ownership and provide data for decision making through a) surveys to assess local knowledge and perceptions about HIV/AIDS in the general population 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; and e) in-service trainings to build capacity. In addition to strengthening SI, this comprehensive strategy will also strengthen other technical areas: laboratory, human resources for health, health systems, HIV care, and prevention by a) creating a demand for laboratory services and improving laboratory infrastructure; b) supplying evidence for appropriate resource allocation; c) improving electronic data capture and reporting; d) improving data quality, reliability, and timeliness; e) strengthening HIV clinical care; and f) improving HIV prevention programs.

The PEPFAR SI strategy includes the implementation of PLACE and BSS studies and the development of prevention programs targeting specific populations followed by monitoring and evaluation of SI activities (e.g. TraC, TraC-M, TraC+, etc.). The USG will continue to support PLACE studies in Luanda and other provinces along the transportation corridor in FY12 and results may prompt further SI activities for more detailed socio cultural information (rapid assessments, qualitative studies in MARPs, BSS). Results from PLACE studies (i.e. potential locations where some MARPS congregate and find new sex partners) will provide information to guide specific BSS studies. BSS are rigorous studies with socio-cultural depth including biological markers for HIV and related diseases (such as syphilis or tuberculosis) that provide information on behaviors seen within certain groups of people. Results of these studies provide program managers and planners with information that contributes to HIV prevention and care programs targeting MARPS and other vulnerable populations and will provide a starting point for second generation behavioral surveillance systems to be implemented in country. In line with GRA's priorities, in FY12 the USG will carry out BSS studies in long-distance truckers and prisoner and will begin a BSS study in diamond miners. Results gathered from PLACE and BSS studies will be used to support the design of new prevention messages and implement prevention strategies targeting MARPS and other vulnerable populations. These prevention interventions will be implemented and evaluated by TraC studies and/or other appropriate evaluation mechanisms. TraC studies measure changes in behavior, behavioral determinants or exposure to specific prevention activities through household, target group or intercept surveys. Development and evaluation of these prevention programs will be planned in future years once results of PLACE and BSS studies become available, as there are no TraC studies currently planned in FY12.

Other planned activities in HIS include a) continued support to on-going data collection efforts to evaluate the effectiveness of HIV prevention programs; b) the development of innovative methods to collect data, including utilizing Palm Pilots (hand held electronic devices) to conduct surveys in Luanda and in rural areas; c) trainings on electronic data capture and reporting in provinces where BSS studies are conducted. In FY12, the USG will explore ways to support implementation of HIS components to increase capacity of routine health information systems based on the HIS assessment conducted by MoH



and funded by WHO. Based on the outcomes of this report and available funding, we will plan activities to strengthen HIS that can be integrated into our comprehensive SI strategy in FY12.

USG Angola is not currently working with any local partners on TB system strengthening, although discussions are in progress to work with Italian-based non-Governmental Organization (NGO) called CUAMM to establish sentinel surveillance and improve case detection; provider initiated HIV counseling and testing; and recording and reporting of TB and HIV information for the purposes of M&E and routine surveillance.

HUMAN RESOURCES FOR HEALTH:

The USG seeks to reach the overarching objective of improving human and institutional capacity within the MoH and NGOs so that they can effectively respond to the HIV epidemic. Through the coordination of USG efforts, along with the GRA, other donors, and civil society, activities are in place to increase the number, access, distribution, skills and performance of the healthcare workforce in Angola. Additionally, the USG is supporting the GRA with policy reforms to strengthen human resources for health around promoting gender equality and protection, increase protection from discrimination and stigma, the integration of maternal and child health and reproductive health into HIV/AIDS services, and the promotion of a multisectoral response to strengthen the dissemination and implementation of such policies. Under the MoH's Revitalization of Municipal Health Services program, strengthening of the HIV prevention and clinical services will occur at the local level. The USG human capacity development support of the revitalization plan includes providing technical assistance to the MoH in the areas of national human resources assessment, human resources strategic plan development, national health system assessment, finance planning, including national accounts and gap analyses at the ministry level.

In an effort to improve service delivery and health management within the Angolan health system, the USG supports the Provincial Health Directorates of eight priority provinces with in-service training and supervision, planning and managing HIV/AIDS, and strengthening the HIS and stock management. This support has improved service delivery through the scaling-up of PMTCT and VCT and training personnel. Despite many challenges, the MoH has made significant advancements in increasing workforce capacity. With USG support, the MoH has trained approximately 300 trainers in 30 municipalities in eight priority provinces. From this cadre of trainers, more than 100 have been certified to provide ongoing continuing education and supervision for both health care workers and community health workers. A performance monitoring system was established to assess and improve the quality of services offered. To further integrate and reinforce the service delivery and health management systems, the USG is contracting provincial coordinators to work within the DPS (provincial health directorate) to coordinate technical assistance to provide in-service training for doctors, nurses, nurse-midwives, and medical assistants; develop a MoH policy and plan for task shifting to nurses and auxiliaries; establish a policy for community health workers to provide follow up to diagnosis results (both positive and negative), care and support, and treatment (adherence), and formulate a strategy to reinforce the referral system.

In partnership with private and public institutions, USG support will build the capacity of a competent health workforce through pre-service education activities and staged implementation of the Field Epidemiology and Laboratory Training Program (FELTP) to address issues of qualified epidemiology and laboratory personnel. Through improved coordination around FELTP activities, the USG will leverage resources with the Agositno Neto University and the School of Public health to increase the number of professionally-trained health care workers through short and long term training on epidemiology. Additional PEPFAR strategies to increase and improve HRH will focus on contributing to the development of specific evidence-based pre-service curricula and strengthening the capacity of health and training institutions to meet national accreditation standards. The foremost priority of FELTP is to prepare and retain skilled health care providers through specialized training opportunities and the development and



implementation of a sustainable career progression plan with the purpose of shifting PEPFAR support to local ownership. The Angola FELTP supports a framework for building sustainable institutional and human-resource within Angola to train public health professionals to be leaders in applied public health epidemiology and field-oriented public health laboratory management.

The USG is working with the National Blood Center (CNS) in Angola to strengthen the country's ability to secure a safe blood supply by developing the capacity of health and laboratory professionals. At present, blood services in Angola remain fragmented. To improve the blood supply, the MoH/CNS is working with the USG and private entities to train blood service staff at the provincial level as well as medical personnel in areas of quality management of blood donors, materials handling and testing for transmittable infections. The CNS has established an annual work plan to guide program activities for the Angolan Blood Safety Project. Currently, supervisory trainings have been conducted at blood centers within 14 provinces, and the appropriate equipment has been secured to support infrastructure development at the provincial level. The USG will continue to support blood safety activities for the development and implementation of a sustainability plan that includes advocacy with the GRA for increased commitment to national blood safety efforts. Furthermore, the Angolan Blood Safety program will permit development of quality control, quality assurance and quality management systems across the spectrum of the National Blood Service's operation.

Through an integrated health system strengthening program, USG is improving the quality of health services provided in target districts through support to the GRA Revitalization Plan. These activities will ensure that at the central level policies and plans are in place to support service provision at the health facility level while at the sub-national level the districts and provinces are able to appropriately implement programs with decentralized funds. Priority interventions for this area include supporting budget development and financial management, developing and implementing strategies and plans, strengthening the supply chain, developing and implementing a health information system (HIS) and human resources information system (HRIS), and increasing lab capacity.

With support from the USG/DoD, the GRA through the Angolan Military (FAA) is currently developing a national prevention program that will ultimately impact the health and security of the broader civilian community. In Angola, a large proportion of the general population has a relative in the armed forces; therefore, strengthening the institutional capacity of the military will impact the quality of service delivery to the general population. The USG provides technical assistance to the FAA that has its own healthcare organizational structure with internal health systems which provide services to its personnel. Through advocacy and training, the USG will continue to support the capacity building of health providers through in-service training at all tiers of the FAA Health System. The USG will support the training of health providers in HIV counseling, ARV treatment techniques, peer education prevention activities, improvement of health information systems, prevention with positives and lab related activities. Continuous engagement will be carried out with top level officials within the FAA to maintain a sense of urgency in the promotion of behavioral change and awareness of the threats posed by HIV, both to the military forces and to the general population.

As part of the policy reform the USG will support the GRA with several priority policies; one of which attempts to strengthen HRH through the development and implementation of health provider retention strategies and related HIV curricula. Contributing to long term health system sustainability, the USG will continue supporting HRH capacity building at all levels of government, strengthen laboratory network developing quality systems towards accreditation and building individual and institutional capacity through the implementation of the FELTP and interactions between local and international universities to develop the capacity of health professional and contributing to stronger national training capacities at the pre-service level.

LABORATORY STRENGTHENING:



A strong national public-health laboratory network is the cornerstone of a strong response to HIV/AIDS in Angola. A solid laboratory network at the provincial, municipal, and village levels that is based on quality training and supervision is essential to support the expansion and decentralization of HIV services. Significant efforts have been made by the MoH to create conditions to establish a functional National Reference Laboratory within the National Institute of Public Health (INSP). USG is assisting the MOH with a comprehensive national approach to implement a laboratory network. Previous USG support led to the development of a Laboratory National Strategic Plan and is now focused on strengthening quality systems towards accreditation. As part of quality systems, the USG's current priority is to support testing external quality control programs such as the Strengthening Laboratory Management towards Accreditation (SMLTA) and HIV External Quality Assurance for rapid HIV testing; as well as, strengthening the supply management systems, and providing bio-safety awareness; including programs for occupational health, waste management, and chemical management. To strengthen Public Health Laboratory capacity, PEPFAR priority strategies are focused on implementing quality control programs for rapid testing and strengthening laboratory services for accreditation. Provision of the National External Quality Control (EQC) Program for HIV rapid testing will address training of central lab technicians in preparation of the proficiency DTS panels and shipping to the testing unit; training of testing laboratories and sites on how to manipulate the panels and register results; interfacing between reference lab and testing units and supervision. Additionally, the implementation of SMLTA program will support strengthening the laboratory network and quality systems at the national level by hiring a quality manager enrolled in a mentoring program on quality systems. Priority activities are focused on strengthening Laboratory Quality Management Systems and the implementation of Laboratory Information Systems through training of laboratory workers in the area of Laboratory Management and Policy, Laboratory Information Systems, HIV rapid testing proficiency testing, WHO biosafety, and certification of biological safety cabinets. To ensure an adequately trained workforce in these critical areas, USG will support the INSP by training personnel at the Master's degree level in Laboratory Management and Policy using the FELTP curriculum; develop and implement a WHO Biosafety Training Program through the FELTP curriculum; expand and implement the Dry Tube Sample (DTS) proficiency testing technique and develop and implement a biological safety cabinet's certification program through the FELTP curriculum.

