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SEPTEMBER 2016 TECHNICAL ASSISTANCE REPORT

STAKEHOLDER REVIEW AND UPDATE OF MATERIALS TO SUPPORT PMTCT SERVICES IN ANGOLA

MARCH 2017



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AIDSFree

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CONTENTS

Acknowledgments	vii
Acronyms	ix
Introduction.....	1
Background of AIDSFree Work in Angola	3
Parameters of the Technical Assistance	5
Coordination and Planning with SASH	5
Coordination with INLS.....	5
Toolkit Development	7
VCT Curriculum Development.....	7
PMTCT Curriculum Development	7
Stakeholders Meeting.....	9
Presentation Workshop	10
Accomplishments.....	13
References.....	15
Annex A: Letter to INLS Director.....	17
Annex B: Participants at Stakeholders Meeting.....	19
Annex C: Participants at Presentation Workshop.....	21
Annex D: INLS Implementation Plan.....	23

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Last but not least are the beneficiaries of HIV services in Angola whose determination to live positively and reduce HIV transmission gives courage to all of us that efforts to reduce new HIV infections are worthwhile and greatly appreciated.

ACRONYMS

AIDS	acquired immunodeficiency syndrome
AIDSFree	Strengthening High Impact Interventions for an AIDS-free Generation [Project]
ANC	antenatal care
ART	antiretroviral therapy
ARV	antiretroviral
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
HIV	human immunodeficiency virus
INLS	<i>Instituto Nacional de Luta Contra a Sida</i> (National AIDS Institute)
MTCT	mother-to-child transmission
PEPFAR	U.S. President's Plan for Emergency AIDS Relief
PMTCT	prevention of mother-to-child transmission
SASH	Strengthening Angolan Systems for Health [Project]
TOT	training of trainers
TWG	technical working group
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	voluntary counseling and testing
WHO	World Health Organization

INTRODUCTION

Angola has a generalized, heterosexually-driven HIV epidemic with an adult prevalence of 2.2 percent, according to 2015 estimates from the Joint United Nations Programme on HIV/AIDS (UNAIDS) (UNAIDS 2015). Overall, antiretroviral therapy (ART) coverage is estimated at 29 percent of HIV-positive adults and 24 percent of HIV-positive children aged 0 to 14 (Ibid.) In 2014 approximately two-thirds of the estimated 950,122 pregnant women utilized public clinics, though only 59 percent of these women were tested for HIV (PEPFAR 2016).

HIV prevalence in pregnant women has changed little since 2002—between 2 and 3 percent (PEPFAR 2015)—and the proportion of HIV-positive pregnant women receiving ART to prevent mother-to-child transmission (MTCT) of HIV has increased from 23 percent in 2009 to 39 percent in 2013. Despite this increase in prevention, the proportion of pregnant women tested remains low. Moreover, a recent study found that among pregnant women who test positive, fewer than half receive antiretroviral (ARV) prophylaxis. The low rates of testing and ARV prophylaxis mean that only 17 percent of HIV-positive pregnant women in Angola receive ARV prophylaxis (Augusto 2016). In addition, new infections among adolescents aged 15–19 years have increased by 29 percent since 2009. This increase means that it is critical to identify these adolescent women and start them on treatment for their own health and to prevent MTCT. Addressing MTCT is especially important in Angola, where treatment of infants and children lags behind that of adults. In 2013 only 14 percent of children living with HIV received ART (UNAIDS 2014).

Since 2013, HIV interventions in Angola to address MTCT and HIV in children have centered on expanding integrated services for antenatal care (ANC) and prevention of mother-to-child transmission (PMTCT), and on improving the quality of HIV health services. The Government of Angola has sought to align with international norms for PMTCT, including the Millennium Development Goals, and in 2013 began expansion of Option B+, as recommended by the World Health Organization (WHO).

Angola has worked with international and donor organizations, including WHO; the United Nations Children's Fund (UNICEF); UNAIDS; the European Union; the Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Bank; and the U.S. Agency for International Development (USAID) to build its HIV and PMTCT program. The United States, through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), is a key donor that has been significantly active in HIV programming in Angola. While not supporting direct service delivery, PEPFAR has provided training, mentoring, and technical assistance to improve the continuum of care in select sites (PEPFAR Country Operational Plan FY16).

