



FY12 Q4: Quarterly Report 1 July 2012 – 30 September 2012



Nurse Hanguève counsels a pregnant woman before administrating an HIV Test. Please see Success Story.

IMPLEMENTING PARTNER NAME: Jhpiego, in partnership with Management Sciences for Health
IMPLEMENTING MECHANISM NAME: Strengthening Angolan Systems for Health (SASH) <i>Fortalecimento do Sistema Angolano de Saúde (ForçaSaúde)</i>
IMPLEMENTING MECHANISM NUMBER: Cooperative Agreement No. AID-654-A-11-00001
QUARTERLY REPORT PERIOD: July 1, 2012 – September 30, 2012
DATE OF SUBMISSION: Nov. 29, 2012
SIGNATURE OF REPRESENTATIVE
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ACRONYMS AND ABBREVIATIONS

AIDS	Acquired immune deficiency syndrome
ANC	Antenatal care
AOTR	Agreement Officer's Technical Representative
COP	Chief of Party
DNSP	Direcção Nacional de Saúde Pública (National Public Health Department)
DPS	Direcção Provincial de Saúde (Provincial Health Department)
EU	European Union
FP	Family planning
GEPE	Bureau of Studies, Planning and Statistics
GOA	Government of Angola
HIS	Health information system
HIV	Human immunodeficiency virus
HTC	HIV testing and counseling
ICC	Intersectorial Coordinating Committee
IEC	Information, education and communication
INE	National Statistics Institute
INLS	National Institute in the Fight against AIDS
LLITN	Long Lasting Insecticide Treated Net
MCH	Maternal and child health
M&E	Monitoring and evaluation
MOH	Ministry of Health
MPCR	Maternal and Perinatal Clinical Record
MSH	Management Sciences for Health
NMCP	National Malaria Control Program
PAC	Post-abortion care
PEPFAR	President's Emergency Plan for AIDS Relief
PESIS	Health Information System Strategic Plan
PITC	Provider-initiated testing and counseling
PMP	Performance Monitoring Plan
PMTCT	Prevention of mother-to-child transmission of HIV
QI	Quality improvement
RMHSS	Revitalization of Municipal Health Services Strategy
RMS	Repartição Municipal de Saúde (Municipal Health Department)
SASH	Strengthening Angolan Systems for Health (or ForçaSaúde in Portuguese)
SBM-R	Standards-Based Management and Recognition
STTA	Short-term technical assistance
TA	Technical assistance
TOT	Training of trainers
TWG	Technical working group
USAID	United States Agency for International Development
USG	United States Government
UTCAH	Technical Unit for the Coordination of Humanitarian Assistance
VCT	Voluntary counseling and testing

INTRODUCTION

This document is a quarterly report for the Strengthening Angolan Systems for Health (SASH) project, or known in Portuguese as Fortalecimento do Sistema Angolano de Saúde (ForçaSaúde), for the period July 1 to September 30, 2012. The purpose of the quarterly report is to provide a summary of the current and cumulative progress made on project implementation. This document follows the following outline:

- Outline of Planned Activities and Results
- Accomplished Implementation and Results
- Outstanding Activities and Challenges
- Upcoming Activities

The document also provides annexes including a success story from this reporting period. A complete list of Annexes is provided in the Table of Contents. In addition as the 4th quarter marks the end of the year we have included a section at the end of the report to show the indicators achieved during the first year and a brief description of the result.

Efforts during the project's first year have focused on establishing the foundation for the project's systems strengthening approach by identifying and initiating key processes that can contribute to the ultimate goal of the project and the graduation of municipalities. These processes included equipping selected municipal health teams with the tools and skills for their annual health planning and budgeting process; working closely with the Nursing schools in Luanda and Huambo provinces to assess their needs and be able to participate as a major player in the continued education of health staff to improve quality health services; introducing new FP services at the health post level; introducing a long term FP method; changing the approach to in service training and emphasizing supportive supervision of clinical performance; integrating all levels of supervision to strengthen the regular functions of municipalities so that they can improve their role in supervision.

Another major result has been the methodology and experience gained by supervisors this year in the process of training and establishing new FP services. It has been enlightening as how to achieve better results in these processes. It has been modelled after the way HIV CT as well as PMTCT services are established. Supervision teams after trainings are deployed to each facility where the new service will start being offered and stays with the recently trained staff for an average of three days to engage the rest of staff, help gather support (material, resources) from the Clinical Director or the Administrator of the health facility; motivate health staff to communicate and inform clients on the availability of the services and provide in service training. The process has also been a catalyst for each municipality to identify and name their Family Planning focal points. These supervision teams are composed by all levels (national, provincial and municipal) and have represented an integrating force for the implementation of the norms and protocols as well as supporting resolution of problems. With this supportive supervision and in service training, staff at the health facilities feels empowered and motivated. The other key element in these formative supervisions and in service trainings have been able to have a quality standard monitoring tool based on national and international norms. This helps to have more effective supervisions and identify areas that need improvement in health service provision.

Another result for this year that should also be considered as a milestone in public health in Angola is the training of nurses on prescription of antiretrovirals. USAID through ForçaSaúde has funded and trained with the INLS the first service providers in Angola in the provinces of Luanda and Huambo. These trainings are key to increase access for more seropositive pregnant women receiving ARV prophylaxis and treatment (Please see Success Story).

The project has also started to support selected municipalities in Luanda and Huambo in two key elements of the decentralization process: improve local management of health services through planning and budgeting at the municipal level and assist the provinces with improving the flow of information and developing electronic tools to improve the municipalities' ability to communicate timely statistical data and to make decisions based on them.

Major results during this quarter have been:

- Coordination with the DPSL to “harmonize” statistical data and monthly reports at the health facility and municipal levels
- Completed Municipal Plans and budgeting for 4 municipalities (1 in Huambo and 3 in Luanda)
- Initiated the costing model of the essential health package of services with a referral health center in Cacucaco
- Introduction of implants during Q3 of the project in Angola at the health center and municipal hospital level.
- Family planning services introduced for the first time in Angola at the health post level
- Presentation of ForcaSaude results for the first 6 months and year to the Vice Minister of Health, as well as the DPSL and DPSH.
- Elaborated and discussed HIV and Malaria quality standards with the INLS, PNCM and the DPS; field tested these standards
- Develop the project’s second year work plan with all counterparts from both provinces
- Achieved 100% of PEPFAR targets

OUTLINE OF PLANNED ACTIVITIES AND RESULTS

IR 1: Improved institutional capacity in management and implementation of the RMHSS, with particular attention to health information and human resources for health

ACTIVITY	STATUS
Output 1.1 Facilitated the implementation of key interventions defined in the national HIS Strategic Plan (PESIS)	
1.1.1 Ensure active implementation of HIS strategic plan at the MOH to strengthen the use of data in health program planning and management at all levels of the system	
a. - Hold coordination meetings with GOA HIS implementers and other stakeholders working on HIS in Angola to coordinate support to the MOH	Done
c. – Define and begin support of key HIS activities with the MOH	Done
e. – In consultation with the MOH and ICC, begin the design of the Leadership and Performance Improvement process (LPI) to reinforce the use of data for planning and decision making at the municipal level	On going
Output 1.2 Annual Municipal Health Planning and Monitoring Guideline updated with the MOH and applied by select RMS	
1.2.1 Contribute to build sustainable capacity of DPS, RMS and their health facilities to develop municipal annual health plans based on health data and the use of ‘municipalização’ (RMHSS) resources	
c. - Support the TWG to update the Annual Municipal Health Planning and Monitoring Guideline and tools in conjunction with local stakeholders	Done
d. - Develop a standard costing model (using Core+ or accounting tool application) to cost	Begun in Q4 to

essential health services at a select sample of health facilities	be completed in PY2 Q2
e. - Support RMS teams to apply the updated guidelines through a learning-by-doing approach focused on improving planning skills	Done
f. - Hold regular coordination meetings with ICC partners to monitor progress and share best practices and lessons learned in Luanda and Huambo	ICC group has not met. ForçaSaúde will organize regular partner meetings in PY2
g. - Support the TWG to finalize Annual Municipal Health Planning and Monitoring Guideline and tools, after application in the annual health planning process	Meeting will be organized in PY2 Q1
Output 1.3 Improved effectiveness and efficiency in human resource management in DPS, RMS and health facility units	
1.3.1 Begin to build DPS, RMS and Health Facility management capacity to carry out their HR functions	
b. - Based on the established performance standards, convene RMS units to assess which function areas require strengthening to achieve their mandate	Done
c. - Support RMS units to develop HR plans to incorporate in their annual health plans	Done

IR 2. A routine quality improvement approach in support of standards-based clinical practices designed and implemented by the DPS, RMS and health facilities

ACTIVITY	STATUS
Output 2.1 Standards-based approach to quality improvement of health services refined and institutionalized	
2.1.1 Develop/update standards for the organization and delivery of FP, malaria, and HIV services	
d. – Support the MOH to finalize the standards for malaria, FP, and HIV (national meeting, with MOH central level and DPS and RMS participants)	Elaborated and submitted , awaiting approval
2.1.2 Build capacity of SBM-R implementers at the municipal and health facility levels to conduct an initial baseline assessment and supervision visits to health facilities	
a. - Conduct 3-day QI workshops for SBMR implementers at the municipal and health facility levels	Done
b. - Facilitate municipal teams to conduct an initial baseline SBM-R assessment	On going
c. – Support the municipal teams to conduct integrated supportive supervision visits to health facilities, including accompanying and supervising the development and implementation of health facility action plans	Done and on going
Output 2.2 Improved implementation of the quality improvement approach and other key functions in support of high quality service delivery by DPS, RMS and health facilities	
2.2.2 Support National RH/FP Program, NMCP and INLS to update norms, manuals, algorithms and job aids for maternal health, FP, malaria and HIV service provision	
a. - Provide technical assistance to update the national norms for maternal health	Natl. Program requested to postpone the activity.
b. - Coordinate with the National RH/FP Program to develop an expansion plan for using the Maternal and Perinatal Clinical Record (HCMP)	On going
e. - Support the integration of malaria with IMCI activities through dissemination of algorithms and training materials	On going
f. - Coordinate with DPS and RMS for dissemination of FP and malaria IEC materials and job aids	Done
2.2.3 Support MOH, INLS, DPS and RMS to apply quality standards in order to improve FP, malaria and HIV services in Luanda and Huambo	

a. - Coordinate with the USG-funded projects to support the National and Provincial Programs to avoid stock outs of FP, malaria, and HIV supplies and commodities (including contraceptives, IPT drugs, LLINs, RDTs, reagents for microscopy and HIV rapid tests)	Done
b. - Support establishment of 12 new FP service delivery points to offer FP Counseling and IUD insertion/removal	Done
c. - Support DNSP to scale-up health facilities to offer implant services in Luanda	Done
d. - Support the DPS and RMS to ensure that health facilities provide appropriate care to survivors of gender-based violence	On going
f. - Support establishment of 10 new integrated PMTCT/RH services to provide integrated routine counseling and testing (PITC) in antenatal care, delivery, post-natal care	Done
g. - Support monitoring of HIV-positive pregnant women in treatment and exposed children through community support (PLWA)	Done
h. - Assist with integrating 6 new ARV prophylaxis services within the ANC and delivery/post-partum service one	Done
i. - Support the MOH, DPS and RMS to provide information, education and communication and dissemination of IEC materials on exclusive breastfeeding	Done
j. - Support INLS and DPS to monitor HIV-exposed children and roll out early infant diagnosis (EID)	Monitoring is an ongoing activity; EID waiting for INLS approval
k. - Support INLS to conduct a Provider Initiated Testing and Counseling for HIV (PITC) manual adaptation workshop for senior INLS staff	On going
2.2.4 Support the DPS and RMS to institutionalize an outreach model of service delivery to bring quality integrated services to the people	
a. - Support the gradual implementation of mobile health clinics to offer integrated FP, malaria, and HIV CT services, in coordination with the DPS and RMS	Done
Output 2.3 Strengthened capacity of health workers to provide FP, malaria and HIV services	
2.3.1 Support MOH, PTNS and DPS of Luanda and Huambo to develop a continuous in-service learning program for FP, malaria and HIV	
b. - Conduct diagnosis of the PTNS' organization, technical and teaching capabilities for in-service training, and develop a joint plan for strengthening capacity (linking findings to annual planning cycle)	On going
c. - Support MOH and PTNS to adapt/update the contents according to the recently approved training curriculum of FP, malaria, and HIV and AIDS	Done and on going
d. - Support MOH and PTNS to elaborate job-aids for FP, malaria, and HIV trainings	On going
e. – Work with the PTNS to design a modular, diploma-oriented in-service learning program, providing targeted updates to health workers on FP, malaria and HIV	On going
2.3.2 Support MOH and DPS to conduct training of key participants of the Continuous Education Núcleo and PTNS teachers in the updated FP, malaria and HIV training modules	
a. – Support training of PTNS teachers and Continued Education Núcleo using the updated curriculum	Done and On going
b. – Identify and support outstanding trainers to continue along the Jhpiego Trainer pathway to become specialists in specific training areas and/or instructional design	On going
2.3.3 Support MOH, PTNS, DPS and RMS to conduct TOTs and on-the-job trainings for service providers based on the updated FP, malaria and HIV training modules	
b. - Support INLS, DPS and RMS to conduct a 15-day PMTCT TOT for municipal teams	Done
c. - Support the DNSP to provide TOTs on PAC in Luanda and Huambo, in compliance with USAID requirements	On going
d. - Support efforts by the national and provincial programs to improve the skills of clinical staff for FP counseling, malaria prevention, diagnosis and treatment, and HIV testing, counseling, exclusive breastfeeding, and treatment (task shifting) during on-going supervision visits and on-site trainings	Done
e. - Support the PNTS and DPS to provide TOT on IUD insertion	Postponed to Y2
f. - Support the PNTS and DPS to provide TOT on implant insertion and removal	Done
g. - Organize practical sessions at the SDCs to reinforce skills practice in IUD and implant	Postponed to Y2

insertions	
h. - Support the National RH/FP Program for the integration of maternal mortality committees in Huambo	Done and on going
2.3.4 Explore a mechanism using existing technology (internet, SMS, phone) to allow providers to consult experts to improve delivery of FP, malaria and HIV services	
a. - Explore the implementation of a distance consultation program between health facilities and skills development center (SDC)	Postponed to Y2

ACCOMPLISHED IMPLEMENTATION AND RESULTS

IR1. Improved institutional capacity in management and implementation of the RMHSS, with particular attention to health information and human resources for health

Output 1.1 Facilitated the implementation of key interventions defined in the national HIS Strategic Plan (PESIS)

1.1.1 Ensure active implementation of HIS strategic plan at the MOH to strengthen the use of data in health program planning and management at all levels of the system.

a) Hold coordination meetings with GOA HIS implementers and other stakeholders working on HIS in Angola to coordinate support to the MOH.