The GRA has identified the improvement of the laboratory network as a priority area; thus the USG is committed and will continue to provide technical assistance to the MoH to improve prevention, care and treatment programs by supporting laboratory capacity for external quality assessment for HIV rapid testing (External Quality Control) and laboratory strengthening towards accreditation (SMLTA). Additionally, USG will continue working with the Association of Public Health Laboratories to finalize existing activities around the implementation and evaluation of the National Laboratory Network Strategic Plan.

SUPPLY CHAIN AND LOGISTICS:

The MoH has a National Directorate of Equipment and Essential Medicines that is responsible for procuring and distributing essential drugs needed to maintain medical service delivery within health facilities. There are significant bottlenecks and delays that hinder the timely distribution of medicines and supplies. The National Directorate faces a range of challenges such as forecasting, safe storage of supplies, distribution capacity, and a compromised warehouse security system; all of which significantly interrupt the overall function of the supply chain management system. Through coordinated PEPFAR activities, USG partners are working with the National Directorate of Equipments and Essential Medicines to strengthen the Malaria procurement and supply managements systems (PSMS) through the President's Malaria Initiative (PMI). The USG team intends to utilize their technical expertise in PSMS and experience in country, to perform comprehensive national assessments on HIV medicines and laboratory equipment reagents and consumables. The information from the assessments will be



presented to the MoH to inform how to proceed in addressing the challenge, including creating and facilitating linkages with customs and designing appropriate trainings for customs professionals working with health products to reinforce capacity building activities and ultimately transition roles and responsibilities to the GRA.

The Global Fund to AIDS, Tuberculosis and Malaria (GFATM) partnering with the PMI will conduct an assessment of the national supply chain system to support the HIV/AIDS procurement and commodities sector. This assessment will inform the policy reforms needed to strengthen capacity to forecast needs and to procure warehouse goods in a secure, transparent and cost-effective manner while simultaneously improving distribution channels. Recommendations such as standardizing equipment and commodities will improve the capacity and efficiency of the procurement and supply chain management systems. Implementation of national quality management systems, including programs for sample referral, external quality assurance, proficiency testing and development of functional logistics and procurement systems, are also fundamental to support an efficient National Laboratory Network.

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	4,089,418	
Total Technical Area Planned Funding:	4,089,418	0

Summary:
(No data provided.)

Technical Area: Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HMBL	500,000	0
HVAB	504,870	0
HVCT	650,000	0
HVOP	4,633,870	0
MTCT	500,000	0
Total Technical Area Planned Funding:	6,788,740	0

Summary:
Angola is a post-conflict country recovering from a prolonged civil war, which ended in 2002. This devastating civil strife decimated the health infrastructure and public service systems. Despite important Government of Angola (GRA) efforts and significant external assistance, Angola's health system still needs significant development as it does not provide adequate health care for the population. 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 percent of the health work force provides



services in rural areas, where over half of the population lives. The diversion of the nation's resources to fight the war and massive population dislocations led to sustained high levels of poverty, with 21 percent of the population now living in extreme poverty. This poverty, coupled with low access to health services, translates to poor health conditions, particularly for women.

The best information available to date, from 2009 antenatal care (ANC) data, indicates that Angola has an estimated HIV prevalence of about 2 percent among adults aged 15-49, with a male to female ratio of 0.8:1. A country with an estimated population of 17 million, Angola is bordered by the high-prevalence countries of Namibia and Zambia, as well as the Democratic Republic of the Congo and the Republic of the Congo (Brazzaville). Analysis of HIV prevalence data from surveillance of pregnant women attending ANC visits in 2004, 2005 and 2007 reveals significantly higher rates in some provinces, especially in Cunene on the southern border with Namibia. In addition, HIV prevalence appears to be significantly higher in major urban centers compared to rural areas.

Commercial sex workers (CSWs), mobile workers such as truck drivers, and military personnel are assumed to be among Angola's most at risk populations (MARP), as they are in other sub-Saharan countries. HIV prevalence among CSWs is reported to be 23 percent in Luanda and 26 percent nationwide (INLS 2006), suggesting that this population is at greater risk and may be a bridge for transmission into general population. Angola's proximity to several high prevalence countries raises concerns about increased transmission risk along the transport corridor which links Cunene province and the densely populated Luanda in the north. Another group likely to be at increased risk is men who have sex with men (MSM), although scant data are available about this population in Angola.

With prevalence ranging from less than 1 percent to over 7 percent at ANC sites, coupled with spikes of prevalence in certain populations, the HIV epidemic in Angola is characterized as a mixed epidemic, reflecting characteristics of both concentrated and more generalized epidemics, and sustained by transmission within both MARPs and the general population. Although in the vast majority of the country prevalence is quite low, and seems to be concentrated within MARPs, there are some spikes in prevalence (such as in Cunene) and patterns among pregnant women that would be more typical of an increasingly generalized epidemic. The programming to date is already very much for a mixed epidemic (i.e. the MARPs and general community HIV prevention programs).

The principal determinants of the epidemic are based on demographic factors such as a large youth population (an estimated 60 percent of the population is under 15 years old), increased mobility, rapid urbanization, and low capacity of the national health and education sectors. Specific drivers include high level of multiple concurrent partnerships, low general knowledge and low risk perception, and strong social and cultural gender norms that put both men and women at increased risk of HIV transmission. Low levels of condom use are another major driver of the epidemic. Condom use is slowly increasing, but among truckers only 28 percent reported using a condom in the last 30 days, and among VCT clients only 7 percent reported always using a condom. Among the general population 33 percent reported using a condom during last sex.

Pregnant women in the general population are a key target group for HIV prevention efforts. Low knowledge of HIV prevention and early sexual debut support a prevention focus which includes youth as another important risk group. Based on 2008 data, an estimated 70 percent of young people aged 15-24 in the general population cannot correctly identify ways of preventing sexual transmission of HIV, and up to 40 percent of youth initiate intercourse before the age of 15. Twenty-three percent of youth reported having two or more partners during the last three months, and 55 percent reported using a condom with their last casual partner.

One key challenge in Angola is the relatively little amount of available data. No country-wide census has taken place since before the war in 1970; consequently no DHS has been implemented in Angola. A PSI



implemented TRaC study from 2008 estimated the CSW population to be 4000 in Luanda and 800 in Cunene province. In addition, preliminary findings from a BSS study estimate MSM population in Luanda to be 6000. There are no national-level data available about these or other MARPs. The PROACTIVO project targeting MARPs is conducting a mapping/size estimate exercise in the five provinces where the project implements that will provide valuable information for evidence-based programming. This exercise will be finalized during FY12. In addition PEPFAR supported a gender assessment on the national level in FY11 outlining the in-country capacity and structure for responding to gender based violence (GBV) within the public sector, including policy and legislative structure and response/referral systems. The assessment also aimed to determine the national barriers within the public sector, specifically with police and health, to effectively ensure Angolan men and women can equally exercise their basic human rights and receive equal protection from the legal system.

There is no official data available on male circumcision rates in the country. But anecdotal data and GRA estimates demonstrate that up to 80-90 percent of the male population is circumcised. And this is believed to be a contributing factor to the relatively low overall HIV prevalence in Angola.

Aligning with the epidemic, drivers of transmission and available funding levels, the overall Angola PEPFAR portfolio strategically focuses on Prevention and Health System Strengthening, while the GRA focuses its efforts in Treatment and Care. The program seeks to maximize financial investments and contribute to sustainability by supporting a combination prevention approach targeting interventions at identified MARP groups including CSWs, truckers, military and MSM, while interventions directed to the general population focus on youth, 15-24 years of age. Geographically the program will concentrate its efforts in large population areas with high levels of movement due to increased commercial and migration activity, specifically along the main transport corridor stretching from Cunene, on the Namibian border in the south, northward to Luanda.

In FY12 USG PEPFAR programming will take the approach, drawing on principles of the Global Health Initiative (GHI), priorities in Angola's Partnership Framework, and new USG priorities of integration, to partner with the GRA and other stakeholders to support the development of an integrated, comprehensive and sustainable health system capable of providing quality health care services to all Angolans. This approach is conceived to capitalize on positive trends in the Angolan health sector including a hunger for demonstrable results by the Ministry of Health (MOH), available domestic resources to realize that vision, improvements in infrastructure, a commitment to decentralization and integration of service delivery and greater involvement of both civil society and the private sector.

At the national level, the USG will work with the GRA to provide evidence-based data that will support and empower the GRA to make crucial decisions in an informed manner as well as to develop policies and protocols and to improve the systems supporting health statistics, human resources, and the capacity of the public health system to respond to outbreaks and other urgent public health needs. USG programs will work closely with the National Institute for the Fight Against AIDS (INLS) to more accurately characterize the AIDS epidemic in the population at large and within more vulnerable populations. USG programs will seek to strengthen the capacity of the laboratory network and will work with central-level MOH managers to reinforce planning, management and budgeting skills in support of health service delivery and execution of the national health budget. The USG will continue to procure select commodities for distribution through GRA health facilities, but will focus efforts on strengthening the MOH's commodity procurement and logistics systems to ensure the availability of appropriate and high quality commodities at the facility level. The USG will also work with the GRA to strengthen a comprehensive and integrated system for the collection, analysis and use of health information.

At the sub-national level, the USG will work to improve the management skills of MOH directors at the provincial and district level, specifically in the areas of governance (planning, advocacy and oversight), finance (budgeting and execution), human resources (pre-service and in-service training and supervision)



and implementation of a health management information system. Barriers to the flow of resources needed at the health service delivery level will be identified and the USG will work with MOH directors to eliminate these bottlenecks. To ensure that GRA resources are used most effectively and targeted to those truly in need, the USG will support the development and sale of subsidized health commodities.

Specifically, Angola PEPFAR prevention portfolio will address the following areas:

PMTCT

The prevention of mother-to-child transmission (PMTCT) through expanded access to pre-natal testing and counseling, appropriate management of antiretroviral prophylaxis, early infant diagnosis, and prompt referral for treatment for seropositive mothers and babies is a priority in the GRA's National AIDS Strategic Plan. To build on prior PEPFAR support, and to complement Angola's new Round 10 Global Fund grant for scaling up PMTCT and procuring relevant health commodities, PEPFAR technical assistance under the current strategy will focus on strengthening PMTCT service in target areas, which provide quality care consistent with accepted standards, thus creating potential models for national scale-up. Efforts to strengthen integration linkages with MCH and FP/RH services can create valuable synergies for promoting PMTCT as well.