The USAID Angola Mission asked AIDSFree to support PMTCT efforts by meeting two objectives: (1) documenting USAID's experiences and compiling the PMTCT materials produced from 2011 through 2015 in Angola (specifically those produced by the USAID-funded Strengthening Angolan Systems for Health [SASH] Project) and (2) completing the transfer of USAID-produced PMTCT materials to the Government of Angola.

Information on the first objective can be found in *Compiling and Systematizing USAID-Supported PMTCT Program Experiences and Materials in Angola, June 2016 Report* (Peacock, Esiru, and Simone 2016). This report details AIDSFree's progress in the second objective. It describes the process of developing the PMTCT Toolkit, the methodology for its presentation to Angolan National AIDS Institute (*Instituto Nacional de Luta contra a SIDA* [INLS]), and the accomplishments and challenges encountered during the development and presentation of the toolkit.

BACKGROUND OF AIDSFREE WORK IN ANGOLA

As part of the initial visit conducted in January 2016, AIDSFree collected HIV and AIDS training materials that would be repackaged as a PMTCT Toolkit for INLS nurses in the PMTCT program, including:

- *The PMTCT Protocol Manual* (Version 2014), developed by INLS with support from SASH
- The Voluntary Counseling and Training Package 2014 (VCT), developed by INLS with support from SASH
- Tips for workshop facilitation, developed by SASH with INLS approval.

The AIDSFree technical assistance team determined that the training materials appeared to be comprehensive. The technical content, information flow, and responsibilities presented in the curricula were clear. Two challenges were identified: (1) The team found that the training package had not been fully implemented in the facilities so that some nurses had not been trained on some components of this package and (2) The existing material to be considered for the toolkit was from 2010 or 2013 and documented in *The PMTCT Protocol Manual* (Version 2014) had not been updated. Given these two factors and the lack of updated guidelines, USAID/Angola instructed AIDSFree to proceed with the existing material rather than updating the technical content.

PARAMETERS OF THE TECHNICAL ASSISTANCE

Coordination and Planning with SASH

AIDSFree conducted several phone conversations with SASH advisors to outline the repackaging of the technical and training materials in order to develop a PMTCT toolkit. During the phone conversations the group agreed that the toolkit would have two components: the voluntary counseling and testing (VCT) curriculum and the PMTCT curriculum. The VCT curriculum was included in the toolkit since SASH had already developed the curriculum and used it in several trainings. AIDSFree would develop the PMTCT curriculum. The group also determined that the contact person at SASH would be Dr. Thiago Costa, who would review materials and provide insights on the national context.

AIDSFree would present the draft toolkit to key stakeholders in Angola to get their feedback. The stakeholders' feedback would be incorporated into the toolkit prior to the presentation workshop (Training of Trainers [TOT]).

Coordination with INLS

AIDSFree presented a brief description of the work and planned activities to the INLS Technical Working Group (TWG). This presentation described the objectives of the remaining activities along with the criteria for the selection of participants. A copy of the letter to the INLS director can be found in Annex A.

TOOLKIT DEVELOPMENT

As described above, the PMTCT Toolkit was intended to include two curricula: one on VCT and one on PMTCT. It should be noted that both curricula described here are intended to be part of an extensive program of trainings on HIV clinical care and treatment designed for nurses and other health care workers.

VCT Curriculum Development

SASH developed the VCT curriculum on which staff in several facilities had already been trained. It was agreed that the only change that would be made to this curriculum was compiling the files into two documents: the reference manual and the facilitator's guide.

PMTCT Curriculum Development

Since a PMTCT curriculum was not available, AIDSFree developed the curriculum based on the draft 2014 *PMTCT Protocol Manual* obtained from SASH during the January 2016 trip. The curriculum sessions follow the flow of the technical information that is presented in the *PMTCT Protocol Manual* and provide a step-by-step process on how to present the information and facilitate discussions with participants. The material is presented via multiple training methodologies: interactive lecturette, facilitated discussion, and exercises (individual, pair, or group).