During the 4th quarter, the SASH Project continued to coordinate the implementation of the national HIS Strategic Plan (PESIS) with Capacity Plus and Measure Evaluation.

Measure Evaluation is in charge of coordinating the CIE-10 training of trainers in Angola, which is a task shared with the CIE Brazilian National Reference Center, the center for Portuguese speaking countries. The Ministry of Health has asked Measure Evaluation and the Brazilian CIE to present the information from two documents that was developed by the Angolan Department of Statistics with the help of Measure, in 2013. This activity will probably take place during the month of June because the Center will not be available until that time. SASH will follow up coordination.

Capacity Plus is in charge of preparing a professional profile of an Angolan Health Statistician and a training curriculum for statisticians. They are also in charge of designing a proposal for a HR specific HIS system. Capacity Plus has coordinated with Dr. Belarmino João, head of the Department of Statistics at GEPE, to give a demonstration of the proposed HR HIS system to DHIS2 and to the Department of Statistics, in the first semester of Y2.

c) Define and begin support of key HIS activities with the MOH

During this period the SASH Project continued supporting GEPE's Department of Statistics with activities related to various aims of the PESIS. It supported the Department in preparing a list of essential health indicators, which has not been finalized because the Department of Statistics continues to receive feedback from the Ministry of Health's National Public Health Directorate.

SASH/ForçaSaúde HIS Senior Advisor has also been reviewing all Provincial data with the head of Epidemiological Surveillance and Statistics at the Provincial Level in Luanda. This has contributed to PESIS Objective 11, which is the implementation of a routine health information system.

SASH/ForçaSaúde elaborated a HIS tool that facilitates the information cycle (collection, processing

and analysis of the information) at all levels of the health system (health facility, RMS, DPS and MOH) and participated in meetings to review data quality and train health statisticians using Excel as a tool to analyze data. The project supported two major interventions: elaboration of the mapping /readiness database and the meetings with statisticians at DPS- Luanda and the Department of Statistics of GEPE.

The Mapping/Readiness database has been completed and allows users to access information on the mapping survey of Health Facilities in Luanda and Huambo that was completed with the DPS of Luanda and Huambo and SASH support. This database contains all the information collected in the survey and allows the user to navigate maps and menus and has the following types of reports:

- Results of the survey by Health Facility
- Analysis of information by Municipality and disaggregated by Health Facility
- Tables and charts
- Geographic information by Province and Municipality disaggregated by Health Facility

The database was created using Excel in order to facilitate its use. The database is intuitive and thus requires only minimal training on how to use it. The database has been presented to staff at the DPS of Luanda and Huambo in meetings on September 5, 6 and 7, and on August 15th. The database was well received and generated interest in having training on how to use Excel to process statistical information for the health sector. The database was also presented at the Jhpiego SBM-R Implementers Meeting in Mozambique on September 26 through 28, and was also well received.

Meetings with statisticians at DPS- Luanda and the Department of Statistics of GEPE also took place during this quarter on data flow and data quality in Excel. Meetings took place on July 13, 20, and 27 with the heads of statistics and Epidemiological Surveillance at the RMS and DPS. The first two days of meetings were oriented to do a review of the data sent by the RMS and the data registered by the DPS Luanda. Significant differences were found between the data that was sent by the RMS and what the DPS had registered. The RMS statisticians and surveillance technicians reviewed the information sent as well as the procedures for sending, so that the flow of data can be corrected and improved. The third meeting was a session on data quality using Excel which the DPS requested.

A second group of meetings was held on September 5-7th, for the RMS's heads of statistics, epidemiology surveillance technicians, administrators and directors of all Luanda health facilities and administrative directors of Hospitals. In the three meetings, the main results were establishing a flow of data from the health facility to the province; identifying the people responsible for collecting, processing and sending the data; and also exploring and analyzing possible causes for data inconsistencies. It was decided that periodic meetings with the health facilities, RMS and DPS are needed to better compare data that is sent and received and improve data quality.

e) In consultation with the MOH and ICC, begin the design of the Leadership and Performance Improvement process (LPI) to reinforce the use of data for planning and decision making at the municipal level

The Leadership Performance Improvement process (LPI) was initially planned to be conducted separately from annual RMS planning and budgeting within the IR1 workplan. However, after working with target municipalities in planning, the concepts, steps and products of the LPI process are now seen to be very relevant for enhancing RMS team planning and budgeting capacity in general, such that the two processes have been merged. The resulting performance improvement plan is seen to be a practical approach for engaging RMS teams in addressing priority service

improvement in a focused and manageable manner.

Output 1.2 Annual Municipal Health Planning and Monitoring Guideline updated with the MOH and applied by select RMS

1.2.1 Contribute to build sustainable capacity of DPS, RMS and their health facilities to develop municipal annual health plans based on health data and the use of Municipalização (RMHSS) resources

c) Support the TWG to update the Annual Municipal Health Planning and Monitoring Guideline and tools in conjunction with local stakeholders

During this period, most of the changes to the methodology were made on the finance tools. SASH/ForçaSaúde worked with financial and HR staff from the target municipalities to obtain the unit costs and consumption patterns of various goods and services needed at the health facilities to deliver the essential health package of services with quality, in order to finalize the annual budgets.

As reported in Q3, the ForçaSaúde team piloted this quarter the use of the updated inventory and unit price list of the GEPE/EU PASS tool so that it is organized by the 7 budget line items RMS' offices receive. In addition, ForçaSaúde also piloted with the 3 RMS teams (Viana, Quiçama and Mungo) the additional step included in the process that involves estimating the costs of scaling up the selected services the RMS deem as priority for performance improvement.

A summary of the additional steps and tools developed this year to complement the process as laid out by GEPE/EU PASS can be seen on **Annex A**.

d) Develop a standard costing model (using Core+ or accounting tool application) to cost essential health services at a select sample of health facilities.

During this period, ForçaSaúde began to develop the costing model with technical assistance from an MSH specialist on costing models, Dr. Hector Colindres. For this activity, a sample of health facilities per level (referral health center, health center and health post) will be costed in detail in the municipality of Cacuaco. This quarter, the activity was initiated with the Referral Health Center of Cacuaco (CS Cacuaco). To start, all 14 heads of clinical services from CS Cacuaco were convened for a 3-day workshop to determine the processes they use in the delivery of priority services offered in essential package of health services in Angola. The national package of essential health services is a list of 44 services. Of these, CS Cacuaco offers 24 of which 18 were deemed priority given the volume of consultations normally received. During this phase of establishing the costing model, clinicians discussed what inputs in the form of type of staff and time, labs, exams and medicines are ordered per service. Participants first defined what constituted one service and based on that, agreed on the standard procedure they put in place at CS Cacuaco to deliver it with quality. In instances when the staff did not mention key quality aspects of delivery, national norms and protocols were consulted for clarification.

After these standards were established, project staff worked with GEPE and the RMS Statistician to collect actual data from CS Cacuaco and the RMS in order to confirm the assumptions set in the standards. Data on salaries, total number of services produced last year by CS Cacuaco were obtained. In addition, the team worked with the RMS Finance Director to find the unit price of a list of laboratory exams, medicines and other supplies that are needed to deliver the service. Various sources were consulted including USAID, UNICEF Supply Catalogue, receipts from local pharmacies where the RMS normally procures items and personnel at the national programs of Malaria and HIV

and AIDS.

Data from the other facilities in the sample as well as a final report will be completed by Q2 of PY2. The results of this activity will be used to improve the municipal planning budgeting tools moving forward.

e) Support RMS teams to apply the updated guidelines through a learning-by-doing approach focused on improving planning skills.

During this reporting period, annual plans and budgets were completed with 3 additional municipalities, Viana and Quiçama in the Luanda Province and Mungo in the Huambo Province. ForçaSaúde worked with select technical staff and managers from each RMS office to look through a variety of data sources: HMIS records from the last 3 years, national estimates when data was not available, costs, and results of the readiness survey supported by ForçaSaúde in Q2 which provided information on inventory and capacity, both in human resources and equipment, at each health facility to deliver malaria, HIV/AIDS and family planning services. The data was organized by the RMS teams for analysis and discussion with select health facility representatives in order to prioritize those problems causing the most burden (measured in cases and deaths, and key subjective criteria selected by the municipalities) and related services with poor performance.

The level of record keeping per RMS varied, with Mungo in Huambo having less recorded information than municipalities in Luanda. By contrast, the municipal administrator in Mungo was more accessible than in Luanda and attended the presentation of the plan by the RMS team.

During the application of the readiness survey in Q2, in addition to assessing the facilities' capacity to deliver HIV/AIDS, malaria and FP services, a few questions were asked of health facility administrators regarding other areas such as HIS, planning and budgeting and training. Specifically for planning and budgeting, health facilities were asked whether they had participated in the creation of the municipal health plans last year. In Luanda, only 35.7% of health facilities reported participation in municipal annual planning. By contrast, participation by facilities in Huambo was lower with only 19.8% of health facilities reporting participation. When asked why, overwhelmingly the answer was because of not having been invited. Specifically for the 4 municipalities ForçaSaúde supported in PY1, participation last year was as follows: 11 out of the total of 18 facilities in Cacucaco reported having participated. In Viana the number was higher, 15 out of 18 facilities and by contrast in Quiçama and Mungo, only 1 facility out of 13 and 8 facilities respectively participated.

SASH/ForçaSaúde recognizes that it may be very costly for municipalities to invite all facilities to participate in the planning process. In order to manage costs but still ensure that needs from health facilities are taken into account, ForçaSaúde worked with RMS teams to include results from the readiness survey that was administered at every health facility in the annual budgets. This way, RMS teams were able to focus on inviting a manageable group of health facility administrators to the planning sessions. Each RMS decided which facilities to invite based on their representativeness of the type of facility and community. There were at least 2 facilities per commune as well as those the RMS identified as referral health centers or those solely responsible for providing services in remote areas.

The table of all participants by management level and gender who participated in annual planning in PY1 is provided below:

Participant characteristics*

Team	Number of Participants	Gender		Function				
		M	F	RMS Chief/ Public Health Section Manager	Finance/ HR Manager	Technical Focal Point (HIV, Malaria, FP, Vaccinations)	Statistician/ Epi. Surveillance	Health Facility Manager/ Administrator/ Chief of health service
Viana	17	11	6	2	1	4	2	5
Quiçama	15	10	5	2	1	2	1	9
Cacuaco	40	21	19	2	2	2	2	21
Mungo	18	14	4	1	0	3	2	9
Local Facilitators	7	2	5	-	-	-	-	-
Total Particip.	97	58	39	7	4	11	7	44

(*Some participants did not provide their function)

The teams used the number of cases and deaths as well as other subjective criteria¹ to prioritize two health problems most affecting the wellbeing of their population. Following this, the teams were engaged in a root-cause analysis to identify the constraints that affect the performance of the essential services related to the two health problems. They then choose both, a set of essential services with low performance and their related constraints that they deemed would benefit from special attention during the following year. They establish indicators and baselines using the HIS data assembled from 2011 as well as set targets to achieve. The following table presents a summary view of the health problems and related services RMS teams chose for improved performance. Full plans and budgets are included in **Annex B**.

¹ Subjective criteria such as diseases that disproportionately affected more women and children; those for which cost-effective treatment is known and available; diseases that caused preoccupation among local authorities and/or the community among others.