VCT

While access to voluntary counseling and testing (VCT) services in Angola has improved, much work remains to be done. Building on PEPFAR's investments in expanding access to VCT, the USG will continue to support increasing the number and quality of VCT services in target geographic areas, including selected military brigade health posts, to facilitate early diagnosis. As PEPFAR's other HIV prevention activities generate increased demand for VCT services from a variety of user groups, including the general population, youth, and MARPs, technical assistance and training for counselors and other health care providers will help targeted areas prepare for and respond to these needs. VCT services and client-provider interactions must be non-discriminatory and user-friendly for all client groups. Linking VCT with other clinical services (i.e. STI treatment, family planning, tuberculosis care, etc.) will increase access for youth, men, and MARPs. Expanded VCT services will be closely coordinated with PEPFAR-funded community-based, behavior change communication (BCC), and social marketing activities, and is a strategic approach fully consistent with the GRA's National AIDS Plan.

Condoms

Through USAID's Social Marketing for Health project, Ouakula, PEPFAR currently supports the two leading brands of male condoms in the country, Sensual and Legal. In addition, male and female generic condoms are distributed through all preventions activities and through supported GRA clinical settings. All activities include promoting consistent condom use, realistic risk perception and partner reduction.

Reported condom use is still relatively low (general population reports 33 percent use at last sex) both due to poor perception and acceptance of condoms, and limited availability. Distribution systems and product availability are key areas of focus, as is increasing demand. In addition to a strengthened logistics system for condoms distribution, marketing and communication campaigns are crucial components of the PEPFAR program. Mass media and communication campaigns will be based on clearly defined public health issues and behaviors, and respond to the specific realities, needs, desires, and requirements of identified target audiences. In regards to HIV prevention, social marketing will respond to the drivers and dynamics of the HIV/AIDS epidemic throughout Angola. Social, cultural and gender norms affecting the ability to choose to use condom will be considered and addressed in all marketing and promotion of correct and consistent condom use to all target populations by tailored messaging.



MARPs

MARP-focused initiatives will promote and contribute to the delivery of a basic package of services and take into consideration gender issues and GBV, alcohol abuse and risk-taking, and stigma and discrimination, as part of the program. In addition to awareness-raising and knowledge-building, activities include evidence-based approaches to mitigate harmful effects and help create enabling positive environments for each of the target groups.

The PEPFAR strategic approach continues to focus on supporting, promoting, and building linkages for MARPs and their partners to increase access to “MARP friendly” health care services. These services include developing and strengthening referral systems for post exposure prophylaxis, male circumcision, substance abuse treatment, family planning/ reproductive health (FP/RH) including PMTCT, HIV care and ARV services. Support for VCT and STI/HIV prevention sites can be expanded at points to increase access for MARPs (e.g. transport routes, communities surrounding military bases, bars, etc.). Access to condoms through free distribution and through social marketing will also be strengthened.

Additionally, the USG will collaborate with the GRA, in partnership with other stakeholders, to develop relevant policies and establish guidelines and protocols at the national level. Policy change and advocacy efforts need to be spearheaded by local stakeholders including civil society, private sector and members of the target populations. Increasing the capacity of local civil society organizations to advocate, mobilize resources, and effectively implement services for targeted populations, is essential to increase the sustainability of HIV prevention efforts for MARPs.

Current PEPFAR-supported MARP interventions in Angola focus on the following populations:

- Transportation workers, with a focus on adults, mostly men, who are truckers crossing the major transportation routes of Angola.
- Commercial Sex workers (CSWs), defined as those individuals that engage in commercial sex work involving explicitly defined terms of exchanging sex for money.
- Military, a mobile group that constitutes both a MARP and a bridging sub-population. The GRA through the Angolan Armed Forces (FAA), with support from the USG, is currently developing the prevention program nationally which also affects the health and security of the broader civilian population.

Through the DOD funded Charles Drew University prevention program, the USG will continue to train and supervise peer educator HIV/AIDS activists in the FAA, especially at the brigade level, with a focus on linking VCT and ARV treatment services. Current interventions will be tailored to promote and encourage the use of condoms through BCC activities. The program will work with the FAA to design educational materials and deliver HIV prevention messages to the military and their families. Lower level officers will be trained in the production of radio scripts, story development, and message production to create an independent team that can develop mass media messaging. The messages will be aired on the military radio hour through the National Radio Station.

General Population

Youth aged 15-24 represent an estimated 60% of the Angolan population. PEPFAR-supported prevention interventions 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. These interventions will be undertaken in collaboration with the Ministry of Education, Ministry of Youth and Sports (MINJUD), Ministry of Family and Promotion of Women, and MOH. Activities will aim to expand community-based youth services. For this purpose, for several years USG-supported youth centers



(Jangos Juvenils) have undergone an assessment of results and lessons learned in order to guide a re-orientation of programs for reaching youth. The youth-oriented interventions will focus on the active engagement of youth in preventions, supporting promotion of use and accessibility to a basic package of services through referrals and linkages to VCT, STI treatment, follow-up care, counselling for transactional and trans-generational sex and gender negotiation, and information on alcohol abuse as a factor that facilitates HIV infection. A priority is to promote sustainability by leveraging support from the private sector and MINJUD, and to integrate PEPFAR's prevention approach for youth into the community response to HIV.

Activities will also support 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 and family planning services. Materials and messaging will be revised from the community to national levels to include tailored cultural and gender-sensitive HIV/AIDS BCC materials and messaging, advocacy for in- and out-of-school youth, and campaigns encouraging age appropriate youth to use condoms, know their HIV status, and appreciate the importance of testing and disclosure. Likewise, curricula on sex education will be revised and improved to include gender, gender-based violence, 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.

HSS/HRH/Capacity Building

The USG, through PEPFAR and GHI, supports capacity building interventions for Angolan institutions and public health professionals. These investments build a solid foundation for country ownership and sustainability.

The MOH is implementing the "Revitalization of Municipal Health Services" program to strengthen HIV prevention and clinical services at the local level. The revitalization process consists of guaranteeing an integrated basic package of maternal and child health (MCH) care through a continuum of care that includes fixed, mobile and community services. Synergies exist between MCH and HIV interventions, especially PMTCT. USG human capacity development support of the revitalization plan includes technical assistance to the MOH in the areas of human resources planning, task shifting, training, supervision, and budgeting.

Strengthened capacities in all stages of supply chain management are needed, particularly in forecasting, warehouse security, and distribution. The PEPFAR approach is to provide technical assistance to improve public sector health commodity systems to improve services and reduce the frequency of stock-outs. USG partners will build on the example of working with the National Directorate of Equipment and Essential Medicines to strengthen the malaria procurement and supply management systems. In collaboration with the Global Fund for AIDS, Tuberculosis and Malaria (GFATM), an assessment of the national supply chain system is expected to be conducted to support the HIV/AIDS procurement and commodity sector. This assessment should inform the policy reforms needed to strengthen capacity to forecast needs, and to procure and warehouse goods in a secure, transparent and cost-effective manner and while simultaneously improving distribution channels. Implementation of national quality management systems, including programs for sample referral, external quality assurance, proficiency testing, and development of functional logistics and procurement system, are also fundamental to support an efficient National Laboratory Network. These activities will be closely coordinated with MOH to better integrate efforts of the USG with other partners to improve overall support.

PEPFAR's investments to improve the capacity of providers are focused in the areas of prevention, improving access to quality VCT and PMTCT services. A core package of prevention services for HIV-infected individuals includes risk reduction counseling, skill building in safe sex negotiation and



partner disclosure, PMTCT, access to other health services (FP/RH, TB, malaria, nutrition, etc.) and facility- and community-based psychosocial support.

Medical transmission

The Angolan Blood Services are compromised due to the lack of voluntary, regular and non-remunerated blood donors. Through a cooperative agreement with the Angolan MOH, CDC is transferring capacity to the Centro Nacional de Sangue (CNS) to improve the safety and adequacy of the national blood supply. Our collaborative efforts have focused on evaluation of the current system of donor recruitment, blood collection and storage, and testing of the blood for pathogen contaminants. Recommendations have been made to expand the number of units collected; the proportion collected from voluntary, non-remunerated donors vs. family replacement; the ability to fractionate units into components; and the testing of all units for HIV, Hepatitis B and C, and syphilis in a quality-assured manner. CDC takes advantage of all interactions with personnel from the CNS to transfer not only knowledge about blood safety and funding to perform these activities, but also to create a mutual 'corporate culture' of excellence.

Technical Area Summary Indicators and Targets

Future fiscal year targets are redacted.

Indicator Number	Label	2012	Justification
P1.1.D	P1.1.D Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	n/a	Redacted
	Number of pregnant women who were tested for HIV and know their results	37,789	
P1.2.D	P1.2.D Number and percent of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery	48 %	Redacted
	Number of HIV-positive pregnant women who received antiretrovirals (ARVs) to reduce risk of mother-to-child-transmission	507	
	Number of HIV-positive pregnant women identified in	1,058	

	the reporting period (including known HIV-positive at entry)		
	Life-long ART (including Option B+)	0	
	Newly initiated on treatment during current pregnancy (subset of life-long ART)		
	Already on treatment at the beginning of the current pregnancy (subset of life-long ART)		
	Maternal triple ARV prophylaxis (prophylaxis component of WHO Option B during pregnancy and delivery)	0	
	Maternal AZT (prophylaxis component of WHO Option A during pregnancy and delivery)	0	
	Single-dose nevirapine (with or without tail)	0	
P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of	n/a	Redacted

