

## Narrative Report Component (Limit to 5 Pages, not including attachments)

### 1. General Information (To correspond with Excel workbook)

Country of Intervention:	<b>Angola</b>
Implementing Agency:	<b>The MENTOR Initiative</b>
Program Title:	<b>Ending Priority Neglected Tropical Diseases (NTDs) in Angola</b>
Total Amount of Grant:	<b>\$ 7.285.315</b>
Start-up date of Operation:	<b>1 April 2013</b>
Period covered by this Report:	<b>1 Oct – 31 Dec 2014</b>
Submission date of present Report:	
Program Coordinator/Manager:	<b>Katie Eves</b>
Phone & Email Address:	<b>katie@mentor-initiative.net</b>

### 2. Executive Summary

**1.** The first END Fund sponsored MDA of Praziquantel as curative and preventive treatment against schistosomiasis infections in Angola has taken place late October/early November in the three provinces where MENTOR supports the implementation of the NTD programme (Huambo, Uíge and Zaire). The campaign has been designed, planned and implemented by the partnership DPS, DPE and MENTOR Initiative and has targeted all school-age children (5-15 years).

- The therapeutic coverage of the treatment campaign in Huambo is 75%, representing 356.765 treated children. The MDA campaign took place in 849 schools out of 1065, or a geographic coverage of 80 %.
- The therapeutic coverage of the treatment campaign in Uíge is 73%, representing 214.529 treated children. The MDA campaign took place in 920 schools out of 1083, or a geographic coverage of 86 %.
- The therapeutic coverage of the treatment campaign in Zaire is 87 %, representing 87.320 treated children. The MDA campaign took place in 258 schools out of 330, or a geographic coverage of 78 %.

In total **8.858** persons received training on NTDs and MDA strategies (3.865 health and education staff, 4.993 teachers).

The results of the Praziquantel distribution campaign are demonstrating increasing therapeutic coverage compared to the Albendazole distribution campaign in the same provinces and with the identical target group:

	Huambo	Uíge	Zaire
Albendazole 2013	71 %	63 %	87 %
Praziquantel 2014	75 %	73 %	87 %

2. The reports of the END fund supported mapping of schistosomiasis (SCH) and soil transmitted helminths (STH) in Huambo, Uíge and Zaire have been published, dissemination of the report has taken place in Zaire. Dissemination in Uíge and Huambo will follow during P8. Based on the recommendations from the mapping survey, a treatment schedule until 2017 against SCH and STH has been drafted and will be presented to the health authorities.
3. The Memorandum of Understanding between the Angola Ministry of Health and The MENTOR Initiative regarding the support from MENTOR to the NTD programme of the Ministry of Health, has been signed and is being implemented.

### 3. Situation Analysis

- 3.1. Elaborate on changes & challenges in the current social/political and fiscal environment in the country related to project success.

The change of currency for payment of salaries from USD to Kwanza introduced by the government of Angola in 2013 and implemented by MENTOR in August 2014, is still causing dissatisfaction with MENTOR's national staff because the staff can't exchange their salary on the non-official market at higher exchange rates as before. Some staff are asking for salary increase to compensate this loss, however, it is not possible for MENTOR to respond to these requests because the salaries are fixed in Kwanza as per work contract.

Due to the general inflation and the raising living costs, it seems that the MENTOR salaries are lower compared to other organizations and institutions working in the health sector. A comparative analysis of salaries has to be made and will be done by the MENTOR administration during the following grant reporting period.

A national salary taxation reform effective as from 1 January 2015 includes exoneration of the lowest salaries from taxation; this will benefit the house keepers and guards.

Include any updates in the NTD control sector as it relates to policy, budget, planning, International donor make-up and collaboration since your last report.