RMS	Health Problems Prioritized (Baseline Year: 2011)	Health Services w/ poor performance chosen for improvement
Viana Estimated pop: 1, 994, 520 <5 year olds: 376,964	Malaria # of annual cases: 60,805 # of annual deaths: 341	<ol style="list-style-type: none"> 1. Health education (IEC) 2. Vector Control 3. Bed net distribution 4. Prophylaxis with TIP 5. Prescription of Coartem 6. Diagnosis
	Acute Respiratory Infections and Pneumonia <5 # of annual cases: 49,700 # of annual deaths: 6 (possibly underreported)	<ol style="list-style-type: none"> 1. Health education (IEC) 2. Diagnosis 3. Treatment with nebulizer 4. Treatment with antibiotics
Quiçama Estimated pop: 47, 960 Pregnant women: 2, 268	Malaria and fever of unknown origin # of annual cases: 6,789 # of annual deaths: 51	<ol style="list-style-type: none"> 1. Health education (IEC) 2. Bed net distribution 3. Diagnosis 4. Treatment
	Maternal Complications # of annual cases: 2 (due to underreporting, RMS made estimate of 20% of total # of pregnant women: 454) # of annual deaths: 29	<ol style="list-style-type: none"> 1. Health education (IEC) 2. ANC counseling 3. FP counseling 4. Home and institutional deliveries
Cacuaco Estimated pop: 1, 050, 216 Pregnant women: 49, 675	Malaria and fever of unknown origin # of annual cases: 24,566 # of annual deaths: 505	<ol style="list-style-type: none"> 1. Bed net distribution 2. Diagnosis 3. Treatment
	Maternal complications # of annual cases: 2,030 # of annual deaths: 27 (adapted from national estimate)	<ol style="list-style-type: none"> 1. ANC counseling 2. FP counseling in the community 3. Poor medical examination of the uterus 4. Weak emergency transfer and response
Mungo Estimated pop: 96, 626 <5 year olds: 18, 262	Malaria # of annual cases: 7,487 # of annual deaths: 20	<ol style="list-style-type: none"> 1. Health education (IEC) 2. Bed net distribution 3. Vector control 4. Prophylaxis with TIP 5. Case diagnosis 6. Treatment 7. Emergency Transfer
	Acute Respiratory Infections <5 # of annual cases: 21,382 # of annual deaths: 4	<ol style="list-style-type: none"> 1. Health education (IEC) 2. Clinical diagnosis 3. Vaccination with pentavalent 4. Transfer of severe cases

f) Hold regular coordination meetings with ICC partners to monitor progress and share best practices and lessons learned in Luanda and Huambo.

As with Q3, ICC coordination meetings were not held during this period. However, ForçaSaúde held meetings with the DPS Director of Luanda and Huambo provinces to update them on the progress made thus far and the challenges encountered. During the last quarter ForçaSaúde had discussed with the DPS the challenge of involving provincial staff as facilitators of the planning process. With their support, the project was able to add 4 technical staff from each DPS, mainly from the areas of planning, statistics, sexual and reproductive health and continuous education. In addition the team leader for RI1 has been meeting with other partners (Medicos Mundi, WB, Care) to share and exchange documents, tools and experience on municipal planning.

Moving forward in PY2, SASH/ForçaSaúde will organize, in coordination with GEPE, regular meetings throughout the year with facilitators and RMS participants to review the methodology and products of each supported RMS after each application as well as share progress made in the development annual plans and budgets.

g) Support the TWG to finalize Annual Municipal Health Planning and Monitoring Guideline and tools, after application in the annual health planning process

GEPE has asked us to organize a meeting in PY2 to discuss the annual plans produced to date and next steps. We plan to have the team of local facilitators (3 from GEPE/MOH, 2 from DPS Luanda and 2 from DPS Huambo), in addition to representatives from the 4 municipalities supported in PY1 participate. The purpose of the meeting will be to share and analyze the plans and budgets produced by each target RMS as well as confirm the relevance and utility of each product and the methodology used to achieve them.

Dr. Ducelina Serrano, Director of the INLS has also expressed interest in reviewing the annual plans and would like to provide comments on the products and methodology.

Output 1.3 Improved effectiveness and efficiency in human resource management in DPS, RMS and health facility units

1.3.1 Begin to build DPS, RMS and Health Facility management capacity to carry out their HR functions.

b) Based on established performance standards, convene RMS units to assess which function areas require strengthening to achieve their mandate

During Q2, the 4 target RMS teams in Luanda developed a framework of 11 functions and 50 tasks with performance standards in order to clarify their routine management responsibilities. During Q3 and 4, SASH/ForçaSaúde convened with each of the 8 prioritized RMS teams in Luanda and Huambo to go over the process of evaluating their team performance in achieving these standards during 2011. The process was carried as follows: Between 4-10 RMS team members representing technical and support areas would go over each task and discuss to what extent they had achieved the task according to the written standard. If the standard has been achieved fully on a consistent basis, they would mark it as a “High” performing task. If the standard had been only partially completed last year, they would mark it as “Regular” performing. Anything below this would be marked as “Low performing”. A score was chosen based on the consensus reached by the group and in some cases, the evidence presented (i.e., attendance lists, copies of reports presented etc).

Across the eight participating RMS's, there were 8 tasks most often assessed as being well-performed (with scores of 2.6 to 3.0) related to the functions of Assessing the Health Status of the Municipality, Management of the Surveillance System, Management of the HIS System, Implementation of Vaccination Campaigns, Management of Equipment and Medicines and HR Management).

By comparison, there were 7 tasks most often assessed by the eight RMS teams as being poorly performed (with scores between 1.0 and 2.0). These tasks were found within the functions of Health Surveillance, Delivery of the Essential Health Package of Services, Management of the Referral System and HR Management.

With regards to the functions of Management of the HIS System and the Delivery of the Essential Package of Health Services, areas of focus for ForçaSaúde, some differences between provinces were found with respect to which tasks were rated as underperforming. These differences are highlighted in the following table.

Function 3: Management of Surveillance System	<ul style="list-style-type: none"> Implement annual plan for prevention and control of emergencies (epidemics, natural disasters, etc.)
Function 4: Management of the HIS System	<ul style="list-style-type: none"> Visit and provide supervision on HIS at each health facility to guarantee the quality of the data registered. Identify the functional weaknesses of the HIS Systems and transfer this information to the HR team to elaborate a training calendar (<i>deemed as low performing by Huambo Municipalities only</i>) Hold monthly meetings between health facility managers, Program focal points and statisticians to analyze Municipal HIS reports. Provide feedback to health facilities on the HIS data reported monthly.
Function 5: Management the Delivery of the Essential Health Package of Services	<ul style="list-style-type: none"> Supervise health facilities to guarantee the quality of the service provided to the population Create the necessary conditions in each health facility so that they can offer the essential health service package (<i>deemed as low performing by Luanda municipalities only</i>) Create quality improvement teams at each health facility. (<i>deemed as low performing by Luanda municipalities only</i>)
Function 8: Management of the Referral System	<ul style="list-style-type: none"> Coordinate with health facilities, municipal administrations and other institutions (fire department, police etc.) and communities in general, to maintain the referral system working properly. Monitor the functioning of the referral system.
Function 10: Management of HR	<ul style="list-style-type: none"> Manage the distribution and rotation of health professionals across health facilities Train health professionals at each health facility from all areas such as nursing, laboratories, statistics and pharmacy. Manage the reception and analysis of new admissions and promotions of staff in the open recruitment competitions.

Results from the self-assessments have informed which RMS tasks can benefit from technical support by ForçaSaúde, given the Project's mandate of improving the management of HR. In particular, the results reflect the recognition of RMS teams that they are not carrying out their supervisory roles with health facilities as they should be, especially with regard to ensuring services are provided with quality at each health facility. They also recognize they are not ensuring the

validity and quality of the HIS data being reported, conducting regular meetings to analyze it or providing continuous feedback to RMS and health facility staff on their performance. ForçaSaúde’s planned activities for PY2 are designed to focus on improving the capacity of RMS teams to better carry out these routine tasks. Specifically, ForçaSaúde will focus on revitalizing the quality improvement supervision teams in target municipalities, support them to develop and carry out supervision plans and coach them on the importance of and means for providing appropriate feedback. In addition, through the methodology used in annual planning and budgeting, it is expected that RMS teams will continue to work in teams, using their HIS data to make decisions and apply problem-solving techniques to improve the performance of weak services.

c) Support RMS units to develop HR plans to incorporate in their annual health plans

During this quarter, ForçaSaúde supported the 4 RMS target teams to identify specific HR weaknesses that are affecting the performance of the essential services they chose to improve in 2013. The project worked with the teams to include specific HR activities within their health plans and budgets as appropriate as can be seen in **Annex B**.

In addition to assessing competencies of the RMS teams as a whole, as reported in the previous Activity 1.3.1 b., this year the project also began to establish a baseline of the competency level of staff to carry out their HR responsibilities (PMP indicator 1.3.2). The sample was personnel from the health facilities in Luanda and Huambo as well as RMS managers and technical staff. Two surveys were used to obtain information. The first survey, the health facility readiness survey, was conducted in Q2, in which 4 HR related questions were asked on health facility managers/administrators.

The second survey started to be applied in Q4 as a questionnaire given to RMS personnel with supervisory responsibilities (Chiefs, Public Health, Finance and HR managers, Program focal points, and Statisticians). The baseline will be completed with target municipalities in PY2 Q1 and will inform SASH/ForçaSaúde’s technical assistance plan on HR related issues for RMS teams. Preliminary results of the readiness survey are below:

HR Related Results from Health Facility Readiness Survey

Question	% of Health Facility Administrators who report YES	
	Luanda Province (n= 140 Health Facility Administrators)	Huambo Province (n= 202 Health Facility Administrators)
1.6.1 Does the HF have standardized procedures for evaluating staff performance?	65.0%	84.6%
1.6.2 Was your [HF Administrator] performance evaluated last year?	51.4%	63.3%
1.4 Did you [HF Administrator] receive training in the last 2 years on any of the following areas?		
1.4.1 Annual Operations Planning	24.2%	25.7%
1.4.2 Budgeting	20.7%	14.3%
1.4.3 Health Information System	39.2%	54.4%
1.4.4 Service Performance Assessment	40.0%	57.4%
1.4.5 Staff Supervision	41.4%	54.9%
1.4.6 Quality Improvement	43.5%	60.4%
1.4.7 Logistics of Drugs and Supplies	33.5%	51.9%
1.4.8 Epidemiological Surveillance System	41.4%	51.4%

IR 2. A routine quality improvement approach in support of standards-based clinical practices designed and implemented by the DPS, RMS and health facilities

Output 2.1 Standards-based approach to quality improvement of health services refined and institutionalized

2.1.1 Develop/update standards for the organization and delivery of FP, malaria, and HIV services

SASH/ForçaSaúde completed the draft of quality standards for the three national programs (Malaria, HIV and FP). The Project has held discussions with the National Malaria Control Program and the INLS, while the discussion with the National RH/FP is still pending. A workshop was held with the DPS in Luanda with provincial and municipal supervisors as well as service delivery personnel.

In the case of the National Malaria Control Program, partners were invited by the program to discuss the supervisory tool and after several meetings, the program ratified the need to have a single monitoring supervisory tool and include a section of standards to assess clinical competencies and performance based on the national protocol and norms. ForçaSaúde participated in all meetings and it is expected that the final product will be ready to field test by the end of 2012.

In regards to the HIV tool, during this quarter, ForçaSaúde staff and Dr. Bruno Benavides, a Jhpiego Baltimore-based consultant presented the PMTCT and CT performance supervisory tools to INLS technical staff, who later revised and discussed the tool in depth and approved it for field testing. By the end of the quarter the CT performance supervisory tool was field tested in health facilities in Luanda and Huambo. The PMTCT supervisory tool will be tested during the first quarter of Y2.

The tool for FP has been sent to all members of the RH/FP technical working group but a discussion is still pending since this year the TWG has not met since just before the elections..

All four tools have been reviewed and approved by the DPSL and they have also asked ForçaSaúde to develop tools for additional areas, including vaccination, TB, and rabies. See proposed standards in Annex C.

d) Support the MOH to finalize the standards for malaria, FP, and HIV (national meeting, with MOH central level and DPS and RMS participants).

ForçaSaúde's original plan was to support the DNSP to hold a meeting for approving the tools after the tools have been reviewed and discussed with the national programs (Malaria, RH / FP and the INLS). However, the development of the process with each program has demonstrated that this meeting will not be required. In the case of malaria standards, this meeting is replaced by the technical group formed by the program itself. In the case of INLS, this meeting has been replaced also by a technical working group integrated by INLS own staff and partners. In regards to the RH/FP National program the work dynamics is the same. It should be noted that this change in the dynamics of adoption of the proposals has enabled greater participation of professionals of the three programs.

2.1.2 Build capacity of SBM-R implementers at the municipal and health facility levels to conduct an initial baseline assessment and supervision visits to health facilities

The process of discussion and approval of proposed standards presented to both national programs and INLS has taken a longer time than expected. However, this process was defined by the programs themselves and while it does not always coincide with the project's proposed timeframe, following the programs' lead is a better approach for strengthening capacities of the different programs, promoting debate, and facilitating involvement of the different levels. This helps ensure sustainability and enables institutionalization of the quality assurance process. This debate and process has been conducted in Luanda; SASH/ForçaSaúde will promote the debate with the DPS and RMS from Huambo once the National Programs approve the tools.

a) Conduct 3-day QI workshops for SBMR implementers at the municipal and health facility levels

Consistent with our aim to strengthen the health system, particularly at the municipal level, this activity is a key element of the SASH/ForçaSaúde project. If the municipal level is to assume the responsibility of incorporating into their routine work an approach based on SBMR, ForçaSaúde aims to help professionals at this level develop the necessary skills to assume leadership in the quality improvement process. However, before QI workshops can be conducted, the quality standards must be approved by the three national programs. This activity has been discussed with both DPS and RMS in the work planning workshop for Y2 of ForçaSaúde and the project will start creating the necessary conditions to implement it after the approval of the standards.

b) Facilitate municipal teams to conduct an initial baseline SBM-R assessment.