	Prevention with PLHIV (PLHIV) interventions		
	Number of People Living with HIV/AIDS reached with a minimum package of Prevention of People Living with HIV (PLHIV) interventions	0	
P8.1.D	P8.1.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	0	
P8.2.D	P8.2.D Number of the targeted population reached with individual and/or small group level HIV	n/a	Redacted

	prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required		
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	0	
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of MARP reached with individual and/or small group level preventive	0	

	interventions that are based on evidence and/or meet the minimum standards required		
	By MARP Type: CSW	0	
	By MARP Type: IDU	0	
	By MARP Type: MSM	0	
	Other Vulnerable Populations	2,500	
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past 12 months	79,471	Redacted
	By Age/Sex: <15 Female		
	By Age/Sex: <15 Male		
	By Age: <15	0	
	By Age/Sex: 15+ Female		
	By Age: 15+	0	
	By Age/Sex: 15+ Male		
	By Sex: Female	0	
	By Sex: Male	0	
	By Test Result: Negative		
By Test Result: Positive			
H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical	14	Redacted

	laboratory tests		
H1.2.D	Number of testing facilities (laboratories) that are accredited according to national or international standards	0	Redacted
H2.1.D	Number of new health care workers who graduated from a pre-service training institution or program	0	Redacted
	By Cadre: Doctors	0	
	By Cadre: Midwives	0	
	By Cadre: Nurses	0	
H2.2.D	Number of community health and para-social workers who successfully completed a pre-service training program	0	Redacted
H2.3.D	The number of health care workers who successfully completed an in-service training program	0	Redacted
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	0	



Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
11981	Ministry of Health, Angola	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	500,000
11985	Association of Public Health Laboratories	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
12943	African Field Epidemiology Network	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	775,000
12953	Ministry of Health, Angola	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	200,000
13163	Engender Health	Private Contractor	U.S. Agency for International	GHP-State	600,000

			Development		
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	GHP-State	200,000
13531	African Field Epidemiology Network	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	883,000
13556	World Learning	NGO	U.S. Agency for International Development		
13559	JHPIEGO	University	U.S. Agency for International Development	GHP-State, GHP-USAID	2,000,000
13572	Population Services International	NGO	U.S. Agency for International Development	GHP-State, GHP-USAID	1,600,000
13607	Management Sciences for Health	NGO	U.S. Agency for International Development	GHP-USAID, GHP-State	520,000
13625	Population Services International	NGO	U.S. Agency for International Development	GHP-State, GHP-USAID	1,600,000
13773	Health and Development Africa	NGO	U.S. Department of Health and Human Services/Centers	GHP-State	0

			for Disease Control and Prevention		
14245	Health and Development Africa	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
14382	Charles Drew University	University	U.S. Department of Defense	GHP-State	1,300,000
14568	TBD	TBD	Redacted	Redacted	Redacted
14729	Management Sciences for Health	NGO	U.S. Agency for International Development	GHP-USAID	31,000
16172	Search for Common Ground	Implementing Agency	U.S. Agency for International Development	GHP-State	150,000
16173	Management Sciences for Health	NGO	U.S. Agency for International Development	GHP-State, GHP-USAID	1,661,000



Implementing Mechanism(s)

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A
Total Funding: 500,000	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-State	500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Ministry 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)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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	500,000	0

Narrative:

In fiscal year 2010 funds were obligated for capacity building and infrastructure development of the National Blood Center (NBC) national screening strategy for all donated blood and blood products, using the most appropriate and effective tests, and adhering to good laboratory practices. The NBC will continue to implement the following activities during fiscal year 2012 and 2013:

- Develop a national blood safety infrastructure plan to ensure coverage for the collection, transport, storage and distribution of blood that meets the national needs;
- Conduct supervisory trainings at the provincial level using the “train the trainer” model;
- Support situational analysis of selected provincial blood services;
- Provide technical assistance at the provincial and municipal level focused on bloods collections, testing, and production of blood products, transfusions methods and utilization.
- Develop site-specific protocol for collecting , handling and storing, transporting, and distributing blood from fixed mobile blood collections facilities;
- Expand the volunteer blood donor base through improved donor mobilization, recruitment, and communication strategies;
- Implement and maintain the information management system;
- Assess and review the infrastructure, technical capacity, and existing or potential community networks that could support VNRBD;
- Conduct trainings to promote and increase the number of VNRBD;
- Conduct trainings on the principles of Quality Management Systems, in specific areas of blood safety, including monitoring & evaluation;
- Support infrastructure and human capacity development at Blood Centers within the provinces;
- Conduct strategic planning for the sustainability of blood safety services; and
- Strengthen and sustain a donor notification program to increase the proportion of blood donors with HIV-reactive results referred to appropriate counseling, confirmatory testing, care and/or treatment.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	



G2G: N/A	Managing Agency: N/A
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Total Funding: 0	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-State	0

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. 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)

(No data provided.)

TBD Details

(No data provided.)



Motor Vehicles Details

N/A

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
Governance and Systems	HLAB	0	0

Narrative:

In FY 2012, USG will continue to strengthen the laboratory network and quality systems at the 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 Details

Mechanism ID: 12943	Mechanism Name: AFENET-LAB
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and	Procurement Type: Cooperative Agreement



Prevention	
Prime Partner Name: African Field Epidemiology Network	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 775,000	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-State	775,000

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. 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.



Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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
Governance and Systems	HLAB	775,000	0

Narrative:

The USG will fund the African Field Epidemiology Network to implement activities that contribute to improved prevention, care and treatment programs through supporting laboratory capacity for external quality assessment of HIV rapid testing (External Quality Control) and laboratory management strengthening towards accreditation (SMLTA) CDC Angola has initiated the partnership with AFENET for laboratory activities under COP11 to start both SLMTA and HIV rapid testing EQC programs. Under COP 12, CDC plans to support AFENET to continue the following activities :

- Engage stakeholders with SLMTA, identify additional people to be trained as trainers and support ToT in order to expand national capacity towards sustainability;
- Partner with the MoH and Armed Forces to update the SMLTA implementation plan;
- Continue SLMTA implementation in Laboratories engaged under COP 11 planned activities, and initiate

a SLMTA program (assessments, training workshops and implementation of improvement projects) in additional small groups of laboratories;

- Support to mentors that will mentor the improvement projects being implemented at the SLMTA enrolled laboratories.
- Continue supporting implementation of HIV rapid test EQC program in sites engaged under COP 11 planned activities. Enroll and support small groups of additional HIV testing sites in the Dry Tube Specimen (DTS) external quality assessment program;
- Support the collection and analysis of PT data from testing sites on the use of DTS;
- Continue support to a laboratory technologist and a data manager for the DTS program; and
- Support Laboratory Network National Advisory Committee meetings to support implementation of the National Laboratory Strategic Plan – first national plan developed with comprehensive CDC support over the past 18 months.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 200,000	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-State	200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

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. 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 (50 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, 10 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.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12953
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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
Governance and Systems	OHSS	200,000	0

Narrative:

The USG will continue funding the MOH/National School of Public Health in FY12 to continue the following activities using previous year funds:

- Develop and implement, along with other partners, an integrated and sustainable training plan to build evidence-based public health capacity;
- Prepare for the implementation of the Angola Field Epidemiology and Laboratory Training Program (A-FELTP) with two kinds of course, the advance two-year course and basic short course;
- Recruit program staff, namely the Training Coordinator and the Administrative and Finance Assistant;
- Continue to work with partners to evaluate site capacity and readiness to function as a work-site field training center;
- Submit research to international conferences for info sharing with peers;
- Identify supervisors and mentors to provide professional development guidance to students;
- Enhance linkages between public health epidemiology and laboratories;
- Enhance communications and networking of public health practitioners and researchers in the country and throughout the region;
- Conduct two basic FELTP course per year;
- Identify collaborating institutions to participate in the field investigation activities(sites are being evaluated for capacity to serve as training site);
- Train facilitators to implement the basic FELTP short course;
- Register and train 50 participants from the provincial level in the basic FELTP course; and
- 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.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 600,000	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-State	600,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In February 2011, an assessment was conducted of the response by government, civil society, and international agencies to gender-based violence in Angola. Based on the results, and consistent with GHI focus on women’s issues and gender equality, an “Angola Domestic Violence (DV) Action Plan” was developed with 3 objectives: (1) provide technical assistance for the development and implementation of police procedures and guidelines for dealing with survivors of DV, (2) build capacity of police personnel by training them to respond to DV and follow procedures related to DV, and (3) document the experience in building police capacity to advocate for expansion to other police stations and possibly the national police academy. In FY12, two pilot police sites will be selected in consultation with the Luanda Provincial Command. Police officers and commanders are the principle target populations for this intervention, with participation of officials from relevant government ministries as well. Through this pilot approach, and by exploring options for linking with the national police academy, the project aims to institutionalize a standardized approach for improved responsiveness to DV that can be broadly disseminated. In addition to a baseline assessment of available structures, resources, and staffing at the two pilot sites, a detailed monitoring and evaluation plan will be implemented, including methodologies such as focus group discussions and/or Participatory Ethnographic Evaluation Research (PEER) studies with women in the community and with police officers to track perceptions, barriers, and sensitivities. With FY12 funds, project activities will be expanded into other police districts.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	400,000
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Human Resources for Health	200,000
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TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Increasing gender equity in HIV/AIDS activities and services
 Increasing women's legal rights and protection

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
Governance and Systems	OHSS	600,000	0

Narrative:

This activity will help strengthen governance and leadership systems to support implementation of a recently passed law against gender-based violence (GBV) in Angola. A number of challenges exist --- "gender" is a relatively new concept in Angola, social systems generally seek to keep families united and are not supportive of criminal charges or divorce proceedings in cases of domestic violence, it is difficult to file a domestic violence complaint in the current system, few personnel are trained in GBV, and referral systems for counseling and health services are lacking. 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. To address these issues, guidelines, linkages, and referrals between institutions and response systems need to be identified, strengthened and perhaps created to support



implementation of the law and provide protection for victims of domestic violence. The project provides a team of consultants, including a local professional as the primary liaison with Angolan authorities, to provide technical assistance and training to the project sites. Activities for FY12 include adapting the Men as Partners (MAP) training manual and other materials, developing job guides for police officers to use in responding to DV complaints, and delivering workshops in the MAP methodology, gender equality, and DV response. FY12 funds will support activities that build on the experiences and lessons learned from the two pilot police sites with a goal of expanding interventions to additional police units. Partnering with the national police academy to help integrate DV training into the pre-service curriculum and refresher training programs can support country ownership and sustainability. Potential linkages with other PEPFAR-funded activities may include connecting police sites with health facilities supported under the Strengthening Angolan Systems for Health (SASH) activity to provide DV survivors with timely referrals to services such as HCT, PMTCT, and FP.

This intervention will also 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 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	New Mechanism: N/A



Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A
Total Funding: 200,000	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-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), 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.