SASH advisors reviewed the technical content of all sessions to make sure that it corresponded with current Angolan norms and practices. They also provided feedback on the session's flow and "user friendliness." The completed draft curriculum was then sent for review by a senior expert in the AIDSFree consortium. The expert review focused on the presentation of the technical material in the curriculum. The reviewer expressed concern that the technical material from which the curriculum was developed was outdated. As described above, AIDSFree was not able to make corresponding updates since INLS had not given approval, so the material was based on the INLS-approved guidance in place at the time.

STAKEHOLDERS MEETING

AIDSFree and INLS organized the stakeholders meeting for September 6–8, 2016. A total of 22 participants attended, of whom 17 were PMTCT technical experts and program managers from INLS central 4 and provincial level 8, and five were from implementing partners: UNDP (United Nations Development Programme), UNAIDS, and SASH. The list of stakeholders meeting participants can be found in Annex B.

During a planning session with the INLS just before the stakeholders meeting, AIDSFree learned that the Angola Ministry of Health and the INLS had scheduled a meeting to determine the 2016 PMTCT treatment norms/standards on the same dates as the stakeholders meeting. As a result, the director of the PMTCT program and select other key INLS stakeholders would not be able to participate in the AIDSFree stakeholders meeting, though there would be representation from staff who work in the INLS PMTCT program.

The participants in the stakeholders meeting reviewed the PMTCT curriculum in great detail. Participants were divided into mixed groups that had at least one participant from the INLS at the central level, one from the provincial health I level, and one from implementing partners. The groups were tasked with reviewing and answering the following questions and reporting to the larger group:

- Did the technical content of the PMTCT curriculum accurately reflect the content of the 2014 protocol manual?
- Did the sessions in the curriculum flow from one topic to another without any gaps?
- Did the curriculum provide clear instructions and a step-by-step guide on how to facilitate all the activities: discussion, group or individual work, presentation, etc.?

Overall, the participants, who all worked in the PMTCT program, were very satisfied with the content and format of the PMTCT curriculum. The changes they recommended centred on wording and information flow.

The participants also reviewed the VCT curriculum. They agreed that the technical content was correct, but recommended that the curriculum be reorganized to make it more user-friendly, improve the flow, and strengthen guidance on facilitation of the material. Approval for any changes to this curriculum would have to be discussed and approved by the director of the VCT program at INLS. Because of the lengthy process associated with this process, the stakeholders agreed that the VCT curriculum would not be included in the toolkit. The toolkit would now only have a PMTCT focus.

After the stakeholders meeting, AIDSFree held a meeting with the director of VCT at INLS. The director was very receptive to the feedback on the VCT curriculum and informed the AIDSFree

team that the INLS had just updated their VCT protocols and was in the process of updating the VCT procedures and manuals. Once all the updates were complete, the INLS would look at the VCT curriculum, taking into consideration the recommendations from the stakeholders meeting and using the PMTCT curriculum as a guide in the modification of the VCT curriculum.

Presentation Workshop

AIDSFree and INLS organized the presentation workshop to take place September 19–23, 2016, and selected the participants. A total of 27 participants attended the workshop, all of whom worked in the PMTCT program, seven from the INLS central level and twenty from the provincial level. Among the participants were key stakeholders who were not able to attend the stakeholders meeting, including key members of the INLS who had been attending the 2016 PMTCT treatment norms/standards meeting. The list of participants for the presentation workshop can be found in Annex C.

However, as the presentation workshop commenced, INLS informed AIDSFree that the protocols on which the PMTCT curriculum was based were outdated and had not been validated by the INLS, so they could not be used to train new PMTCT nurses. Participants also reported that the 2014 protocol manual had not been validated by the INLS or distributed to health workers providing PMTCT services.