All activities described in relation to the task (2.1.2), have an inter dependent relationship with each other and it is for this reason that all these activities have been delayed. This activity was a challenge to the project to conduct it during the first year, which will be faced in the first half of Y2 of the project. The standards have been elaborated and are being field tested, but they still need final approval from the MOH.

c) Support the municipal teams to conduct integrated supportive supervision visits to health facilities, including accompanying and supervising the development and implementation of health facility action plans.

Even though the draft standards for supervision have yet to be officially approved, SASH/ForçaSaúde conducted a one day workshop on the use of the tools both in Luanda and Huambo. 16 INLS staff participated to discuss the CT and PMTCT performance supervisory tools; suggestions and recommendations were incorporated in the final CT version which was fieldtested in health facilities of Luanda by the INLS and DPSL teams.

Also in Luanda, 11 municipal family planning supervisors participated in another one day workshop to discuss the FP performance supervisory tool and have been applying the tool during their supervision and in service training visits. Supervisory teams are comprised of national, provincial, and municipal supervisors as well as a professor from the Nursing School and a ForçaSaúde coordinator. These supervisions have been key to help start new FP and PMTCT services as well as monitor performance of malaria service providers. Supervisors have made an extraordinary effort with ForçaSaúde in reaching the different health facilities to provide supportive supervision.

d. Hold annual meeting with municipal teams to provide refresher in the SBM-R approach, technical areas and supportive supervision, and review progress, planning and results.

Please see 2.1.2.b

Output 2.2 Improved implementation of the quality improvement approach and other key functions in support of high quality service delivery by DPS, RMS and health facilities

2.2.2 Support National RH/FP Program, NMCP and INLS to update norms, manuals, algorithms and job aids for maternal health, FP, malaria and HIV service provision

a) Provide technical assistance to update the national norms for maternal health

SASH/ForçaSaúde's first quarterly report noted that at the time the project initiated activities, the DNSP commissioned a maternal health norms review to a technical committee of Angolan professionals. The National Director of RH/FP requested ForçaSaúde to take the responsibility for developing the protocols once the work of this commission was completed. By the end of the project's first year, however, the National RH/FP program had not yet received the report of the committee in order to begin our work. ForçaSaúde expects to meet this challenge as soon as the draft being prepared by the MOH is finished.

b) Coordinate with the National RH/FP Program to develop an expansion plan for using the Maternal and Perinatal Clinical Record (HCMP)

The RH/FP National Program (PNSR) has a Technical Working Group in which SASH/ForçaSaúde participates as a member. In this TWG, SASH/ForçaSaúde presented a proposal to expand the use of the Maternal and Perinatal clinical history (HCMP) nationwide. However, there is a financial limitation that prevents expansion. The PNSR expressed not having the resources to cover the cost of reproducing the HCMP. ForçaSaúde through the municipalization process has promoted that municipalities incorporate these costs in the annual municipal plans and budgets.

e) Support the integration of malaria with IMCI activities through dissemination of algorithms and training materials

The project participated in a workshop organized by the DNSP and WHO/UNICEF to review the contents of the AIDI Manual during the second quarter of Y1. ForçaSaúde's Provincial Coordinators for Malaria and HIV participated in the workshop, but the DNSP has asked everybody to wait for the results of this workshop before trying to use the contents of the Manual. The results have yet to be presented.

During this quarter (Q4), the project in coordination with DPS conducted training to 426 prescribers and laboratory technicians (130 in Luanda and 296 in Luanda) in diagnosis using rapid testing , differential diagnosis with other fevers and and treatment using Coartem and newly introduces ASAQ and Duo-cotecxin in children, and distributed the following job aid (treatment guidelines) to 93 health facilities (41 in Huambo and 52 in Luanda) to facilitate and improve differential diagnosis with other Integrated Management of Childhood Illness (IMCI) and treatment.

- Differential diagnosis of simple malaria.
- Clinical Diagnosis
- Treatment of confirmed cases of simple malaria with Coartem.
- Treatment of confirmed cases of simple malaria with ASAQ
- Treatment of confirmed cases of simple malaria with Duo-cotecxin
- How to administrate the SD Boline RDTs.

f) Coordinate with DPS and RMS for dissemination of FP and malaria IEC materials and job aids.

This activity has been carried out by SASH/ForçaSaúde through the supervisory teams and the project's visits to the health facilities. However it is necessary to mention the scarcity of IEC materials and job aids available to health workers. SASH/ForçaSaúde visited the National Programs (Malaria, RH/FP) and very limited number of material has been reproduced by the programs. IEC material about malaria has been developed by the laboratories selling antimalarials and is aimed at professionals; material for patients is almost non-existent. For FP, what limited material exists has been distributed in the health facilities providing FP services and in very small quantities. Regarding job aids, SASH/ForçaSaúde has developed or reproduced and distributed job aids. In the case of malaria, SASH/ForçaSaúde developed nine job aids to respond to the most frequently asked questions by service providers: two on differential diagnosis of malaria and other diseases with fever; one about a "way or path" on how to conduct an interrogation to improve malaria diagnosis and other diseases with fever; one on the IPT intake in pregnancy; one on how to use a RDT (SD Bioline); one on treatment of confirmed cases in pregnant women and three related to the number of doses of different antimalarials that are currently provided by the National Malaria Program. These malaria job aids were delivered to health professionals in Luanda and Huambo (10 and 296) who received in-service training. (See examp. of job aids in Annex D)

Regarding FP job aids, SASH/ForçaSaúde during Q4 in coordination with DPS and RMS distributed job aids in 44 health facilities (18 in Huambo and 26 in Luanda) where staff was trained by the project on FP. There were five job aids in total, one that provides guidance on the steps to effective FP counseling and five related to FP methods that are offered in the health facility. These tools were distributed in Luanda during FP trainings, supervision visits or in service trainings.

- Manual (pocket edition): Which is the best contraceptive method for me?
- Brochure: What you need to know on FP (PNSR)
- Manual on Jadelle: Insertion and removal within 5 years (Bayer Healthcare).
- Poster: Methods more commonly used in FP (Bayer Healthcare).
- Poster on Jadelle: Implants for 5 years.(Bayer Healthcare)

The INLS has developed job aids that are mandatory to provide at the moment of establishing the new services. ForçaSaúde helped distribute 25 job aids in each service after trainings were completed.

2.2.3 Support MOH, INLS, DPS and RMS to apply quality standards in order to improve FP, malaria and HIV services in Luanda and Huambo

- a) Coordinate with the USG-funded projects to support the National and Provincial programs to avoid stock outs of FP, malaria and HIV supplies and commodities (including contraceptive, IPT drug, LLINs, RDTs, reagents for microscopy and HIV rapid tests)**

Since the beginning of the project, SASH/ForçaSaúde has developed important alliances with other USAID implementers such as Pathfinder and SIAPs (MSH). Developing a working relationship with these implementers has created synergy to help with supplies and prevent stock outs of FP methods, in particular the stock out of implants which were introduced for the first time at the health facility level, as any stock outs would affect the demand for implants. This level of coordination among malaria implementers remains a challenge (World Learning and MENTOR).

SASH/ForçaSaúde hopes that coordination with SIAPs will help reduce or avoid stock outs of antimalarial drugs, rapid tests and LLINs. Regarding HIV tests (Determine and Unigold) and ARVs, there is a need to strengthen the entire logistics system. One of the greatest challenges of the

system is the timely submission of reports so that the INLS can distribute more tests and ARVs when needed and avoid stock outs. SASH/ForçaSaúde is constantly promoting the submission of reports so health facilities can receive needed supplies and its timely distribution.

b) Support establishment of 12 new FP service delivery points to offer FP counseling and IUD insertion/removal.

This activity was approved by the Technical Working Group of the National RH/FP Program and introduced in the National RH/FP annual plan for 2012. The TWG recommended ForçaSaúde to support the training on insertion and removal of implants as well as to train health workers on FP methods to open 12 new services including at the health post level. The establishment of IUD insertion/removal services was postponed to the project's second year to allow the supervision teams (which include national, provincial and municipal level facilitators) supported by SASH/ForçaSaúde to prioritize efforts on implementing and monitoring of the implant services. This approach helps to ensure that these new services are sustainable and are performed according to quality standards based on national norms. SASH/ForçaSaúde communicated this recommendation from the TWG to our AOR. Thus, this activity was reprogrammed for Year two of the project.

SASH/ForçaSaúde helped established new family planning services in 20 health facilities -- 12 in Viana municipality in Luanda and 8 in Mungo Municipality in Huambo. In order to provide quality services in the established new services, 30 services providers have been trained in Luanda (18) and in Huambo (12). These new services provide counseling services on all family planning methods including natural methods and emergency contraceptive pills. However these new services (as most of them are health posts and do not have the necessary conditions needed) do not provide insertion/removal of IUD and implant.

**New FP services established and corresponding number of service providers trained
July- September 2012**

Province	Municipality	Health facility	# of service providers trained		
			F	M	Total
Luanda	Viana	MH.Viana	2	0	2
		HP Caop C	2	0	2
		HP Km 14	1	0	1
		HC Caop A	2	0	2
		HC Calumbo	1	0	1
		HP Km 9	2	0	2
		HP Km 30	2	0	2
		HC Zango	2	0	2
		HP Irmãos Coragem	1	0	1
		HP Regedoria	1	0	1
	Subtotal	10	16	0	16
	Belas	HP Sapú I	1	0	1
		HP Sapú II	1	0	1
Subtotal	2	2	0	2	
Huambo	Mungo	HC Cambuengo	0	2	2
		HC Bata	1	0	1
		MCHC Mungo	1	0	1
		MH Mungo	3	0	3

Province	Municipality	Health facility	# of service providers trained		
			F	M	Total
		HP Damasco	1	0	1
		HP Moma	0	1	1
		HP Chorinde	1	1	2
		HP Gandarinha	1	0	1
	Subtotal	8	8	4	12
Total		20	26	4	30

Regarding establishing services on insertion and removal of implants, the training in Luanda and Huambo were carried out during the 3rd quarter of this year and 22 new services (9 in Huambo and 13 in Luanda) were established. The new process developed by ForçaSaúde to establish the services requires that the supervision team with national, provincial, municipal and the FP SASH/ForçaSaúde coordinator accompany the newly trained nurses to introduce the service in their health facility during three days. The protocol for introduction of the new service (without it, the service does not start functioning) is to report to the Municipal Health Director (RMS), the health facility Clinical Director or the Administrator, and the rest of the staff; provide educational chats to users and clients; and provide in service training to the newly trained nurses, emphasizing the need for individual counseling besides providing the educational chats. This process has been key in the demand that the method has had immediately after establishing services. Before the training there was much debate on the possible demand of the method, thinking that since the two Luanda hospitals that have been trained by Bayer the year before had not had much adherence from the users, women attending health centers and municipal hospitals were not going to have much interest. Nevertheless since the establishment of the services in both provinces, the immediate high level of demand was a surprise to the program and the DPSs.

The FP services established in Huambo during this 4th quarter have inserted 1,434 implants. Please see the following table:

Number of clients with inserted Implants in Huambo: July-September 2012

Municipality	Health Facility	# of health professionals trained	July	August	September	Total
Huambo	General Hospital*	3	150	106	74	330
	MH Cambiote	2	44	38	40	122
	HC Mineira*	2	148	152	109	409
	HC Casseque	2	30	16	21	67
	RMS Huambo	2	89	98	80	267
Caala	MCHC Caala	2	35	32	36	103
Loundimbali	MCHC Loindimbali	2	18	0	8	26
Bailundo	MH Bailundo	2	24	35	16	75

Municipality	Health Facility	# of health professionals trained	July	August	September	Total
	HP Monte Belo	1	1	0		1
Cachiungo	HC Cachiungo	2	18	0	16	34
TOTAL		25	557	477	400	1434

*Training sites

d) Support the DPS and RMS to ensure that health facilities provide appropriate care to survivors of gender-based violence

The importance of this activity is recognized at all levels of the MOH. However, commitment of time and resources by the MOH to implement the activity remains a challenge. There are health facilities such as Alegria HC where a rape is reported each day. SASH/ForçaSaúde, along with the INLS, has worked on a training module that has been used in SASH/ForçaSaúde supported trainings during this first year. The National RH/FP has also included it in its work plan for 2013 for further review. ForçaSaúde has pledged its support for this work.

During the 3rd quarter the project reported 25 health staff from 9 health facilities in Huambo and 26 health staff from 13 HF were trained on implants and included a module on how to manage victims of sexual violence (SV). Protocols were provided during the training.