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)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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
Governance and Systems	OHSS	200,000	0

Narrative:

The USG will fund the MOHEST/UAN to accomplish the following activities during FY12 using previous year funding:

- Develop and implement, along with other partners, an integrated and sustainable training plan to build evidence-based public health capacity;
- Enhance communications and networking of public health practitioners and researchers in the country and throughout the region;
- Enroll first cohort of students (a total of 10);



- Work with partners to identify and train faculty;
- Develop an appropriate academic environment for trainees (classrooms, internet access, and other logistics);
- Develop a roadmap for sustainability after the current CoAg support;
- Conduct two short courses for various public health managers;
- Continue to work with partners to evaluate sites for capacity and readiness to function as a work-site field training center; and
- 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.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A
Total Funding: 883,000	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-State	883,000

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)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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



Governance and Systems	OHSS	883,000	0
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Narrative:

Specific activities that will be supported over the next 12 months during FY12 include:

- Continue support of the Resident Advisor(RA) who serves as the principal coordinator between the Angolan Ministry of Health, Ministry of Higher Education, Science, & Technology, and CDC for all activities of the FELTP;
- Provide support for short term consultants that will assist with teaching and mentoring during the two-year course work of the FELTP;
- Provide support for travel of the RA and the short-term consultants; and
- Provide support for the purchase of equipment and supplies needed to maintain the FELTP.

Implementing Mechanism Details

Mechanism ID: 13556	Mechanism Name: Kapelako
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: World Learning	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount

Sub Partner Name(s)

ASD	FOJASSIDA	JUPV
OTCHIMUNGA	Population Services International	RNP+
Twayavoca		

Overview Narrative

As a community-based prevention project, Kapelako targeted the general population and youth with four



objectives that were designed drawing on principles of the Global Health Initiative (GHI) and the priorities outlined in Angola's Partnership Framework, which prioritize prevention and the strengthening of internal systems thru capacity building. After extremely slow start-up, difficulties in filling key personnel positions, and questionable performance, the Kapelako project was externally assessed in June 2011, 9 months after the award was signed. A continued failure to present an acceptable work plan led the AO in November 2011 to inform WL that they would be getting no further obligations into the Kapelako agreement, and that when funds were expended the agreement would end. The intention is to shift some of the activities originally planned under the Kapelako project (World Learning is prime) to the Building Local Capacity (BLC) regional project through RHAP (MSH is prime) for a one year period. To facilitate the transition, a reduced scope of work was assigned to WL, which focused specifically on their continuing to provide sub-award management to Angolan CSOs that implement HIV prevention programs targeted to the general population. Specific tasks include continued organizational development and mentoring of these organizations using their existing technical approach, and to reissue successful sub-awards to support the five CSO to help ensure the continuity of the CSO project implementation during this transition period.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13556
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Mechanism Name:	Kapelako		
Prime Partner Name:	World Learning		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0
Narrative:			

Implementing Mechanism Details

Mechanism ID: 13559	Mechanism Name: Strengthening Angolan Systems for Health (SASH)
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: JHPIEGO	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 2,000,000	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-State	1,650,000
GHP-USAID	350,000

Sub Partner Name(s)

Management Sciences for Health		
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Overview Narrative

In line with the GHI principles of encouraging country ownership and systems strengthening and the Partnership Framework goal of strengthening capacity, the Strengthening Angolan Systems for Health (SASH) project will build capacity within Angolan institutions, rather than to directly provide services. The goal of SASH is to increase the availability and use of high quality services in family planning, malaria,



and HIV/AIDS. To achieve this, SASH applies an integrated health systems approach in which higher quality health care services are achieved through more effective management especially in health information and human resources for health, and institutionalized, standards-based quality improvement at the sub-national level (provincial, municipal, health facility). SASH will also focus on expanding and improving access to VCT and the availability of PMTCT to ensure all Angolans are born HIV free. Consistent with the Angolan Government's Revitalization of Municipal Health Services Strategy, SASH's efforts focus on institutional capacity building at the sub-national levels in the provinces of Luanda and Huambo. The project will use a minimum set of standards to be met in order to "graduate" a province and a methodology to measure that progress. Because central level health information system (HIS), leadership and governance are essential to effective and high quality service delivery at the local level, the program provides specialized technical assistance to support MOH implementation of the National HIS Strategic Plan. Monitoring and evaluation will also support consolidation of national systems to create one system for all areas.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	50,000
Human Resources for Health	800,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Family Planning



Budget Code Information

Mechanism ID: 13559			
Mechanism Name: Strengthening Angolan Systems for Health (SASH)			
Prime Partner Name: JHPIEGO			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	1,150,000	0

Narrative:

In its National Health System “Revitalization” Plan, the GRA has demonstrated its commitment to decentralization and integration of service delivery and greater involvement of both civil society and the private sector. However, capacity to implement the plan at the municipal level is lacking. To build sustainable capacity within Provincial Health Departments (DPS), Municipal Health Departments (RMS) to develop, implement, and monitor provincial and municipal health plans, the project will introduce an approach that draws on organizational development and leadership and management best practices, with an aim to decrease project assistance over time as DPS and RMS units demonstrate improved competencies and capacities to achieve the following results:.

- Strengthening the routine health information system (RHIS) and building capacity in quality collection, analysis, dissemination, and use of health information at the DPS, RMS, and health facility levels for program planning and management; and
- Supporting DPS, RMS, and service delivery units to design and adopt a routine quality improvement approach in support of standards-based practices at health facilities which may include limited support to specialized clinical training.

Under HSS, SASH will work in:

- Strengthening linkages between DPS, RMS and the MOF to ensure that all municipal health
- Supporting DPS and RMS to ensure effective financial management of annual health plans
- The Monitoring and Evaluation of Health Plans. SASH will work one-on-one with each municipality to conduct monthly reviews of plan implementation and take corrective action when required.

Under HR, SASH will work in:

- Build Sustainable Capacity in Human Resources for Health.
- Conduct an HR Senior Leadership Development Program (LDP) to identify and address bottlenecks in the effective recruitment, hiring, deployment, promotion and transfer of staff

- Strengthen the capacity of DPS and RMS to support the health workforce through supervision

Under the Routine quality improvement approach, SASH will work with the MOH in the following:

- Approval of Quality standards in FP/Malaria/PMTCT and VCT
- Service delivery readiness assessment results and dissemination,
- Trends in key performance indicators
- Client satisfaction

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	350,000	0

Narrative:

HTC is the gateway to HIV prevention, care, and treatment services, and some of the most effective prevention interventions rely on knowledge of HIV serostatus. While access to HTC services in Angola has improved, much work remains to be done. USAID will support expansion of provider-initiated testing and counseling in all municipalities in the two target provinces, Luanda and Huambo. As USAID's other HIV activities will generate increased demand for HTC services from a variety of user groups, including youth, men, and MARPs, this program will help the provinces prepare for and respond to these needs. HTC services and client-provider interactions must be non-discriminatory and user-friendly for all client groups. Linking HTC with other clinical services (i.e. treatment of sexually transmitted infections, family planning, tuberculosis care, etc.) can increase access for youth, men, and MARPs. Strengthened referral/counter-referral, supervision, patient records, and quality improvement processes are needed to ensure effective HTC service delivery according to established standards.

Activities include: conducting a baseline survey and mapping exercise of current HTC services and referral networks available at each MOH health care facility in target municipalities; collaborating with USAID's community-based HIV prevention programs to identify strategies to make clinic-based HTC more user-friendly, accessible, and responsive to the needs of key populations (youth, men, MARPs) who might not otherwise utilize these services; supporting development and implementation of a practical, costed HTC scale up plan for each targeted province to ensure adequate service coverage in every municipality; strengthening current quality improvement practices within each target province to achieve quantifiable increased access to and quality of HTC services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	500,000	0

Narrative:



With COP 12 funding, this projects plans to continue to support the GRA-led expansion of PMTCT services. The aim is to achieve 100% coverage of ANC in both Luanda and Huambo provinces. 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. SASH will work closely with the Global Fund Round 10 grant for scale-up and country ownership of PMTCT services, contributing to the opportunity for national level impact.

PEPFAR PMTCT programs continue to help countries adapt WHO guidelines with a focus on scale-up, taking into account costs and other country-specific implementation practicalities. Key elements of quality PMTCT programs include: developing scale-up plans; promoting provider-initiated testing and counseling; linking PMTCT with antenatal and family planning services; correct assessment, treatment, and follow up of HIV-positive women; effective use of quality improvement processes to optimize PMTCT services; proper administration of anti-retrovirals at delivery; improved counseling to support effective infant feeding and nutrition practices; and prompt, accurate infant HIV diagnosis.

The SASH program will provide technical assistance to help expand access to a fuller range of quality PMTCT services in all municipalities in Luanda and Huambo provinces. Improved coordination, including effective referral/counter-referral processes linking maternity hospitals, health centers, and health posts is essential. Activities include: conducting a baseline survey and mapping exercise of the continuum of PMTCT services available at each MOH health care facility, including referral networks, in each of the target municipalities; collaborating with the National Institute for the Fight Against AIDS (INLS) to review and update the current PMTCT training program, including national PMTCT standards, training curricula and materials, job aids, and training delivery approaches to ensure compliance with international guidelines.

Some of the activities planned for FY 2012 will include:

- Participation in the INLS-organized 10-day Training of trainers (TOT) on PMTCT Task Shifting
- Support the INLS in the planning and conduction of a 15-day PMTCT TOT for municipal teams;
- Supporting development and implementation of a practical, costed PMTCT scale up plan for each targeted province to ensure adequate service coverage in every municipality; and strengthening current quality improvement practices within each target municipality to achieve quantifiable increased access to and quality of PMTCT services.

Implementing Mechanism Details

Mechanism ID: 13572	Mechanism Name: Ouakula (Social Marketing for Health)
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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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,600,000	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-State	1,200,000
GHP-USAID	400,000

Sub Partner Name(s)

DAVICAP	Development Aid from People to People (ADPP)	MENTOR Initiative
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Overview Narrative

To meet the overall goal of improved health status in Angola, and contribute to the Partnership Framework goal of “reducing the growth of the HIV/AIDS epidemic,” the integrated Social Marketing for Health will work to 1) Improve target populations’ access to essential health commodities and services through social marketing, and 2) Achieve and maintain high levels of demand for and ownership of, and correct and consistent use of essential, lifesaving commodities, services, and associated behaviors by target populations.