- Late November/early December, a delegation from the African Programme for Onchocerciasis Control (APOC ), under the lead of its president Dr ROUNGOU, paid an official visit to Angola. The delegation has been received by the highest health authorities, a field visit to the oncho-programme in Kwanza-Sul was done and the NTD stakeholders have been invited to a partner meeting. Unfortunately, MENTOR has not been able to participate because of conflicting agendas (MENTOR workshop in Huambo took place at the same time). However, the Country Director has been in touch with the APOC team. A report

from the meeting has been requested at the different stakeholders (WHO, NTD programme MoH), but not been received as far.

- An MOH NTD Strategic Plan Review workshop took place from 12-14 November 2014. During the workshop mainly the budgets for the proposed activities were discussed, not the strategic plan itself. The budget discussions were very technical and difficult because those discussions were not the result of a participative process. It is unclear if any outcomes or recommendations have been taken forward and adopted in the National Health Development Plan. A detailed report of the workshop has been shared with the donor.
- The Director of Public Health, Dr Adelaide de Carvalho, has participated at the Joint Action Form / NTD conference in Addis Ababa, December 2014. At the final conclusion round up by the conference Chair, she made a very inspiring and impassioned commitment in front of the whole conference (other governments, BMGF, WHO, leaders of all the main NTD sectors) that Angola would really step up to the NTD issue and invest in it. She committed to complete NTD mapping. The BMGF funds for NTD mapping are available till end 2015, and provided through WHO-AFRO.

3.2. Include assessment of risk to program due to external factors such as domestic or regional turmoil, trade disruptions, natural phenomena such as extended drought or rainy season.

Angola is a country with a fast growing economy built on the extraction of oil and minerals. The oil and minerals business is the main resource for the incomes of the state. As the revenues from oil have decreased substantially during recent months, there is a risk that the government won't be able to meet the commitments pledged across all sectors. This is likely to cause increasing dissatisfaction within some population groups.

Although, the president of Angola has been in place for 36 years, it is understood that the risk of him being ousted in the near future is low. There is also a low risk that unrest will spill over from neighboring DRC where protests against proposed changes to the constitution by the current president are becoming increasingly vocal.

## 4. Grant Management

4.1. Outline any Human Resource Issues, including relationships with Government or other stakeholders

**1.** During the reporting period, several of MENTOR's International staffs finished their contracts (Country Director Alessandro Bavcar, Finance and Administration Coordinator Fernando Da Costa, NTD National Coordinator Sergio Lopez). The following newly contracted consultants have arrived in the programme:

- Johan Willems: initially as NTD programme coordinator, as from 15 December as Acting Country Director,
- Anita Smeets: Finance and Administration Coordinator,
- Sofia Imad: NTD Programme Coordinator Zaire,
- Elena Catalan: NTD WASH Coordinator, working from her home base during the Angola working visa application period.

The working visa application procedures are long, complicated and labor-intensive for MENTOR's administration and logistics department. The government of Angola is applying very strict procedures and also the selection requirements for work permits for expatriate staff are stricter. Consequently, it can take several months before MENTOR International staff is able to work in Angola. Therefore MENTOR are seeking future candidates where possible from within Angola.

**2.** The national MENTOR staff is in general motivated and delivering good work, though MENTOR will further focus on capacity building.

**3.** The MoU between the Ministry of Health and MENTOR certainly has made the framework for the partnership clear, however the collaboration regarding programme planning at central level is weak and can be improved. The main reasons for the weak collaboration at central level are related the HR issues from both partners: there is a lack of capacity at the MoH and there have been some changes in key contact staff from MENTOR. This issue will be mitigated once a MENTOR Liaison coordinator, who is already contracted, starts her role in Luanda enabling MENTOR to focus on technical assistance and capacity building within the Ministry.

The collaboration between the partners MENTOR and MoH at provincial level (DPS), and through the DPS also with the Ministry of Education, regarding the implementation of the programme is much stronger and result oriented.

#### 4.2. Outline any issues related to the Procurement, Supply and Distribution of Drugs and/or Medical Equipment

MENTOR has no official access to drug procurement and stock management at central level at the Ministry of Health and therefore relies on information provided by third parties. This information does not always give a full overview and is not always reliable. MENTOR looks forward to continuing to forge stronger relationships with MOH with the aim of facilitating access to reliable procurement and stock information.