During this 4th quarter formative supervision was conducted to reinforce the knowledge and skills of the trained health staff in the management of victims of SV. The management includes counseling of the victim on post exposure prevention of HIV and STDs as well as prevention of unwanted pregnancy by providing emergency contraceptive pills. In addition the nurses are trained on how to provide psychosocial support and referral to competent organizations that provide support and legal advice.

h) Assist with integrating 6 new ARV prophylaxis services with ANC, delivery and post-partum services

During this quarter 37 health facilities that provide integrated ANC, HIV testing and ARVS on site were supported of which 10 are new sites established in Huambo and 27 in Luanda. Of the 27 in Luanda, 15 are being supported by SASH/ForçaSaúde since Q1 and 12 new sites have been added in Q4.

These 37 health facilities during this quarter have reported 214 HIV positive pregnant women received ARVs to reduce the risk of mother to child HIV transmission in of which 6 HIV positive women for Huambo and 208 for Luanda. This total includes 154 pregnant HIV positive women in quarter 4, and 60 HIV positive women reported late; 22 pregnant HIV positive women in quarter 1, 38 pregnant HIV positive women in quarter 2, and 0 in quarter 3.

Summary table of Pregnant women who received ARVs

	Table	Received ARVs
Late Report	Q1	22
	Q2	38
	Q3	0
	Subtotal	60
	Q4	154
	Total	214

During the 4th quarter, 359 pregnant women were diagnosed as HIV positive, out of which 214 received ARVs (60%). It should be noted that, women who are placed under ARV prophylaxis during the quarter, not necessarily are those diagnosed HIV positive during that quarter, because some times they include pregnant women who were diagnosed earlier and only now that they have the criteria to be placed under the ARVs.

According to the national protocol, HIV positive pregnant women who need ARVs to reduce risk of Mother-to-Child Transmission receive a combination of three ARVs: AZT+3TC(1 tab 12hrly + LPV/r (2 tablets 12hrly) from the 20th week of pregnancy and continue until breastfeeding is stopped. However due to the scarcity of LPV/r, the old 3 ARV combination regimen of AZT+3TC+Niverapine is still being provided. This regime was discontinued due to the niverapine side effects and since Angola introduced task shifting to nurses, a safer LPV/r was introduced. During labor, HIV positive women receive AZT IV or tablets regardless they take the combination of 3 ARVs. This is to ensure that the women receive reinforced AZT, and capture those who enter into labor without prophylaxis. This dose is discontinued immediately after the umbilical cord is cut.

In addition: This 4th quarter reports 29,479 individuals received counseling and testing. This number includes 17,310 pregnant women reported previously. Of the 29,479 tested, 1,077 tested positive for HIV (3.6%), 28,358 tested negative, and 44 had indeterminate results. The individuals reported during this quarter were counseled and tested in 52 health facilities (10 in Huambo and 42 in Luanda); and 4 mobile clinics in Luanda (2) and Huambo (2).

This total includes 26,785 individuals tested in the 4thquarter and 2,694 individuals were tested and reported late in Q1, Q2 and Q3, disaggregated as follows:

- Q1: 1,379 individuals tested
- Q2: 424 individuals tested
- Q3: 891 individuals tested
- Q4: 26,785 individuals tested

2,694 individuals were tested and reported late in Q1, Q2 and Q3. The results are as follows:

*Q1 out of 1,379 individuals tested, 69 had positive results for HIV (5%), 3 had indeterminate test results, 1,307 had negative results.

*Q2 out of 424 individuals tested, 15 had positive results for HIV (3.5%), 5 had indeterminate test results, 404 had negative results.

*Q3 out of 891 individuals, 56 had positive results for HIV (6.3%), 2 had indeterminate test results, 833 had negative results

*Q4 out of 26,785 individuals, 937 positive results for HIV (3.5%), 34 indeterminate test results, 25814 had negative results.

Individuals tested in SASH/ForçaSaúde supported outlets disaggregated by sex and age

Q4				
By sex:	Tested	HIV -	HIV+	indeterminate
Male <15	206	190	12	4
Male >15	3940	3768	168	4
Female <15	304	276	28	0
Female >15	22.335	21.580	729	26
Total	26.785	25.814	937	34
Q1 late				
By sex:	Tested	HIV -	HIV+	indetermined
Male <15	0	0	0	0
Male >15	473	455	17	1
Female <15	18	16	2	0
Female >15	888	836	50	2
Total	1.379	1307	69	3
Q2 late				
By sex:	Tested	HIV -	HIV+	indetermined
Male <15	4	2	2	0
Male >15	37	35	0	2
Female <15	0	0	0	0
Female >15	383	367	13	3
Total	424	404	15	5
Q3 late				
By sex:	Tested	HIV -	HIV+	indetermined
Male <15	19	17	1	1
Male >15	166	157	9	0
Female <15	26	24	2	0
Female >15	680	635	44	1
Total	891	833	56	2
Total Q4 reported	29.479	28.358	1.077	44

j) Support INLS and DPS to monitor HIV-exposed children and roll out early infant diagnosis (EID)

During this quarter, ForçaSaúde continued to work with PMTCT nurses to monitor exposed children in health facilities to ensure adherence to prophylaxis and regular testing until definitive diagnosis. 180 exposed children were monitored by trained nurses in Health facilities and PAFs in the health facilities where they are working; however definitive diagnosis is only possible after 18 months of age using the rapid test. Rolling out early infant diagnosis has not been possible due to the fact that INLS has yet evaluated the pilot project on EID in Luanda. ForçaSaúde will continue to advocate to INLS to roll out the EID.

	Health Facility	1st Quarter	2nd Quarter	3rd Quarter	4 Quarter	Total
1	Samba	35	51	41	29	156
2	Vila da Mata	7	8	7	0	22
3	Hoji ya Henda	0	0	21	14	35
4	Terra Nova	0	0	18	4	22
5	IEBA	0	0	5	1	6
6	Cariango	0	0	2	2	4
7	Caop A	0	0	12	4	16
8	Zango	0	0	11	4	15
9	Km 12	0	0	16	20	36
10	Caop C	0	0	11	0	11
11	Funda	0	0	8	14	22
12	Paraiso	0	0	4	0	4
13	Dala Muleba	0	0	2	0	2
14	Baixo Kifangondo	0	0	8	1	9
15	Wenji Maka	3	2	0	0	5
16	Prenda	0	0	0	1	1
17	Kassequel	0	0	0	11	11
18	S.P. Barra	0	0	0	2	2
19	Cajueiros	0	0	0	36	36
20	Asa Branca	0	0	0	1	1
21	Paz	0	0	0	0	0
22	Cacuaco	0	0	0	11	11
23	Kicolo	0	0	0	14	14
24	Hosp. K. Kiaxi	0	0	0	5	5
28	Bailundo	0	0	0	3	3
29	Londuimbali	0	0	0	3	3
30	Gandarinha	0	0	0	0	0
31	Mungo	0	0	0	0	0
	Total	45	61	166	180	452

k) Support INLS to conduct a Provider Initiated Testing and Counseling for HIV (PITC) manual adaptation workshop for senior INLS staff

From 14-16 of August 2012, ForçaSaúde supported the INLS to conduct a three day workshop to develop a manual in Provider Initiated Counseling and Testing (PICT). This workshop was facilitated by an International consultant and participated 14 Technical staff from INLS, DPS Luanda, DPS Huambo, Armed Forces, UNICEF and Oderbrecht. The participants worked on the first draft of the manual that included the definition and content of PICT, the flow of clients, coordination with other services, tasks for the PICT, referral of clients and the training curriculum: two manuals will be developed; a Participants reference Manual and the other is a Trainer's Manual. The Consultant will work on the suggestions developed during the workshop and will send the Manual back to the technical team for revision.

2.2.4 Support the DPS and RMS to institutionalize an outreach model of service delivery to bring quality integrated services to the people

a) Support the gradual implementation of mobile health clinics to offer integrated FP, malaria and HIV CT services, in coordination with the DPS and RMS

During this quarter SASH/ForçaSaúde continued to support the 2 mobile clinics in Huambo and 2 in Luanda, where counseling and testing was conducted to 4,383 individuals, of which 617 were pregnant women, 3 children and 3,766 adults. Of the 617 pregnant women tested, 3 had positive results for HIV (0.5%) and 614 had negative results. Disaggregation by age and sex: 2 children under fifteen were tested of whom all were negative for HIV: 1,593 male individuals were tested of whom 16 resulted positive for HIV (1.0%), 1,577 had negative results and none had indeterminate results.

1 female child under 15 years was tested who resulted negative for HIV. 2,787 female individuals over 15 years of age including pregnant women were tested, of whom 33 were positive for HIV (1.2%) 2,754 had negative results for HIV and none had indeterminate results. Table below shows the breakdown by age and sex of individuals tested:

Sex and age	Total tested	HIV+	HIV-	Indeterminate	%
Male <15 years	2	0	2	0	0,0
Male >15 years	1.593	16	1.577	0	1,0
Female <15 yrs	1	0	1	0	0,0
Female >15 yrs	2.787	33	2.754	0	1,2
Total	4.383	49	4.332	0	1,1

Output 2.3 Strengthened capacity of health workers to provide FP, malaria and HIV services

2.3.1 Support MOH, PTNS and DPS of Luanda and Huambo to develop a continuous in-service learning program for FP, malaria and HIV

The ForçaSaúde mandate is to strengthen the capacity of the health system at different levels to take responsibility for the organization, implementation and evaluation of activities considered necessary by the system itself. The diagnosis shared by the Nursing Schools' directors related to in service training and continuing education is that there is no institution responsible for this task. Existing nursing schools in the provinces, assume that their responsibility is pre-service training, and had never taken the responsibility to update or provide continued education or in service trainings to health professionals already working at the health facilities, despite having in its organizational chart a position that is supposed to assume this responsibility. The Provincial Health Directorates (DPS) have assumed this responsibility themselves through their provincial facilitators or supervisors and have not developed a mechanism or a relationship with the Nursing Schools in which the DPS and RMS could present their needs to the school to strengthen their health professionals' skills and assume the in service training to improve abilities and competencies in their health professionals. It is no easy task to work on changing the way Nursing schools and DPS have been working for many years. Much work and advocacy is needed at different levels and we have been doing it for this past year. The project has started to review the content of the curricula approved with the Schools, have started training and updating professors on Malaria and will continue to do so other important technical areas such as HIV and AIDS, RH/FP. Professors from the school have been trained on the new long term methods and on supervision methodology as well as becoming part of the supervision teams.

b) Conduct diagnosis of the PTNS' organizational, technical and teaching capabilities for in-service training, and develop a joint plan for strengthening capacity (linking findings to annual planning cycle)

As soon as the Y1 work plan was approved, ForçaSaúde met with the Director of the Human Resources Directorate at the MOH to present the project, particularly the activities planned with the Nursing Schools. After several meetings, ForçaSaúde presented two documents: the first one is a tool designed to assess the work performed by the Nursing Schools; the second is the proposed content of a curriculum for the area of reproductive health, based on life cycles. Both documents were submitted to the National Directorate of Human Resources (DNRH) and the Provincial Directors of the Nursing Schools in Luanda and Huambo. Four technical meetings were conducted with representatives of the DNRH, the directors and professors of the Nursing Schools in Luanda and Huambo, Luanda School of Midwifery and the National RH/FP Program (the National Malaria and the INLS were also invited but did not attend). After this review, it was agreed to organize a meeting in Huambo in order to analyse the two proposals. ForçaSaúde supported the organization of this

event, the same that was inaugurated by His Excellency the Provincial Governor, the Provincial Health Director, health provincial authorities and two representatives of the DNRH.

After this event the DNRH requested a further review of the proposed documents, and designated a technical committee for the review. ForçaSaúde supported this work and its results were submitted to representatives of the DNRH. The process was delayed due to the presidential elections; ForçaSaúde is currently awaiting a meeting with the DNRH in order to complete the review and move forward with the implementation of these tools in the two provinces.

c) Support MOH and PTNS to adapt/update the contents according to the recently approved training curriculum of FP, malaria, and HIV and AIDS

The Nursing School of Luanda, taking into account that the discussion process on the proposals submitted by ForçaSaúde to the DNRH was taking some time, requested the project to support courses for updating contents of the curricula related to the three programs ForçaSaúde supports in the two provinces (malaria, HIV and AIDS, FP). This update includes an integrated approach to women's reproductive health based on the cycles of life. As the discussion process continues, and in response to the Nursing School's request, ForçaSaúde conducted a course to update professors in Malaria and the new protocols approved by the National Malaria Control Program. The project will continue with updates on FP and HIV and AIDS. These activities are scheduled for Year 2.

d) Support MOH and PTNS to elaborate job aids for FP, malaria, and HIV trainings

The development, reproduction of job aids on FP and malaria have been conducted in coordination with the two provincial programs. Development of job aids on FP has had the participation of representatives of the nursing school in Luanda. This is a process that must be followed to reach the widest possible participation, especially of the two Nursing Schools. The project has also requested input from the service providers as what job aides they need to improve performance.

e) Work with the PTNS to design a modular, diploma-oriented in-service learning program, providing targeted updates to health workers on FP, malaria and HIV

ForçaSaúde initiated a relationship with the DNRH as requested by the Vice Minister of Health and has followed protocols in order to coordinate with all stakeholders in the decision making process to authorize next steps. During this process, the DPSs and the Nursing School Directors have clearly expressed that even though the Schools have a person in charge of Continuing Education, they have not been involved in providing in service trainings. Therefore ForçaSaúde will need to work with the DNRH, the DPSs, the RMS and the Nursing Schools not only on mechanisms and the design of in service training programs but also on the concept and for them to allocate resources to be able to implement them.