Ouakala aims to ensure the availability of commercial socially marketed condoms nationally. The project uses the Total Market Approach (TMA) to achieve a market place where all segments of society are reached with high quality products and services according to their ability to pay. Target areas will be classified as one of three tiers: 1) urban areas with established sales outlets and strong commercial networks; 2) urban and peri-urban areas and transport corridors; 3) rural areas with weak commercial networks and no established outlets. Target audiences will include MARPs such as CSWs, clients, truckers, MSM and at-risk youth. Mass communications campaigns will have national coverage and product distribution will focus on tiers 1 and 2. With approximately 60% of the population living in urban areas this allows the project to focus efforts to reach the majority of the population in a cost effective



manner. The team will use a range of communications channels from mass-media to interpersonal communications (IPC) for both generic and branded messaging. During year one, the project will draft a sustainability plan for the project. In FY2012, the program will utilize \$94,000 to purchase 3 vehicles.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	150,000
Human Resources for Health	100,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Increasing gender equity in HIV/AIDS activities and services
 Family Planning

Budget Code Information

Mechanism ID: 13572			
Mechanism Name: Ouakula (Social Marketing for Health)			
Prime Partner Name: Population Services International			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	400,000	0

Narrative:

The Social Marketing for Health project will include an M&E component to provide a better evidence base

for programming for distribution and marketing of condoms. Strategic information will also feed into programming of the prevention projects in the overall portfolio.

The Ouakula project will use PERForM: A Performance Framework for Social Marketing and Communications to develop interventions that are evidence-based and client-centered, as well as to track exposure to programs and to monitor changes in desired behaviors over time. PERForM segments the population into target groups that are divided into two groups, those whose behavior needs to be changed and those who already perform the desired behavior. Then it identifies significant behavioral determinants that may be driving a desired behavior. By focusing on the evidence, the epidemiology and the determinants of behavior, as well as the archetypes of the target audiences, Ouakula is able to develop different messages for different target populations.

Within the first year of the project, Ouakula will reevaluate the plans already designed for the condom brands and Certeza, and look at the total market for each health area to identify gaps and develop a response.

The project will coordinate communications with other projects such as Kapelako, the community-based HIV/AIDS prevention project, the MARP-focused PROACTIVO prevention project, and the SASH project strengthening health systems.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,200,000	0

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.

The Ouakula project aims to dramatically scale up the accessibility of socially marketed products, with a 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,



but rather on how the product use is affecting health issues in Angola, such as 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.

In addition to a strengthened distribution system for condom distribution, marketing and communication campaigns are a crucial component of social marketing to ensure that condoms are not only available but there is improved knowledge, acceptability and demand for them. Mass media and communication campaigns will be based on clearly defined public health issues and behaviors, and respond to the specific realities, needs, desires, and requirements of the identified target audiences in urban and peri-urban areas. 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 ability to choose 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.

The project will base designing of communications messaging on evidence provided by the PLACE and BSS studies, and market research and other available prevalence and behavior data.

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 Details

Mechanism ID: 13607	Mechanism Name: Systems for Improved Access to Pharmaceuticals and Services (SIAPS)
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Management Sciences for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A



Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A
Total Funding: 520,000	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-State	420,000
GHP-USAID	100,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Building on previous PEPFAR investments in Angola, the purpose of Systems for Improved Access to Pharmaceuticals and Services (SIAPS) is to continue improving access to and use of quality medicines and health commodities for priority health interventions in HIV/AIDS, particularly HCT and PMTCT. The project will be part of the USG contribution to the first goal of the Partnership Framework, to “strengthen capacity for an effective national response to combat HIV/AIDS.” With COP12 funding, interventions will be supported at the central level and in key provinces, especially Luanda and Huambo. Participants will include program managers and health care providers who play roles in areas such as health commodity procurement, supply chain management, and quality assurance. Consistent with GHI principles of sustainability and country ownership, the project focuses on improving local capacity to manage these systems more effectively with less need for external technical assistance over time. Improved capacity will be measured by tracking a number of indicators, such as stock-outs of essential HIV/AIDS commodities (i.e. test kits, condoms) and the percentage of facilities receiving routine supervision visits for health commodity management. Strengthening commodity data collection, analysis, and reporting will provide more reliable information for monitoring PEPFAR results and for supporting Ministry of Health efforts to improve and integrate the overall health information system.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)



Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 13607			
Mechanism Name: Systems for Improved Access to Pharmaceuticals and Services (SIAPS)			
Prime Partner Name: Management Sciences for Health			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	520,000	0

Narrative:

As part of USAID’s integrated health systems strengthening approach, Systems for Improved Access to Pharmaceuticals and Services (SIAPS) will continue USG support for improved capacities at the central, local, and health facility levels for procurement and supply chain management of essential health commodities. The project will help address on-going challenges such as parallel and redundant supply chain systems, incomplete data reporting and analysis for quantifying needs and planning distribution, inadequate warehousing and security for commodity stores, inconsistent field supervision, and a lack of quality controls for health commodities procured. Through technical assistance and training to counterparts including, but not limited to, the Ministry of Health’s (MOH) National Center for Procurement and Supply of Medicines, the National Department of Medicines and Equipment, the National Essential Medicines Program, and medical warehouse personnel, project consultants will develop specific work plans and benchmarks for measuring improved government capacity to manage these important processes.

Because institutionalizing public sector reform takes time, SIAPS will focus on reinforcing MOH systems and performance for implementing national guidelines, Standard Operating Procedures, and other management tools and processes developed under the Strengthening Pharmaceutical Systems (SPS)



program. Project activities will complement the PEPFAR-funded Strengthening Angolan Systems for Health (SASH) Program (integrated service delivery including HCT and PMTCT) by helping ensure that HIV commodities (i.e. test kits, condoms, lab supplies, etc.) are effectively managed, distributed, and available through decentralized levels of the public health system. Tools and approaches developed through PEPFAR support can also help the MOH manage other inputs, such as commodities provided through the Global Fund or through other donors.

Implementing Mechanism Details

Mechanism ID: 13625	Mechanism Name: 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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,600,000	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-State	174,000
GHP-USAID	1,426,000

Sub Partner Name(s)

Acção Para O Desenvolvimento Rural E Ambiental (ADRA)	SCARJOV	
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Overview Narrative

Awarded in FY11, the PROACTIVO project aims to promote normative change and adoption of safer sexual behaviors, with the aim of reducing new HIV infections among MARPs. The project supports USG contributions under the second goal of the Partnership Framework, “reduce the growth of the HIV/AIDS epidemic.” PROACTIVO’s overall goal is to reduce HIV incidence by preventing HIV transmission between MARPs and their sexual partners in five target provinces along the transportation corridor from Cunene in the south to Luanda. Strategic objectives are to strengthen protective behaviors of MARPs and



their partners to prevent HIV, and strengthen the environment at national and lower levels for civil-society led advocacy, networking and collaboration with GRA and stakeholders.

The project provides HIV prevention materials and free condoms through a variety of channels. As an integral part of project design, PROACTIVO has established sub-grants with 2 local non-governmental organizations that work with the target populations. With COP12 funding, the project will continue working closely with sub-grantees to strengthen their capacity to maintain and manage outreach activities and referral networks for HIV prevention, counseling and testing, and care. PROACTIVO will also continue collaboration with a broader group of NGOs to strengthen civil society capacity for advocacy and networking to improve access to services and reduce stigma and discrimination impacting MARPs. The results of a prevention program assessment in July 2011 are factored into PROACTIVO work plans. The Performance Monitoring Plan is in place and includes end-of-project targets. An independent, final evaluation will be supported with other COP12 funds.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	150,000
Human Resources for Health	332,810

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Workplace Programs

Budget Code Information



Mechanism ID:	13625		
Mechanism Name:	PROACTIVO		
Prime Partner Name:	Population Services International		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,600,000	0

Narrative:

Plans for FY12 include a continuation of existing MARP-focused activities focused on the following:

Commercial sex workers (CSW): Activities will reach approximately 6900 CSWs and will target key risk behaviors including low-level of condom use with all partners, challenges of negotiating condoms use especially with clients, low risk perception, gender-based violence faced by partners and/or the police, and alcohol abuse. Outreach activities will increase the HIV prevention knowledge of CSW and their patrons, and will be complemented by small group discussions and trainings in condom negotiation and other topics, led by activists and CSW peer educators. Each intervention will include promotion and distribution of generic condoms, both male and female.

Clients of sex workers: This heterogeneous population is not easily identified, but generally belongs to the general population where they bridge the epidemic through their relationships with wives and girlfriends. PROACTIVO will target approximately 8000 current and potential male clients of CSWs in interventions addressing key risk behaviors including multiple and concurrent partnerships, condom use, low risk perception around HIV/AIDS, and alcohol abuse.

Truckers: Mobile populations are frequent clients of CSWs, often engage in multiple sexual partnerships, and also are believed to be a bridging population of the epidemic in Angola. PROACTIVO will work with 2300 men who drive trucks in-country and across borders. Outreach and peer-education interventions will target key risk behaviors including low level of condom use with both steady and casual partners, low risk perception and knowledge, and alcohol abuse.

Men who have Sex with Men (MSM): Widespread stigma, discrimination, prejudice and misconceptions of MSM in Angola contribute to the challenge of identifying and reaching them with HIV prevention messages and products. The project will pilot activities among 700 young MSM in Luanda. Interventions will address key risky behaviors including low condom use, multiple partners, and low risk perception. Activities will be implemented through social networks where peer educators are able to share HIV prevention messages and provide discrete distribution channels for condoms and sexual lubricants. Peer education and outreach activities are complemented by social activities, such as monthly movie nights or



parties, to further promote HIV prevention messages and products.

Activities targeting all populations include: conducting a mapping exercise, capacity building of local organizations, interpersonal communication, target group messaging, promotion of correct and consistent condom use, promotion of MARP-friendly services, support GRA to establish a National MARP Working Group, MARP voices in the media, and advocacy. In Luanda and Huambo, PROACTIVO activities also help foster referral networks for MARP clients to access quality HCT and PMTCT services supported under USAID's Strengthening Angolan Systems for Health (SASH) project. While the project distributes free condoms as part of its outreach activities, messages also create linkages with the Integrated Social Marketing Program which promotes branded condoms for sale nation-wide.

Implementing Mechanism Details

Mechanism ID: 13773	Mechanism Name: Next Generation BSS Truckers Study
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Contract
Prime Partner Name: Health and Development Africa	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A
Total Funding: 0	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-State	0

Sub Partner Name(s)

New Partner		
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Overview Narrative

Considering the well-documented importance of monitoring the epidemic and the behavior of most-at-risk populations (MARPs) for HIV, the Angolan AIDS Institute (Instituto Nacional de Luta contra a SIDA, or 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 vulnerable populations and will provide valuable insights regarding the prevalence of HIV and syphilis in these populations. The INLS has prioritized the studies in the following manner: 1) young women engaged in transactional sex along the border with Namibia, 2) men who have sex with men (MSM) in Luanda, 3) long-distance truckers, 4) prisoners, 5) miners, and 6) non-military uniformed forces (police and border authorities).