The drugs for the MDA of PZQ were supplied on time to the provinces and also from the provinces to the municipalities in Huambo and Zaire. However, the supply to Uíge was much delayed, which made a proper preparation for the campaign very difficult. Only through significant effort and lobbying by all partners to the authority and individual responsible was it possible to achieve the objectives at the MDA.

4.3. Highlight any difficulties encountered during the implementation that impact reaching your periodic targets, action plans to address issues, your lessons learned, etc.

See comments in the framework assessment

4.4. Outline any issues related to significant variations in budget vs expenditures not included in the financial worksheets.

Main deviations:

- International recruitment of Portuguese speaking consultants remains a challenge, exacerbated by long visa processes as described above. Retention of international staff is equally challenging due to the difficult and oftentimes inefficient working environment in which living conditions are basic and work progress can be extremely slow.
- As a consequence of the delayed arrival of some international staff also local recruitment could not progress as expected.
- WASH expenditures are below budget as the new WASH coordinator, recruited in P7 only arrived in January due to a long visa application process. Activities will start in January 2015
- M&E expenditures are below budget. An M&E expert was recruited and obtained her visa but canceled her contract last minute. This has delayed activities
- Some training activities were postponed due to the focus on MDA and ensuing follow-up work (data collection, entry and analysis, collection of remaining drugs) which occupied the supervisory teams. Trainings will start again in P8.
- Administrative savings continue to be possible due to opportunities for cost sharing with other donors.
- No expenditures were made on drug purchases and warehousing as the dialogue with the MoH about drug distribution at community level has not been conclusive.

4.5. Fulfillment of any special conditions or condition precedent required in this report (if relevant).

4.6. Any other management issues you would like to make us aware of.

- The implementation of the WASHE programme has been delayed because the recruited WASHE Coordinator was unable to take her position in Angola due to the delayed issuing of her visa. However the coordinator was able to complete some tasks and assist the programme coordinators while working in her home country. This mode of collaboration was possible for setting general outlines; however it was not possible for the WASHE Coordinator to further work out detailed planning without being in the field and getting full insight in all aspects of the context for the implementation of the WASHE programme.
- For the MDA, MENTOR received a mixture of PZQ from Merck (all of Zaire, part of Huambo) and MacLeods (all of Uíge and part of Huambo). More than 1.000.000 tablets PZQ were sent to the three implementation provinces but were unused during the MDA, it is expected that these will be returned to the central stock. It is not known how many PZQ of either brand remains at central level. The MoH has informally requested support to distribute the PZQ in other provinces where there is a high risk on SCH infections according to the NTD mapping in 2005. Priority provinces eligible for treatment in 2015 according to the MoH:

	ALB	PZQ
Namibe	x	x
Malange	x	x
Kwanza Sul	x	x
Kwanza Norte	x	x
Bengo	x	x
Bié	x	x
Huambo	x	
Uíge	x	(Songo)
Zaire	x	

*(Information to be confirmed)*

According to José Figueiredo, END Fund mapping expert, it is expected that the following provinces have high risk areas for schistosomiasis: Lunda Sul, Lunda Norte and Malange, however these are estimations, not based on any research data.

The END fund and MENTOR have suggested that additional support for the distribution of Praziquantel in the other provinces is available; to be considered once the distribution plan and budget plan are available.

## **5. Performance Self-evaluation**

- 5.1. Overall Self-Evaluation of Grant Performance (including a summary of how financial performance linked to programmatic achievements)
- 5.2. Include a Gantt chart or similar format indicating planned program activities and milestones for the next quarterly reporting timeframe as an attachment.

**See updated Workplan (attachment)**

- 5.3. Planned or requested changes in the program, if any

**See proposed new treatment strategies (attachment)**

- 5.4. To what extent are unplanned positive effects (impacts) contributing to program results. List examples.

## **6. List of attachments (see check list to verify requirements).**