The AIDSFree team and the director of the INLS PMTCT program led a discussion on what the next steps should be to ensure that the outcome of the presentation workshop would be useful to PMTCT service providers. Participants determined that the best course of action would be to update the protocol manual and the PMTCT curriculum to the latest norms and standards that had been discussed two weeks earlier in the 2016 PMTCT treatment norms/standards meeting. Since many of the key players who had been at the PMTCT norms/standards meeting were now in attendance at the AIDSFree workshop, participants agreed that the workshop presented a rare opportunity to build on the recently completed draft PMTCT norms and standards. Since the norms and standards from this meeting were still in draft form and had yet to be validated by INLS and the Ministry of Health, any manual or curriculum adapted to them would remain a draft until the 2016 norms and standards were validated. To accelerate the validation process and rollout of the curriculum once the validation was completed, AIDSFree and the director of the INLS PMTCT program also agreed that a key step during the workshop would be to develop an implementation plan that INLS could follow to validate the new 2016 norms and standards.

These major changes necessitated revision of the presentation workshop objectives and meant that the TOT would not be possible. The revised objectives for the presentation workshop were as follows:

1. Update the *PMTCT Protocol Manual* with the draft 2016 norms and standards.
2. Update the PMTCT curriculum to the new 2016 norms and standards.
3. Develop an INLS implementation plan to validate the new norms and standards.

Once they completed the adaptation of the protocol manual and PMTCT curriculum, the participants drafted an implementation plan for INLS to follow in order to validate the new 2016 PMTCT norms and standards. A copy of the implementation plan can be found in Annex D. The time allotted to the presentation workshop was taken up by the revision of the *PMTCT Protocol Manual* and the PMTCT curriculum, along with the development of the implementation plan.

Though AIDSFree was not able to complete the TOT during the presentation workshop, the updated protocol manual and PMTCT curriculum are ready for use as soon as the draft 2016 protocols are validated.

ACCOMPLISHMENTS

As a result of AIDSFree's efforts to provide a TOT workshop for the PMTCT program, and due to fortunate timing with an INLS update to national PMTCT norms and standards, there was a unique opportunity and forum for key participants, including INLS representatives, to gather, discuss, and update material for the PMTCT program. Through AIDSFree's facilitation, these key participants updated the *PMTCT Protocol Manual* and PMTCT curriculum in line with the draft 2016 *PMTCT Treatment Norms and Standards*, and developed an implementation plan to validate the draft protocols, achieving the revised objectives. In addition to a review of and recommendations to improve the VCT curriculum, the main accomplishment of this technical assistance was gathering key stakeholders and facilitating the updates to the PMTCT materials, which are now ready for use and dissemination in the PMTCT program pending INLS validation.

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ANNEX A: LETTER TO INLS DIRECTOR

À Sua Excia

Dra. Maria Lúcia Furtado

Directora Geral do Instituto Nacional de Luta contra o SIDA

Luanda, Angola

Assunto: Solicitação de audiência.

Prezada Dra. Maria Lúcia

As nossas melhores saudações.

No âmbito da parceria entre o Instituto Nacional de Luta contra SIDA e a Agência dos Estados Unidos da América para o Desenvolvimento Internacional (USAID), que por sua vez está a financiar o Projecto Geração sem SIDA (AIDSFree), um projecto que promove a implementação do Plano de Emergência do Presidente do EUA de Assistência ao VIH e SIDA, com objectivo de proporcionar o desenvolvimento de capacidades e apoio técnico. A pedido da USAID/Angola, a AIDSFree pretende revisar currículos actualmente utilizados no programa de PTV em Angola.

Em Janeiro de 2016, uma equipe da AIDSFree veio a Angola e realizou a apresentação do projecto a Direcção do INLS e após a autorização realizamos entrevistas e recolha de informações e documentos sobre o programa de PTV. A equipa usou as informações recolhidas para montar um "*Toolkit PTV*", com objectivo de reunir todos os instrumentos, aulas e Manuais do INLS para ser usado na capacitação dos técnicos no manejo dos casos de PTV.