Progress with BSS+ studies: Preliminary field investigation (formative research), protocol development, data collection, and data analysis are completed for the studies of young women and MSM. The studies of truckers and prisoners were successfully awarded in September 2011 and will be completed with prior year funding. The funding opportunity announcement for the study of miners will be made in early 2012, and we expect the award to be made shortly thereafter. Lack of sufficient funding has made it impossible to fund the study of uniformed forces. This mechanism is being funded using FY 2009 funding.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13773
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Mechanism Name:	Next Generation BSS Truckers Study		
Prime Partner Name:	Health and Development Africa		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0

Narrative:

Health and Development Africa will accomplish the following activities during fiscal year 2012 using prior year funding:

1. Protocol Development and IRB approvals
 - a. Develop a comprehensive, cross-cutting protocol that includes behavioral and serologic data collection among long distance truck drivers and their assistants.
 - b. Obtain required Institutional Review Board approvals or exemptions.

2. Survey implementation and data collection
 - a. Recruit study participants.
 - b. Conduct in-depth interviews with eligible participants.
 - c. Provide HIV counseling and testing services.
 - d. Collect specimen for syphilis and HIV.
 - e. Provide clinical services and referrals for participants with positive test results and participants with STI complaints.
 - f. Refer participants with reactive tests results to designated clinics.

3. Data analysis and dissemination
 - a. Analyze both quantitative and quality data collected.
 - b. Summarize analyses.

4. Dissemination of Results
 - a. Prepare final written report of findings.
 - b. Disseminate information, in writing and orally, to stakeholders.

Capacity building will be an ongoing process to share tools with the host government epidemiology staff, provide staff training, and appropriate representatives of the host government will be included on the study team.

An organization TBD will begin the following activities during FY12 with previous year funding:
 BSS Prisoners



1. Obtain approval of relevant IRBs or other appropriate body
2. Survey implementation/data collection
3. Data analysis and dissemination. This mechanism is being funded with \$575,000 of FY 2009 funds from GHCS-State.

Implementing Mechanism Details

Mechanism ID: 14245	Mechanism Name: Next Generation BSS Prisoners Study
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Contract
Prime Partner Name: Health and Development Africa	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-State	0

Sub Partner Name(s)

New Partner		
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Overview Narrative

In most countries HIV prevalence rates in prisons are several times higher than in the community outside prisons. The high prevalence of HIV infection among prisoners and pre-trial detainees combined with overcrowded and under resourced facilities, make prisons and other detention centers a high risk environment for the transmission of HIV and other infections diseases compared to the general population. Existing data points to numerous contributing factors to HIV transmission in prisons in Africa ranging from overcrowding and a lack of resources to provide adequate health services to high-risk sexual and other social behaviors; such as tattooing and injecting drug use. Tuberculosis (TB) is also common among incarcerated populations and in some countries it has been estimated that TB infection is 100 times more common in prisons. The BSS survey objectives are to: 1) Examine attitudes, patterns of



sexual behavior, and perceptions of risk related to HIV and STD's among male and female prisoners and staff; 2) Explore the relationship among socio-demographic, behavioral and contextual factors and HIV and syphilis prevalence; 3) Estimate HIV and syphilis prevalence in the study population; 4) Develop capacity within the Ministry of Health to implement subsequent BSS surveys among most at risk populations for HIV; and 5) Estimate Tuberculosis prevalence in the study population, by conducting TB screening and testing. Results of the study will be used to produce main findings, conclusions and recommendations related to HIV prevention and intervention responses. These data will help inform program managers and planners in developing infectious disease (specifically HIV/AIDS; TB; and STD) intervention strategies and service delivery mechanisms in prison settings.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 14245			
Mechanism Name: Next Generation BSS Prisoners Study			
Prime Partner Name: Health and Development Africa			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0

Narrative:

Health and Development Africa will accomplish the following activities during fiscal year 2012.

1. Obtain approval of relevant IRBs or other appropriate body.
 - a. Develop a comprehensive, cross-cutting protocol that includes behavioral and serologic data collection among male prisoners.
 - b. Obtain required Institutional Review Board approvals or exemptions.
2. Survey implementation and data collection
 - a. Recruit study participants.
 - b. Conduct in-depth interviews with eligible participants.
 - c. Provide HIV counseling and testing services.
 - d. Collect specimen for syphilis and HIV.
 - e. Provide clinical services and referrals for participants with positive test results and participants with STI complaints.
 - f. Participants with reactive tests results are referred to designated clinics.
3. Data analysis and dissemination
 - a. Analyze both quantitative and quality data collected.
 - b. Summarize analyses.
4. Dissemination of Results
 - a. Prepare final written report of findings.
 - b. Disseminate information, in writing and orally, to stakeholders. This mechanism is funding using FY 2009 carryover funds in the amount of \$389,173.

Implementing Mechanism Details

Mechanism ID: 14382	Mechanism Name: Civil-Military alliance
Funding Agency: U.S. Department of Defense	Procurement Type: Grant
Prime Partner Name: Charles Drew University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A
Total Funding: 1,300,000	Total Mechanism Pipeline: N/A



Funding Source	Funding Amount
GHP-State	1,300,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Angola is a post-conflict country recovering from a prolonged civil war, which ended 2002. According to the recent report of Angola National Aids Institute (INLS) the national prevalence is about 2% and the military is among the most at risk populations in Angola. The US DoD has been partnering with the Angolan Armed Forces (FAA) on a prevention program since 2002 through the DoD funded implementing partner Charles Drew University of Medicine and Science in Los Angeles, California (CDU). 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. Over the past eight years, the DoD through CDU, has provided technical assistance to the Angola HIV prevention Program and capacity has been built whereby the Angolan Armed Forces (FAA) deliver services and implement activities throughout the 6 military regions (Luanda, Centre, South, North, East, and West) with the support from CDU. The main programmatic activities include setting up VCT centers, training of health providers in HIV counseling/Testing, prevention with positives and peer education.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	150,000
Human Resources for Health	600,000

TBD Details

(No data provided.)

Motor Vehicles Details



N/A

Key Issues

Addressing male norms and behaviors
 Military Population

Budget Code Information

Mechanism ID: 14382 Mechanism Name: Civil-Military alliance Prime Partner Name: Charles Drew University			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	620,000	0
Narrative: <p>With FY12 funds the USG through DOD funded partner will continue to strengthen the psychosocial support program in the Military by training health providers in ARV treatment, clinical mentoring and positive living education and HIV counseling.</p> <p>Technical assistance will be provided to the military in data management, laboratory and clinical mentoring. Focus will also be placed upon supervision of social workers, VCT staff and psychologists with reference to follow up on infected personnel and increase adherence.</p> <p>4 Military physicians will be selected to attend an advanced training on ARV treatment in San Diego.</p>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	80,000	0
Narrative: <p>CDU will provide technical assistance to the FAA for the training and supervision of HIV activists in AB at the Brigade level while focus will be put on supervision of trained activists at the regional level. Military personnel will be trained in peer education techniques related to HIV prevention, transmission, and testing. Plans are undergoing to allow the activists located in different military regions to send monthly reports about activities conducted to the FAA Health Division in Luanda. CDU will assist the FAA to</p>			



create prevention culturally focused messages, radio scripts and materials that directly target military commanders, enlisting their support to help facilitate positive prevention messages among their soldiers. Advocacy is increasingly an important activity of CDU to motivate the FAA to create sustainable prevention activities and programs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	300,000	0

Narrative:

Through CDU the USG aims at expanding the testing and counseling services throughout the military regions. And these efforts of implementation and expansion of VCT services will continue. Scale-up of VCT coverage in the military will be accomplished by expanding the number of VCT clinics up to the brigade level. With other funds from Global Funds and World Bank (Hamset project) the FAA has currently 18 operational VCT clinics out of which 6 are currently PEPFAR funded. All these VCT are equipped with internet facilities permitting the personnel to send monthly reports to the FAA health Division HQ in Luanda. Supervision will be conducted to ensure that VCT staff sends reports on a timely fashion.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	300,000	0

Narrative:

Based on the recent SADC Military HIV conference held in Luanda as from Sept 27-29, 2011 a survey conducted in the Military revealed that the consistent use of condoms is still low (40%) thus there is need to intensify these interventions. Through the USAID contraceptive mechanism the USG will continue to explore ways to provide the Military with condoms and at the same educational activities (BCC) will be intensified in order to promote the use of condoms.

The USG through CDU will continue to support the prevention efforts in supporting the Angolan Armed Forces radio program aired on the National Radio once a week with the aim to reach more military personnel by continuing and expanding program activities. Activists working on the FAA Health radio program will be equipped through refresher training with skills to improve the studio recording activities

Implementing Mechanism Details

Mechanism ID: 14568	TBD: Yes
REDACTED	



Implementing Mechanism Details

Mechanism ID: 14729	Mechanism Name: Countdown-to-Zero MSH Consultancy
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Management Sciences for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 31,000	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-USAID	31,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

UNAIDS has begun efforts to eliminate pediatric AIDS in Angola as a part of their Countdown to Zero initiative. In an effort to increase coordination between USAID's PMTCT activities being implemented under the integrated health award, SASH, and in order to fulfill a desire to strengthen the Government of Angola's ability to plan, implement, and evaluate PMTCT programs, funds have been allocated to MSH's Building Local Capacity (BLC) project to work with UNAIDS, the CCM, PEPFAR partners and the local entities who are implementing the national plans for the elimination of pediatric AIDS in Angola.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)



Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 14729			
Mechanism Name: Countdown-to-Zero MSH Consultancy			
Prime Partner Name: Management Sciences for Health			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	31,000	0
Narrative:			
Support will be provided through a Portuguese-speaking consultant, who is familiar with the current PMTCT context, and who will collaborate closely with the UNAIDS representative who is coordinating the effort. A pool of consultants have been identified, and the specific needs and terms of reference for the consultants are being developed in conjunction with UNAIDS and the INLS.			