2.3.2 Support MOH and DPS to conduct training of key participants of the Continuous Education Núcleo and PTNS teachers in the updated FP, malaria and HIV training modules

a) Support training of PTNS teachers and Continued Education Núcleo using the updated curriculum

During this quarter, ForçaSaúde supported the Nursing School in Luanda to organize the updating of 34 Nursing School professors on malaria prevention, malaria in pregnancy, clinical and laboratory diagnosis, differential diagnosis and malaria treatment with the three recommended antimalarials by the National Malaria Control Program. (See Annex E).

b) Identify and support outstanding trainers to continue along the Jhpiego Trainer pathway to become specialists in specific training areas and/or instructional design

This activity requires commitment from Nursing School staff to support health professionals to become outstanding trainers or facilitators in their own health facilities. ForçaSaúde has started identifying some facilitators in coordination with the provincial and municipal coordinators. The project has also elaborated a draft of criteria to be used to select the future qualified trainers.

During this quarter, SASH/ForçaSaúde in collaboration with DPS and the Luanda nursing school conducted training of trainer's course on Diagnosis, differential diagnosis and treatment regimens in Malaria to 34 nursing school teachers in Luanda, upon conclusion of this training the teachers will train the nursing students on these topics. In addition, the project in coordination with the DPS in Luanda conducted a TOT course in family planning to 21 municipal and health facility supervisors and service providers. Upon conclusion of the training, the trainers have been providing on the job training in family planning, and formative supervision. Some of these trainers have been selected by the National Program to conduct trainings in other provinces with support of UNFPA.

2.3.3 Support MOH, PTNS, DPS and RMS to conduct TOTs and on-the-job trainings for service providers based on the updated FP, malaria and HIV training modules

b) Support INLS, DPS and RMS to conduct a 15-day PMTCT TOT for municipal teams

During this quarter, ForçaSaúde in collaboration with the INLS and DPS in Huambo trained 31 nurses (F 28; M 3) in PMTCT task shifting from 11 health facilities in Huambo province: This training was a service providers training and not a TOT as previously planned. This is because the INLS had requested to provide training of service providers in order to quickly scale up the implementation of having zero new infection among new-born babies by 2015. The training curriculum is a twenty-one day training course using an approved INLS and WHO training manual and utilizes the INLS /WHO certified trainers. This included 5 days of theoretical sessions, 5 days of practical sessions using Patient Assistant Facilitators and 11 days for establishing of services where the participants worked directly with the HIV positive pregnant women under the supervision of facilitators in their respective facilities. The training provided skills in Epidemiology of HIV in Angola, HIV transmission and prevention, pre and post test counselling, skills on how to test HIV using rapid test, clinical evaluation of HIV positive pregnant woman for initiation of ARVs using minor and major signs and symptoms and WHO staging, prescription of ARVs according to the national protocol, evaluation for side effects of the ARVs, when to refer pregnant women to physicians, care of pregnant women in ANC, care of pregnant women during labour and delivery, prescription of ARVs during labour, counselling on exclusive breastfeeding while taking ARVs, counselling on family planning, care of the new born baby, care of the mother and prescription of ARVs in post-delivery period, prescription of ARVs for new-born baby, follow up, care and HIV testing schedule of the exposed child, prophylaxis of the exposed child with cotrimoxazol and ARV's and how to counsel sexual violence victims. A pre and post test evaluation was conducted before and after the training to evaluate the participant's knowledge. Participants were certified to be able to prescribe the ARVS. Other topics included data collection and analysis. Upon conclusion of the training, facilitators and participants worked in each facility to organize the service, conduct practical training with patients, on CT, and evaluate and screen HIV positive pregnant women, initiate ARVs and routine tests.

In addition, from July 8 to 16, 2012, ForçaSaúde in collaboration with INLS conducted an 8 day training of HIV counselling to 14 Patients Assistants Facilitators (PAFs-Female 11; Male 3) in prevention with positives. These are AIDS patients under treatment who are working as counsellors

in prevention and follow up of People living with HIV. The training utilized the WHO/UNICEF approved curriculum, which consists of 4 days of theoretical sessions and 4 days of practical sessions. The topics included: basic knowledge of HIV concepts including transmission and prevention, basic facts on ARVs treatment, adherence to treatment and follow up, principles of care and support of chronic patients, positive living for people living with HIV (that include, correct and consistent condom use, hygiene, nutrition for PLWHIV), introduction to patients cards, effective communication with HIV patients, mother to child transmission, HIV and TB co-infection and case studies for PAFs. Upon conclusion of the training, the Counsellors, had 4 days of practical sessions using case studies to evaluate and work with participants who were being trained in the PMTCT course.

Also during this quarter, SASH/ForçaSaúde in collaboration with DPS in Huambo supported from 11-21 of September, the training of 24 counsellors (Female 16; Male 8) in HIV Counselling and testing skills. This ten-day training course includes five days of theoretical sessions and five days of practical sessions with clients under the supervision of facilitators. The participants included 10 graduating nursing students, 10 people living with HIV and 4 nurses from HF. The participants took a pre-test evaluation before the course and a post-test after the training. Topics included Epidemiology of HIV in Angola, HIV transmission and prevention, PMTCT, pre and post-test counselling, skills on how to test HIV using rapid test, breast feeding, FP counselling, referral of HIV positive client, adherence counselling, and bio-safety related to HIV testing, counselling and management of victims of sexual violence. Upon conclusion of the training the counsellors will be used to provide CT in mobile clinics, schools and churches. Also they will be able to make follow up visits to HIV positive clients. This training was important in order to have more counsellors who will be utilized to reinforce staff in the mobile clinics.

c) Support the DNSP to provide TOTs on PAC in Luanda and Huambo, in compliance with USAID requirements

The TWG of the National RH/FP Program recommended to postpone the training on insertion and removal of IUDs as well as on post abortion care (PAC) for Y2 of the project to concentrate on monitoring and following up the newly trained staff on implants. This recommendation was conveyed to our AOR. The PAC trainings are being planned for the first semester of the second year.

d) Support efforts by the national and provincial programs to improve the skills of clinical staff for FP counseling, malaria prevention, diagnosis and treatment, and HIV testing, counselling, exclusive breastfeeding, and treatment (task shifting) during on-going supervision visits and on-site trainings.

Having an organized supervision, conducted and evaluated by municipal and provincial teams constitutes a very important step towards strengthening the health system. SASH/ForçaSaúde is working with local teams for having all necessary tools and cover all aspects of the supervision: organization, tools (for standards to monitor professional performance) and the necessary change of approach from a punitive supervision to a formative one. SASH/ForçaSaúde has supported supervisory teams conducting formative supervision in the three areas: FP, HIV and AIDS, and Malaria. This year ForçaSaúde has supported in service training (on the job training) and formative supervision to 579 health staff both in Huambo and Luanda; Malaria 306 (Luanda 10 and Huambo 296). In the case of Huambo the in service training helped cover 95% of the health facilities in three municipalities, Mungo, Bailundo and Londuimbali; they have been declared a priority by the DPS (See reports of the three municipalities in Annex F. ForçaSaúde has also provided 205 in-service training on HIV PMTCT and CT, particularly to the nurses trained on prescription of ARVs. All supportive documents are on file.

e) Support the PTNS and DPS to provide TOT on IUD insertion

As noted previously, the TWG of the National RH/FP Program recommended to postpone all courses related to IUD and post abortion care (PAC) to Y2 of the project.

f) Support the PTNS and DPS to provide TOT on implant insertion and removal

As reported above, the project supported the training of nurses working on FP services in the insertion and removal of implants. The participation of the Nursing School in Luanda was through two professors, one of which has been recognized by the National RH/FP program as a National facilitator.

During this quarter, SASH/ForçaSaúde conducted one TOT training in Luanda to 19 Trainers (F18: M1) selected from Health facilities (10), nursing school (1), RMS (1) DPS supervisors (2), DNSP (1) and ForçaSaúde (4). These trainers were trained first as service providers for insertion and removal of implants and later received a 3- day refresher FP training and training methodology: upon conclusion of the training, the trainers have been providing training, supervision and in service training to other health facilities

Training of Trainers Course in Family Planning: July 31- August 22, 2012

Municipality/District	Health Facility	# of Trainers trained		
		F	M	Total
Cacuaco	RMS	1	0	1
Viana	HC Viana	1	0	1
Cazenga	HC Cariango	1	0	1
Samba	HC Samba	1	0	1
Rangel	HC Terra nova	1	0	1
Ingombota	HC 4 de Fevereiro	1	0	1
Maianga	HC Prenda	1	0	1
Maianga	HC Alegria	1	0	1
Kilamba Kiaxi	HC Palanca I	1	0	1
Sambizanga	HC Bairro Operario	1	0	1
Sambizanga	HC A.A Neto	1	0	1
Technical Nursing School	Professor	1	0	1
DPSL	Supervisor	2	0	2
ForçaSaúde	Supervisors	3	1	4
DNSP	Supervisor	1	0	1
Total		18	1	19

g) Organize practical sessions at the SDCs to reinforce skills practice in IUD and implant insertions

The Augusto N’gangula Hospital, the Skills Development Center (SDC) in Luanda has been a training site for insertion and removal of implants. Eighteen (18) of the 31 participants in the course did their practical training there supported by the DPSL, National RH/FP Program and ForçaSaúde. This year ForçaSaúde coordinated with the SDC to help create basic conditions to be a practical training center and will continue on Year 2 with the training of insertion and removal of IUDs.

In Huambo, the Caala Municipal Hospital, which is the SDC has not been incorporated into this work. There are two reasons that have prevented the project to promote its participation, the first of

which was the number of women participating in the Family Planning training, which was larger for the space available in Caala and the second was the distance from Huambo municipality. The Project and the DPSL selected the Provincial Central Hospital as the training center for insertion and removal of implants. The Hospital Director expressed their interest and commitment to continue being the training center for PAC and IUD insertion and removal.

h) Support the National RH/FP Program for the integration of maternal mortality committees in Huambo

ForçaSaúde maintains a continuous and close coordination with the DPS and the Provincial General Hospital of Huambo. The Committee for the Prevention of Maternal Mortality in the Hospital was installed more than a year ago and this year the DPS Director asked the project to be a permanent member and provide technical assistance to make it function. Similarly, a Committee for the Prevention of Maternal Mortality at the Provincial level has been integrated and ForçaSaúde is also a member. This committee will be officially installed in the month of November, 2012 when the Minister of Health visits the Province of Huambo.

Other Activities:

Year Two Work Planning

Work Planning for the second year of the project was carried out in the month of August with all ForçaSaúde counterparts from the Ministry of Health, National Directorate of Public Health, the DPS in Luanda and Huambo, national programs such as RH/FP, INLS and Malaria during three days as well as the municipal health directors, USAID and other implementers. Working with our national, provincial and municipal counterparts gave the project the opportunity to discuss the MOH plans and targets for this year and to contribute to their programs the way the country needs. The National Director of Public Health not only addressed the participants in the Opening session but also presented the main lines of action of the MOH. The cabinet from DPS Huambo participated in full. The results were presented in the proposal discussed with USAID health team and received their inputs that were incorporated in the final version.

USAID PRETORIA Audit on PEPFAR Indicators

In September USAID/Pretoria conducted an audit of USAID/Angola-PEPFAR funded projects. ForçaSaúde's HIV component of the project was included as part of the audit. The auditors came to the Jhpiego office twice to review data collected at Health Facilities in Huambo and Luanda and to better understand the way the HIV component of the project is being implemented. The auditors also visited two Health Facilities in Luanda, two in Huambo and the mobile clinics to verify the quality of data. The auditors said they would share results of audit findings with ForçaSaúde.

USAID Visits and DQA in Huambo

In the month of September Dr. Ramlat, PMI Advisor in Angola, visited Huambo with a representative of the National Malaria Control Program. ForçaSaúde, Abt and Mentor as PMI/USAID implementers helped prepare her agenda in the Province. During this visit Dr. Ramlat had meetings with Dr. Frederico Juliana, Huambo Provincial Health Director, Dr. Lelo Zola OPPSO, Amandio Natito, Huambo Malaria Provincial Supervisor, the Municipal Health Directors of Mungo, Bailundo and Londuimbali municipalities, and focal points of the malaria program in the three municipalities. ForçaSaúde programmed also a visit to health facilities in the three municipalities where the project had conducted in service training in malaria differential diagnosis, malaria in pregnancy and the new protocols on Coartem and two new drugs introduced by the NMCP. Dr. Ramlat also met with ForçaSaúde team working in Huambo.