O Projecto AIDSFree deseja dar continuidade ao processo supracitado e para tal serão necessários três passos:

1. Visitar Angola para obter mais informacoes adicionais sobre o Programa de PTV.
2. Apresentar um esboço do "*Toolkit de PTV*" em um **Encontro de parceiros e pessoas chaves**, no período PROPOSTO de 23 á 25 Agosto do ano corrente, com o objectivo de rever em detalhe a proposta do "*Toolkit PTV*", a fim de obter comentários e sugestões do INLS e outras pessoas chaves.
3. Apresentar o "*Toolkit de PTV*" final aos Formadores do Programa PTV através de um **Workshop**, no período de 19 á 23 de Setembro do ano corrente, com o objectivo de apresentar o "*Toolkit PTV*" para os Formadores de PTV.



Para o cumprimento desses passos a AIDSFree gostaria de solicitar uma reunião com Sua Excelência ou um representante para discutir as próximas actividades e sua viabilidade, bem como prestar esclarecimentos a eventuais dúvidas ou inquietações. Queira por gentileza informar-nos da disponibilidade entrando em contacto com a nossa consultora local Manuela da Conceição pelo terminal telefónico 923-409-124.

Sem outro assunto de momento, antecipamos os nossos agradecimentos por qualquer seguimento favorável a este assunto e subscrevo-me com a mais alta consideração e estima.

Aos 7 de Julho de 2016,

Joana Cardao

Gestora Projectos VIH/SIDA

ANNEX B: PARTICIPANTS AT STAKEHOLDERS MEETING

Participants at Stakeholders Meeting—06–08 Sept 2016—Hotel Baia, Luanda, Angola			
	Name	Position	Province/Institution
1	Eunice Chicossi	Doctora	INLS
2	Ana Maria Pascoal	Doctora	ISCISA
3	Virgília Cândido	Nurse	Cunene/Hosp. Geral de Onjiva
4	Sebastião André	Nurse	Uige/PTV
5	Perpétua Chaluca	Focal Point	Benguela/DPS
6	Ana Maria Morais	Nurse	Huambo/Hosp. Geral do Huambo
7	Melita Freitas	Nurse	INLS
8	Palmira Diogo	Nurse	Cabinda
9	Helder Santos	Nurse	INLS
10	Rita Vunge João	Nurse	INLS
11	Dicudila Vita	Nurse	EFTSL
12	Célia Serqueira	Nurse	Kuanza Sul/Maternity
13	Jhony Juarez	Technical Dir.	SASH
14	Natasha Elva	Consultant	Independent
15	Adilson Caldeira	M&E Officer	UNDP
16	Ian Wantem	Advisor	UNAIDS
17	Lenka Tuch	Consultant	UNDP
Facilitators			
	Thiago Costa	Technical Advisor	SASH
	Cathrien Alons	ADTA	EGPAF
	Kim Peacock	Senior Technical Advisor	AIDSFree
Administrators			
	Manuela da Conceição	Consultant	AIDSFree
	Victoria Antonia	E&M Manager	Abt Associates

ANNEX C: PARTICIPANTS AT PRESENTATION WORKSHOP

	Presentation Workshop—19–23 Sept 2016—Hotel Baia, Luanda, Angola		
	Name	Position	Province/Institution
1	Graca Manuel	Doctor	INLS
2	Hortencia Trindade	Doctor	INLS
3	Hilario Primeiro	Doctor	Luanda/HPDB
4	Filomena Costa	Formadora SSR	Luanda/DNSP
5	Amelia Joaquim	Chefe de Seccao	Luanda/GEPE/MINSA
6	Nsimba Antonio	Nurse	INLS
7	Melita Freitas	Nurse	INLS
8	Euridice Sousa	Nurse	INLS
9	Helder Santos	Nurse	INLS
10	Rita Vunge João	Nurse	INLS
11	Maria da Conceicao Afonso	Nurse	Luanda/CSSamba
12	Higilda Salongue	Nurse	Luanda/CS Km12
13	Feliciano Alberto	Nurse	Luanda/CS Viana I
14	Conceicao Teixeira	Nurse	Luanda/HGCC
15	Marcelina Menezes	Doctor	Luanda/GPSL
16	Henda Vasconcelos	Doctor	Luanda/DNSP
17	Maria Elina Malau	Resp. Prog. HIV	Luanda/DMSL
18	Marta dos Santos	Nurse	Uige
19	Ntekela Ndomi	Ponto Focal	Uige
20	Juliana Seculo	Ponto Focal	Namibe
21	Maria da Conceicao Sango	Nurse/PTV	Luanda/MLP
22	Catarina Carvalho	SSR	Bengo
23	Ilda Lima	Nurse	Huila