Implementing Mechanism Details

Mechanism ID: 16172		Mechanism Name: Kamba de Verdade	
Funding Agency: U.S. Agency for International Development		Procurement Type: Grant	
Prime Partner Name: Search for Common Ground			
Agreement Start Date: Redacted		Agreement End Date: Redacted	
TBD: No		New Mechanism: N/A	
Global Fund / Multilateral Engagement: N/A			
G2G: N/A		Managing Agency: N/A	



Total Funding: 150,000	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-State	150,000

Sub Partner Name(s)

TBD		
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Overview Narrative

According to the UN, Angola is one of the most dangerous places in the world to be a woman. The US Department of State’s Human Rights Report for 2011 states that 78% of women in Luanda report having experienced violence. While most of the attention is on sexual and gender-based violence (SGBV) in Angolan provinces, many of the underlying reasons behind SGBV relate to male attitudes towards women. A dominant attitude in major cities, justifies sexual violence by blaming women for “inappropriate outfits” by girls and women. This “culpability” of women for the violence made on them or abuse is a reflection of distorted gender relations which justify the use of sexual favors and abuse by those in a superior situation or by those in position of authority. In Angola, there is a limited degree of shame or humiliation felt by men and boys who carry out these abuses; on the contrary, men are often encouraged to ‘profit’ from their position to ‘get’ a girl or a sexual favor. Having ‘learned the rules’, many women feel that there is no outlet to seek redress or that the risks are too high to do so. There is little positive encouragement for men to make a break from negative attitudes and behaviors. An increase in communication to combat SGBV over recent years, particularly in Sub-Saharan counties, has focused on educating people around the law against domestic violence, violence against women, and promoting the rights of women to break the silence and encouraging the general public to denounce domestic violence, rape, and any act deemed as SGBV. This communication has polarized men and made them feel simply part of the problem, not part of the solution. An inspirational media campaign captivating men and drawing them into a more positive place is thus needed.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	150,000
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TBD Details

(No data provided.)



Motor Vehicles Details

N/A

Key Issues

- Addressing male norms and behaviors
- Impact/End-of-Program Evaluation
- Increasing gender equity in HIV/AIDS activities and services
- Safe Motherhood

Budget Code Information

Mechanism ID: 16172			
Mechanism Name: Kamba de Verdade			
Prime Partner Name: Search for Common Ground			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	150,000	0

Narrative:

This project seeks to influence changes in attitudes and behavior among Angolan men in order to reduce SGBV. In Angola, men play a big role in influencing the promotion of SGBV and this is largely due to the culture set up in the country. Therefore, it has become imperative to do an awareness campaign for men as to reinforce or equip them with gender skills. So that they are able to impact positive gender norms among the men, for example how it is not good to hit your wife and how that leads to children believing that violence is normal and acceptable. SFCG believes that men who promote SGBV are more likely to change their behavior when they listen to their fellow men in the community. Gender-based violence and gender inequality are increasingly cited as important determinants of women's HIV risk. For example, studies in Zambia have shown that women with violent or controlling male partners are at increased risk of HIV infection. Other studies made by UNICEF Angola also show that domestic violence and sexual abuse were found to be closely linked to HIV and alcohol abuse and there was an overlap between violence and HIV. This campaign will exemplify positive behavior by men in situations where commonly men would be abusive of women or manipulate from a powerful position to commit sexual violence. The



messages will aim to avoid polarizing or alienating men; rather they will draw on an inspirational role model encouraging them to be more 'cool' and thus more accepted by the society by changing certain attitudes towards women. The slogan 'Kamba', meaning 'the cool friend' in Angolan slang, will be used as branding to illustrate the positive model of strength, power and coolness which goes along with respect of women's bodies, their choices and their dignity. The concept of 'Kamba' will challenge existing notions of what it is to be 'cool' or 'hip', thus making it not socially acceptable to be abusing women, using force to get sexual favors, and taking advantage of minors. The message will draw on research recently conducted by experts in Luanda as well as qualitative input from SFCG's team in Luanda and Cabinda provinces. This information points to a range of sexual violence that is not directly linked to armed groups and soldiers. Messages will address the types of abuses committed most frequently, including: abuse of women and girls in situations where men have a degree of power (such as in school or university, or in the job market), sexual relations with minors, domestic abuse, rejection of rape survivors, exploitation of vulnerable women by military and police, and notions of 'blaming women for rape' based on their choice of dress. The messages will present diverse situations, but rather than presenting the negative behaviors, will present a situation that could in all likelihood turn 'wrong', but then simply doesn't, due to the positive male behavior. For example, the scene will show an adult male picking up a minor on the side of the road – but rather than taking her to a hotel he rather drives her home and advises her and her mother of the risks of being out late alone.

Implementing Mechanism Details

Mechanism ID: 16173	Mechanism Name: Building Local Capacity (BLC)
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Management Sciences for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,661,000	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-State	1,481,000
GHP-USAID	180,000



Sub Partner Name(s)

TBD		
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Overview Narrative

Since May 2012, USAID has worked with the BLC Project, led by MSH to accomplish some objectives and targets originally intended for the Kapelako project, which ends on 9/30/12. Between May - Sept 2012, USAID and the Regional South Africa office worked closely with WL and MSH to ensure smooth transition of activities. BLC is an existing regional project, awarded in 2010, and in Angola, its overall goal will be to improve access and utilization of quality, EB community HIV prevention services to the general populations in selected provinces. COP 12 activities will draw on principles of the GHI and the priorities outlined in Angola’s PF, which prioritize HIV prevention and the strengthening of internal systems thru capacity building. Similar to the Kapelako project, BLC will work to support and develop an effective community-based prevention response with an emphasis on evidence-based BCC and creating critical linkages with the community. Activities are linked to VCT, STI, PMTCT and RH services from Luanda south to Cunene on the Namibian border, and aim to increase individual risk perceptions, direct BCC messaging to sexual networks that drive transmission especially in high-risk sexual encounters by HIV+ people, and increase the age of sexual debut. BLC will build capacity in CBOs, youth centers, and other key community stakeholders, to implement comprehensive, community-based prevention programming. This project will provide technical assistance and sub-grants to CSOs to implement effective HIV prevention activities. Capacity building in CSOs and youth centers will focus on organizational, technical and programmatic areas such as using resources effectively & strategically while strengthening systems and using existing structures to ensure sustainability beyond PEPFAR.

Cross-Cutting Budget Attribution(s)

Education	100,000
Gender: Reducing Violence and Coercion	1,200,000
Human Resources for Health	100,000

TBD Details

(No data provided.)



Motor Vehicles Details

N/A

Key Issues

- Addressing male norms and behaviors
- Impact/End-of-Program Evaluation
- Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID: 16173			
Mechanism Name: Building Local Capacity (BLC)			
Prime Partner Name: Management Sciences for Health			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	180,000	0
Narrative:			
<p>BLC will work at the community and structural levels to develop the capacity of Angolan organizations, and those who work on HIV prevention issues on a daily basis, to deliver high quality, evidence-based interventions, and to ensure that those interventions will be in place over the long term. Activities will improve the technical capacity of local NGOs to interpret research, develop messages, and monitor activities through administering a performance-based small grants program. Furthermore, activities will facilitate better HIV policy making by national and local Angolan leaders through establishing an advocacy coordination forum at national and provincial levels.</p> <p>BLC will encourage participatory development of evidence-based campaign strategies and tools for HIV prevention. Specifically, the project will support the INLS to design evidence-based, multi-channel communication strategies to address different aspects of HIV prevention. Periodic review and monitoring and evaluation data will constitute an important part of each campaign strategy to allow for adjustments in line with data on effectiveness and impact. Overall, these activities will strengthen the capacity within the INLS to use evidence-based data to guide decisions and future programming. FY13 will actually be the third year of project activities, and all of the activities that are being proposed in this COP12 will be</p>			



implemented in FY13.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	261,000	0

Narrative:

Abstinence/Be faithful activities will target the general population, including at risk youth from under age 15 to age 24 in Luanda, Huambo and along the transportation corridor south to Cunene on the Namibian border, and will include:

- BCC and IEC messages directed towards sexual networks that drive transmission. 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 and individual risk behaviors.
- Activities with the youth centers (Jangos) will focus on specifically tailored messages and customized activities to reach both in- and out-of-school youth through 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 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, and materials such as working with the private sector.
- 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.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,220,000	0

Narrative:

Prevention interventions will include:

- Provision of condoms and other prevention efforts, including fidelity and condom messaging, alcohol messages and gender related activities. Critical focus will be on interventions addressing reduction of multiple concurrent partnerships and consistent and correct condom use, especially in high risk sexual encounters and by HIV-positive persons.
- Implementation of small grants programs to work 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 including gender and alcohol.
- Development of 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. The project will also work to improve school-based reproductive and sexual health services; and 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 and needed school-based policies to protect students from sexual coercion. Then provide a systematic process for addressing these issues coupled with mandatory training for teachers.

The project will also reach out-of-school youth and street youth with tailored messaging and activities related to HIV prevention, reducing discrimination and stigma, and raising awareness about HIV.

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, and one-off activities such as events for World AIDS Day, national testing day, events during Africa Cup, stigma and discrimination campaign.



USG Management and Operations

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Agency Information - Costs of Doing Business U.S. Agency for International Development

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
Computers/IT Services			50,000		50,000
ICASS			300,000		300,000
Management Meetings/Professional Development			80,000		80,000
Non-ICASS Administrative Costs			6,000		6,000
USG Staff Salaries and Benefits			1,277,000		1,277,000
Total	0	0	1,713,000	0	1,713,000

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHP-USAID		50,000
ICASS		GHP-USAID		300,000
Management		GHP-USAID		80,000



Meetings/Professional Development				
Non-ICASS Administrative Costs		GHP-USAID		6,000

U.S. Department of Defense

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
ICASS		60,000			60,000
Management Meetings/Professional Development		20,000			20,000
Staff Program Travel		80,000			80,000
USG Staff Salaries and Benefits		80,000			80,000
Total	0	240,000	0	0	240,000

U.S. Department of Defense Other Costs Details

Category	Item	Funding Source	Description	Amount
ICASS		GHP-State		60,000
Management Meetings/Professional Development		GHP-State		20,000

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

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
Capital Security Cost Sharing	87,292				87,292



Computers/IT Services	15,000				15,000
ICASS	15,000	250,000			265,000
Management Meetings/Professional Development	129,400				129,400
Non-ICASS Administrative Costs	447,000				447,000
Staff Program Travel	135,308				135,308
USG Staff Salaries and Benefits	2,171,000	277,000			2,448,000
Total	3,000,000	527,000	0	0	3,527,000

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		87,292
Computers/IT Services		GAP		15,000
ICASS		GAP		15,000
ICASS		GHP-State		250,000
Management Meetings/Professional Development		GAP		129,400
Non-ICASS Administrative Costs		GAP		447,000