We believe that this visit was important because it allowed Dr. Ramlat to verify in the field the work being developed by the project. She was able to learn from our counterparts at different levels in the province their opinion of ForçaSaúde's work and was able to review with the different implementers the progress of the malaria program in the province. She emphasized that all implementers in the province are to work very closely with the DPS and coordinate with other USAID projects and other partners, to jointly advance the goals of the national program. During this visit, Dr. Ramlat addressed the issue of ForçaSaúde and Mentor having the same mandate on malaria in the same Province and Dr. Juliana provided her with a letter proposing that the two organizations could work in different municipalities. This position had already been discussed by the Provincial Health Director with the National Malaria Director during a visit of the latter in the month of June. ForçaSaúde then took into account this proposal to inform the proposed malaria activities in Huambo in the project's Year 2 work plan. (See report in Annex G)

Presentation of Year One mid year results to MOH, DPS and INLS

ForçaSaúde has made an effort this year to communicate with the national and provincial counterparts the results and activities of the project. In the month of June we presented the results of the project to former Vice Minister Evelize Fresta who was accompanied by a representative of the DNSP and the World Bank. We also presented the results of the year to the DPS in Luanda and Huambo as well as the results of the mapping and readiness tool. During these sessions the project received very positive feedback and recommendations.

Meeting with implementing partners, PSI/PATHFINDER/SIAP/ForçaSaúde

Our USAID AOR has been promoting meetings and regular exchanges between partners. There have been several meetings where we have exchanged information and needs. With Pathfinder we have had an excellent relationship in the effort of avoiding stock outs of implants. With PSI the project has collaborated by providing names and helping make contacts with provincial authorities, service providers, young leaders and asking them if they would be willing to be interviewed on the radio show sponsored by PSI on themes related to FP, sexuality, HIV and AIDS. MSH's SIAPs project has provided ForçaSaúde with information on supplies and costs that have helped in the development of municipal budgets.

Project Management Activities:

Transportation: The project received from USAID 6 vehicles during the second quarter of the first year, three of which were in poor condition. Two of the three best vehicles were sent to Huambo considering the need they have to cover all 11 municipalities. The three vehicles that need to be substituted remained in Luanda. The need for vehicles in good condition is a must since the project's approach to improving quality of services requires constant supervision and in service training in both provinces. The project also purchased motorcycles to help municipal coordinators do their job.

Procurement: Jhpiego follows norms and mechanisms that USAID has in place for procurement as well as some of its own. The project management has followed since the beginning these norms and recommendations on procurement. The project also has a table of authority that helps guide who is responsible according to the amount to be desimbursed. The project has two signatures authorized by Jhpiego, the COP and the Huambo Director. Spot checks on the financial report and documents are conducted every month from the Baltimore based financial and the PO team.

Work visas: All TCNs and expatriate personnel have their work visas.

Staffing: During this 4th quarter, the project hired an M&E Advisor that started working at the end of August. We still need to review the experience during this first year with the municipal coordinators and proposed the best way to monitor and follow up municipalities according to this first year experience.

Registration: In September, we received authorization from the Ministry of Justice to continue with the registry. This has been a major battle won! The project will have to apply for a tax number, social security number and publish in the official journal the authorization when the Council of Ministries approves it.

Manpower firm: The manpower firm has been managing HR salaries and other benefits such as social security, applying for the SS number for staff that did not have it before, health insurance, worker's compensation and hiring and cancelling contracts of staff. Even if Jhpiego has already received authorization from the Ministry of Justice to register, Jhpiego considered prudent to continue with the manpower firm until the registration process is completed.

Offices Location: Next Quarter, initiating Y2, the project will have to look for a different location for the Luanda office since there is a sanitary problem in the current rented office and the landlord has not been able to do the pertinent repairs. In Huambo the ForçaSaúde office has been at the DPS Central de Ambulancias but the DPS Director has asked since the beginning of this year to re locate the office since they will be using the space.

Monitoring and Evaluation Activities:

During the fourth project quarter, ForçaSaúde's monitoring and evaluation efforts focused on data quality activities and also completed the hiring process of an M&E Advisor.

Activities to improve quality data included site visits to health facilities and municipal health directorates (RMS) to review HIV daily register forms and monthly reports. Data quality assessment was conducted to introduce the M&E Advisor to the information system used in the municipalities and provide for better understanding and make improvements to the data collection process at the level of the health facility and RMS. Besides site visits to ensure data quality, all health facility monthly reports that have been collected by the project were rechecked for quality and corrected in the new HIV database. The new database will also help streamline the data quality activities.

A daily training participant register and activity report for supervision and technical assistance visits are also being used by the ForçaSaúde Technical and Municipal Coordinators to help monitor the progress of achieving project objectives.

Other M&E activities included completing PEPFAR 4th Quarter report, Y2 Work Plans, PMP for PEPFAR indicators for the life of the project as well as review targets for Years 1 and 2 of the project. ForçaSaúde also prepared for and received a team of auditors from USAID/Pretoria that conducted an HIV audit.

ANNUAL TARGETS AND ACHIEVEMENTS

IR 1: Improved institutional capacity in management and implementation of the RMHSS with particular attention to health information and human resources for health.

Key Performance Indicators

1.1.1 Number of National HIS guidelines, tools and/or indicators developed/ updated and disseminated

Target: 1

Achieved: 1

The project developed, discussed and applied a Mapping and Readiness tool to 342 health facilities functioning in Luanda and Huambo. The results of this application were used to help support the planning and budgeting process at the municipal level and were presented to both DPSs, the Vice Minister of Health, and the national programs for malaria, family planning, and HIV and AIDS. The tool was also presented at an international meeting in Mozambique in September 2012.

1.1.2 Number and percentage of RMS units demonstrating core competencies in quality collection, analysis, dissemination, and use of health information for health planning and management.

Target: Establish baseline

Achieved: Baseline established in 8 municipalities

The project worked with 4 municipalities to do their annual planning and budgeting but was able to establish the baseline in 8 municipalities (4 municipalities in Luanda and 4 in Huambo). The municipalities that participated in the base line are: Cacucaco, Cazenga, Viana and Quicama in Luanda Province; Mungo, Louduimbali, Tchindjenje and Huambo municipalities in Huambo Province.

1.1.3 HIS coordination group formed and functioning.

Target: 1

Achieved: 1 (100%)

SASH/ForçaSaúde supported an initial workshop during the second quarter of Y1 and follow up meetings with GEPE and the major HIS partners, and with them a Scope of Work was prepared to form a coordination group. ForcaSaude has advocated for more regular meetings but GEPE has been reluctant to do so. Nevertheless with the support of ForcaSaude, GEPE was able to organize meetings with other state agencies to advance on the essential indicators and the discussion on harmonizing population.

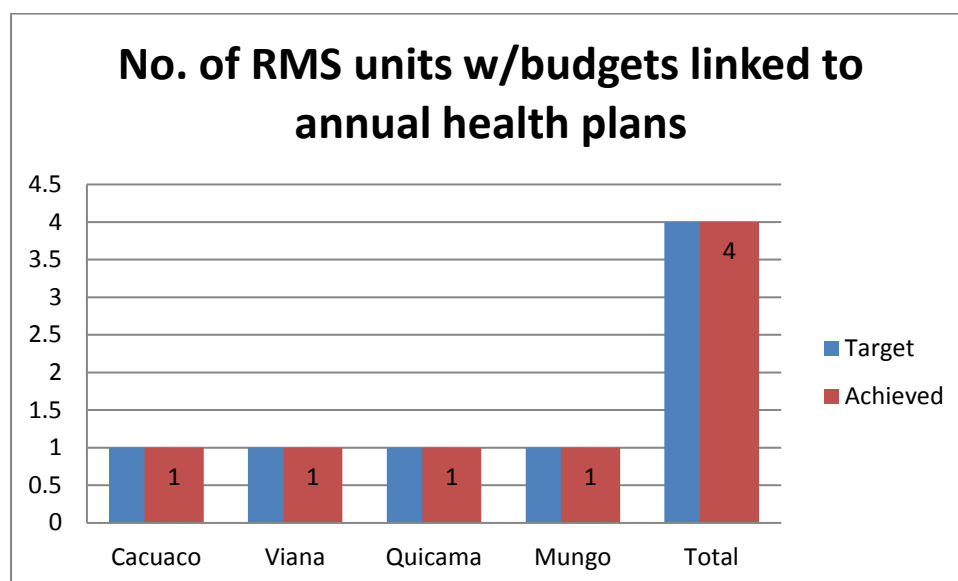
1.2.1 Municipal Annual Health Planning and monitoring guideline updated and in use.

Target: 1 **Achieved: 1 (100%)**

During this year, SASH/ForçaSaúde worked with GEPE, the Revitalization Program, DPS and RMS offices to gather feedback on steps and tools that were adapted and/or developed to facilitate the planning process for the RMS teams, as is presented in Annex A. Every step and tool was tested and examples of each are provided in the guideline. Each participant in the planning process receives a copy of the guide and accompanying workbook.

1.2.2 Number of RMS units with budgets linked to their annual health plans.

Target: 4 **Achieved: 4 (100%)**



1.3.1 Number of RMS units with current human resource plans incorporated into their annual health plans

Target: 4 **Achieved: 4 (100%)**

Human Resources Plans are included in the Annual Municipal Plans. Therefore each municipality with a health plan and a budget also has a HR plan. Please see graphic above.

1.3.2 Number of DPS, RMS, health facility managers with HR responsibility who have increased their competency to carry out their HR role.

Target: Baseline established

Achieved: 28 respondents from 4 target municipalities (RMS)

The project established a baseline of the competency level of staff to carry out their HR responsibilities. The sample was personnel from the health facilities in Luanda and Huambo as well

as RMS managers and technical staff. Two surveys were used to obtain information. The first survey, the health facility readiness survey, was conducted in Q2, in which 4 HR related questions were asked on health facility managers/administrators.

The second survey started in Q4 as a questionnaire/survey given to RMS personnel with supervisory responsibilities (Chiefs, Public Health, Finance and HR managers, Program focal points, and Statisticians). So far, data has been collected from 28 respondents who are staff from the municipalities of Cacucaco, Viana, Quiçama and Cazenga. Results will be presented by the end of Y2, including data collected from target RMS in Huambo and Luanda province for PY1 and PY2.

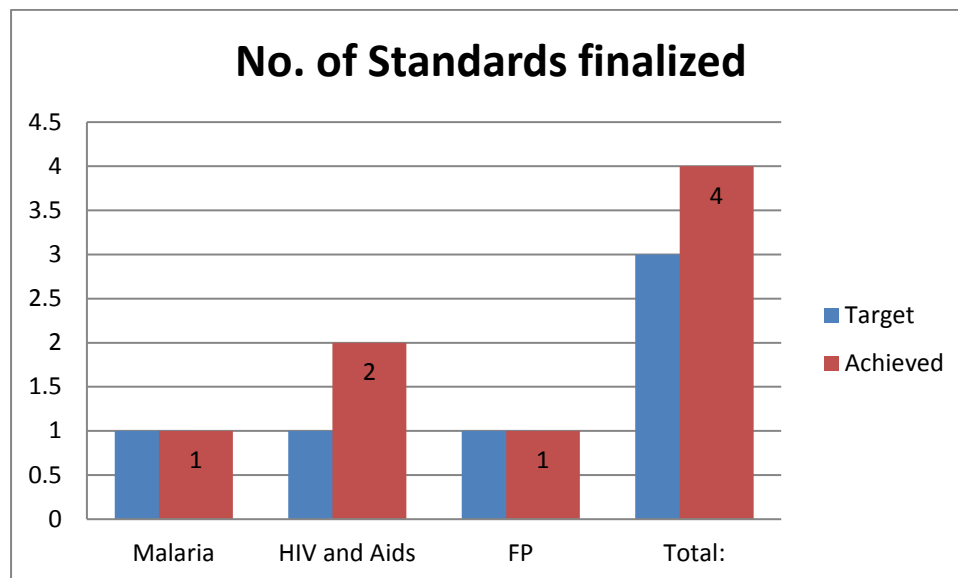
IR 2: A routine quality improvement approach in support of standards-based clinical practices designed and implemented by the DPS, RMS, and health facilities

Key Performance Indicators

2.1.1 Number of standards finalized and approved

Target: 3

Achieved: 4 (133.3%)

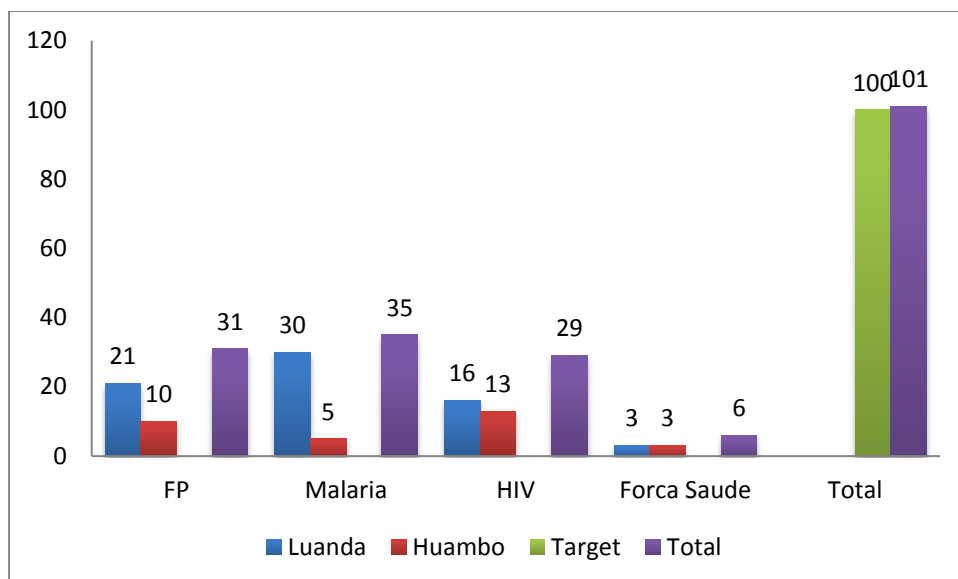


Four (4) quality standards were elaborated, tested and presented to the various national programs and DPSs. The INLS with support of the project is testing the tools for CT and PMTCT. NMCP (Malaria) has reviewed the supervisory tool with partners (UNICEF, Global Fund, World Learning and ForçaSaúde) and in the last meeting they said they would include the suggested standards to monitor performance of service providers. Official approval is still pending. In regards to the FP standards they have been sent to all members of the TWG of the national program. The project worked very hard with national and provincial counterparts to elaborate and review the standards.