24	Euclides Chapalavela	Ponto Focal	Huambo
25	Candida Alcina	Ponto Focal	Cunene
26	Maria de Fatima Matias	Nurse/PTV	Cuando Cubango
27	Antonia Domingos	Nurse	Lunda Sul
Facilitators			
	Thiago Costa	HIV Advisor	AIDSFree/SASH
	Kim Peacock	Senior Technical Advisor	AIDSFree
	Teresa Beatriz Simione	Pediatrician	Mozambique/AIDSFree
Administrators			
	Manuela da Conceição	Consultant	AIDSFree
	Victoria Antonio	E&M Manager	Abt Associates

ANNEX D: INLS IMPLEMENTATION PLAN



REPÚBLICA DE ANGOLA

MINISTÉRIO DA SAÚDE

INSTITUTO NACIONAL DE LUTA CONTRA SIDA

PROPOSTA DE PLANO DE IMPLEMENTAÇÃO DAS ACTUALIZAÇÕES DO PROTOCOLO DE ENFERMAGEM

A proposta a seguir foi elaborada durante a reunião para a idealização do "ToolKit PTV", a mesma visa organizar cronologicamente as fases necessárias desde a Revisão até a Supervisão das actualizações do Protocolo de Enfermagem. A fim de clarificar os períodos, as actividades e as responsabilidades, foi-se criado o plano apresentado no quadro abaixo:

Plano de Implementação

Período	Actividade	Responsável pela Execução
19 á 22 de Setembro de 2016	Elaboração do Plano de Implementação	INLS, Parceiros e Direcções Provinciais
	Actualização do Protocolo de Enfermagem	
26 de Setembro á 14 de Outubro de 2016	Adequações finais da Proposta do Protocolo de Enfermagem	INLS, DNSP, GPSL e Parceiros
	Apresentação da Proposta do Protocolo para equipa técnica	INLS, DNSP, GPSL e Parceiros
	Submeter o Protocolo para aprovação da DG do INLS	INLS
	Adequar o conteúdo de acordo as orientações da DG do INLS	INLS, DNSP, GPSL e Parceiros
17 de Outubro até 18 de Novembro de 2016	Actualização da Aula sobre TARV	INLS, DNSP, GPSL e Parceiros
	Actualização da Aula sobre PTV	INLS, DNSP, GPSL e Parceiros
	Actualização da Aula sobre seguimento do Adulto VIH+	INLS, DNSP, GPSL e Parceiros
	Elaboração da Nota Técnica (NT) sobre as Actualizações	INLS, DNSP, GPSL e Parceiros
21 de Novembro de 2016 a 23 de Janeiro de 2017	Divulgação por e-mail da NT junto aos responsáveis provinciais	INLS
	Fase I: Implementação das actualizações em 09 Províncias: 1. Bengo 2. Cunene 3. Huambo 4. Huíla 5. Kuando Kubango	DPS e GPSL, coadjuvado pelo INLS e DNSP

Período	Actividade	Responsável pela Execução
	6. Luanda 7. Lunda Sul 8. Namibe 9. Uíge	
21 de Novembro de 2016 a 31 de Março de 2017	Fase II: Implementação das actualizações nas outras 9 Províncias: 1. Benguela 2. Bié 3. Cabinda 4. Kwanza Sul 5. Kwanza Norte 6. Lunda Norte 7. Malange 8. Moxico 9. Zaire	
A partir de 01 de Março de 2017	Supervisão das Províncias de Fase I	INLS e DNSP
	Supervisão dos Municípios das Províncias de Fase I	GPSL e DPS
	Supervisão das US dos Municípios das Províncias de Fase I	RMS
A partir de 03 de Abril de 2017	Supervisão das Províncias de Fase II	INLS e DNSP
	Supervisão dos Municípios das Províncias de Fase II	GPSL e DPS
	Supervisão das US dos Municípios das Províncias de Fase II	RMS



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