2.1.2 Number of people reached with TOTs and on-site training on SBM-R approach (Disaggregated by quarter)

Target: 100

Achieved: 101 (100%)



In elaborating the external standards (supervisory tools) the project has followed the steps of the SBM/R strategy. Once the standards were drafted and presented to the DPS in Luanda, it was necessary to train DPS and INLS staff to initiate the field testing and applying the tool at the health facility level. One hundred and five(105) health staff participated. FP 31(Luanda 21, Huambo 10); Malaria 35 (Luanda 30, Huambo 5); HIV 29 (Luanda 16, Huambo 13), ForçaSaúde,6.

2.1.3 Number of municipal quality improvement supervisory teams functioning

Target: 4

Achieved: 4 (100%)

SASH/ForçaSaúde’s mandate is to help strengthen the health system in Angola. The strategy is to pay special attention to the municipality level, reinforcing competencies and skills so that municipal teams can effectively carry out their tasks and functions. One of those functions is to supervise the work of the health facilities. This year the project has promoted the formation of 4 supervisory teams. These teams are integrated by the national, provincial and municipal levels. It has been considered a learning experience for all the levels and has given assurance and confidence to the municipal supervisors. Some of them in the case of FP have been recognized by the National RH/FP program to have the competencies of National Facilitators. Two (2) teams on FP; and two (2) of HIV and AIDS. **The project has conducted Malaria supervisions with the Provincial supervisors and will be working on strengthening municipal teams.**

2.2.1 Increase over baseline in achievement of quality standards

Target: 10%

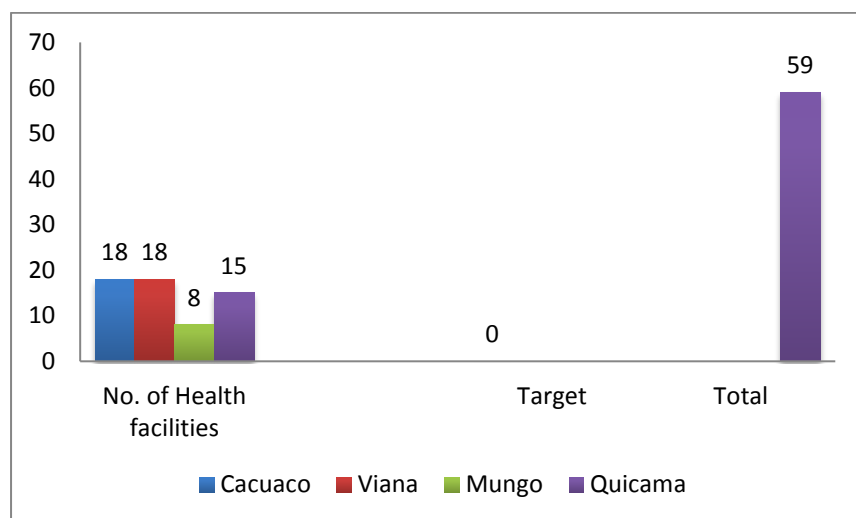
Achieved: 0%

SASH/ForçaSaúde finished drafting the standards by the end of the second quarter of the project. Since the third quarter we have been holding technical meetings with the three national programs in order to discuss them and receive official approvals. Although the process has advanced through productive discussions and close collaboration with each of the national programs, we still are waiting for the official approval, which is needed before the project can support health facilities in establishing their baseline for performance and quality improvement. The project will work on providing this support to the baseline in Year 2.

2.2.2 Number of health facilities applying readiness tool and providing input for annual municipal health plans

Target: 0 for Y1

Achieved: 59



The indicator was to start applying it on Y2 of the project. As a baseline, the Mapping and Readiness tool was applied by municipal teams in 140 health facilities in Luanda and 202 in Huambo. The activity demanded much dedication and effort from the project, DPSs and municipal teams but the results through an informatics tool have been used in the planning and budgeting process of the 4 municipalities that worked on it during the first year (Cacuaco: 18, Viana: 18, Londuimbali: 15, Mungo: 8). Although it has taken several months for RMS teams to become fully involved, the process has also provided the teams the necessary competencies to manage the new decentralization process of the municipalities and leadership.

2.3.1 Number of training modules adapted to reflect national norms, protocols disaggregated by technical area (FP, Malaria and HIV and AIDS)

Target: 3

Achieved: 27 (Malaria 7; FP,20)

During the first year ForçaSaúde has developed a strong technical relationship with the national programs, especially HIV and FP. This relationship has allowed the project to respond to requests for proposals to develop training modules that are based on national standards. In the case of Malaria, based on the modules provided by the National Program, the project worked with Dr. Lelo Zola, a GF/WHO malaria technician in Huambo, to organize the modules and update some concepts particularly on RDT and blood smears as well as the new protocols of the new antimalarial drugs introduced in the country by the NMCP. The package of training modules on Malaria reviewed and organized is of 7 modules. The modules were provided by the National Malaria Control Program and we updated it and organize them. This package of modules have been used in all of our trainings.

In the case of the FP training modules, the National RH/FP program requested ForçaSaúde to help develop training modules to introduce a new long term FP method (implants) at the health center

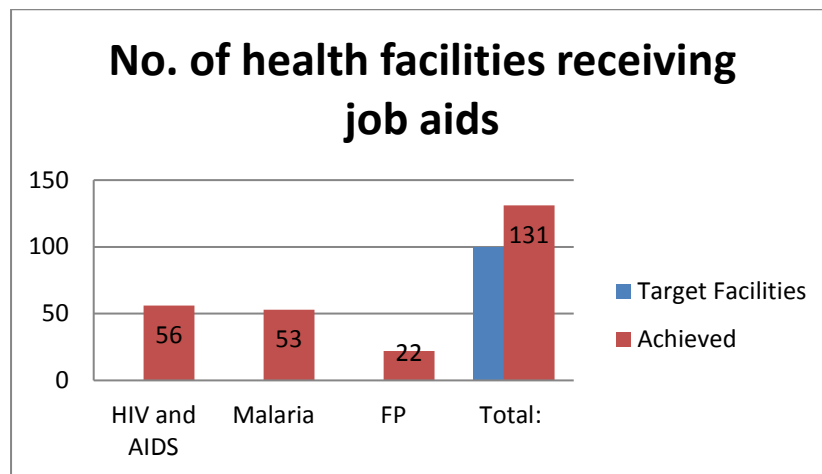
and municipal hospital levels. The modules (20) were elaborated by the project and shared with the RH/FP TWG members for their review. These modules are being used in Luanda, Huambo and other provinces. A total of 23 health facilities that were trained with these modules are now providing implant services in both Luanda and Huambo.

Regarding the INLS, ForçaSaúde has supported the development of the training module for nurses to provide ARV treatment. In addition ForcaSaude supported the INLS to initiate a training module on PICT (provider initiated counseling and testing) with the TA of a Jhpiego consultant. The module will be completed in Y2.

2.3.2 Number of health facilities receiving job aids and guidelines

Target: 100

Achieved: 131 (131%)

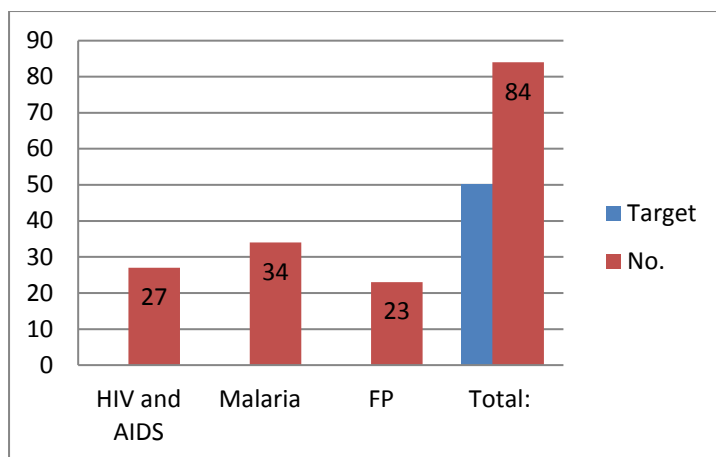


The project has a mandate to provide in service training at the workplace and to complement this task it is necessary for health service providers to have job aids that can help them remember norms and protocols. The project has developed tools to help them provide quality care in the three areas, malaria, FP and HIV and AIDS. The job aids have been provided to 131 health facilities with FP (22), malaria (53) or HIV and AIDS (56) services.

2.3.3 Number of Trainers trained dissagregated by technical area.

Target: 50

Achieved: 84 (170%)



The new training modules that ForçaSaúde presented for FP (counseling, compliance and implants), the inclusion of the new protocols on malaria treatment recently approved by the NMCP, and the addition of a module on care for victims of sexual violence in both HIV and FP trainings have meant important contributions to the curriculum of the national programs. Eighty-four (84) health professionals have been trained. Modules have been shared with the programs and other partners.

2.3.4 Number of health care workers who successfully completed an in-service training program

Target: 300

Achieved: 579 (193%)

SASH/ForçaSaúde trained 579 health care workers, surpassing the original target of 300 health care workers, representing a 193% achievement. During this first project year, in-service trainings were carried out to improve health providers' performance and to establish new service delivery points for Family Planning and HIV. In addition the DPS in the province of Huambo requested that ForçaSaúde support in-service training for Malaria service providers in 3 high prevalence municipalities. ForçaSaúde trained 296 nurses in 98% of health facilities in these municipalities. ForçaSaúde and INLS also prioritized in-service training for nurses recently trained to prescribe ARVS, to help strengthen nurses' competencies in implementing the new task shifting approach. The total number of health staff trained by SASH/ForcaSaude through TOT, in service and regular trainings this Y1 is 947 on HIV and AIDS, Malaria and FP.

Annual Total of health workers trained on malaria: Oct. 2011-Sept. 2012.

Training on	Luanda			Huambo			TOTAL		
	Women	Men	SUB-TOTAL	Women	Men	SUB-TOTAL	Women	Men	TOTAL
Malaria Laboratory	16	13	29	0	0	0	16	13	29
Service Delivery health staff	25	32	57	0	0	0	25	32	57
TOT	18	16	34	0	0	0	18	16	34
In service training (on the job training)	9	1	10	84	212	296	93	213	306
Total	68	62	130	0	0	296	152	274	426

Annual Total of health workers trained on FP:October 2011- September 2012

Training on	Luanda	Huambo	TOTAL
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	Women	Men	SUB-TOTAL	Women	Men	SUB-TOTAL	Women	Men	TOTAL
Implants: insertion and removal	33	1	34	22	3	25	55	4	59
Counseling and offering FP services	18	0	18	8	4	12	26	4	30
TOT for FP trainers	20	1	21	0	0	0	20	1	21
FP in service training (on the job training)	30	0	30	0	0	0	30	0	30
Formative Supervision	38	0	38	0	0	0	38	0	38
Total	139	2	141	30	7	37	169	9	178

HIV and AIDS

Annual Total of health workers trained: Oct.2011-Sept. 2012

Training on:	Luanda			Huambo			TOTAL		
	Women	Men	SUB-TOTAL	Women	Men	SUB-TOTAL	Women	Men	TOTAL
PMTCT (task shifting)	55	12	67	27	4	31	82	16	98
Counseling and testing (CT) General Population	0	0	0	14	10	24	14	10	24
Training Assistant Facilitators (PAF) as counselors to monitor pregnant women and exposed children	0	0	0	11	3	14	11	3	14
TOT on Task shifting	1	1	2	0	0	0	1	1	2
In service training (on the job training)	197	8	205	0	0	0	197	8	205
Total	253	21	274	52	17	69	305	38	343

Number of health care workers who successfully completed an in-service training (on the job and formative supervision) program:

AREA	Women	Men	TOTAL
MALARIA Total (Luanda and Huambo)	93	213	306
FAMILY PLANNING	68	0	68
HIV	197	8	205
TOTAL	358	221	579

Annex A: Process, Steps and Products for Technical Assistance to RMS Teams during annual planning and budgeting (See separate File)

Annex B: Municipal Annual Plans and Budgets (See separate file)

Annex C: Standards: (See separate file)

Annex D: Job Aids: (See separate file)

Annex E: List of Luanda Nursing School teachers updated in Malaria (See separate file)

Annex F: Reports of three (3) Huambo municipalities on Malaria in service training (See separate file)

Annex G: Report of PMI Advisor visit to Huambo (See separate file)

Annex H: Success Story (See separate file)

Annex I: Quarterly Pipeline Analysis (See separate file)