Angola trip June 2014 field briefing: W.Lancaster

Transport

1. Drive to Huambo 9 hours. Mostly good road - good coffee breaks at Pumagola fuel stations.
2. Luanda to Zaire 5 hours
3. Luanda to Uige 6 hours

Observations:

1. Fernando has been away on holiday 6 weeks. Away again in November
2. Paul leaving - [redacted]
5. Important for Mentor to get office open and representation in Luanda.
6. Mentor needs to connect more with WHO Head.
7. There has been some training of health centre workers. A curriculum has been developed for their training.

Procurement

1. Vehicles seem to have been procured in Gibraltar. Arriving 23 July. [redacted]
    1. Cost Landcriusers double cabin pickup hardtop = 3x = $100,910
    2. Landcriusers ambulance type 13 sweater 3x= $99,981
    3. Hilux 1x=26041
    4. Supposed to be tax free on arrival but WHO just had to pay $7,500 to get vehicle out of customs.
2. Generators not yet procured.
3. LF test kits will be delivered to MOH, mentor will still need to get the kits from Pedro at MOH.

HR

1. Not clear yet how much recruitment completed.
2. Very high turnover of senior staff - to discuss with Mentor
3. Check three budget lines 156-158. Who are they?
4. Also budget lines 34-35

Procedures/Accountability

1. They have sheets for all participants to sign at trainings. Participants are only paid at the completion of the training.

Finance

1. There is currently and exchange rate issue. USD can only be exchanged at official rate of 99 where as market rate is 122
2. There is a need to review the budget with Mentor.
3. [redacted]

Programme observations:

1. The Project Managers were not recruited until December 2013. Were they under the previous programme? If so why so late recruited.
2. There is also a Project Supervisor in each Province. I cannot see that role in the budget? Perhaps it is the Technical Supervisor?
3. The Project Manager and Project Supervisor seem to have as their main task working with clinics. Under the old project that was let as we needed clinics to find 300,000 kids for treatment. But now that we have a community wide programme the clinics need to be competent but I don't think they need too much intense supervision.
4. With community based MDA [redacted] what structure might be in place to deliver MDA at community level. In talking with the Director of Health he says there is and that the MOH is used to

delivering door to door. [redacted]

5. There has not yet been any work done on the WASHE component. The survey information is available from the mapping. But this is a big piece of the project that does not appear to have started yet - check.
6. I was told that the Project Managers and Supervisors went to every school and logged them on GPS before the random selection for mapping. But I am not convinced all schools were logged

Programme components

1. Because the programme director was not here and in any case is only new there was no one to discuss actual programme design and planning with. [redacted] Also although we know how many schools each year will be reached how will they actually do that and what will the engagement with the schools look like.
2. Mentor in country structure. I will recommend to Mentor that the person in Luanda should be the head of the programme so that it has leadership and that leader is in Luanda with MoH? [redacted]

School visits:

Visited 4 schools nos. 126, 86, 78, 84.

Water:

3 schools had functioning boreholes with a pump. One of the three had a solar powered pump to a storage tank.
1 school had a pump that was broken.

Sanitation:

1 school had totally out of action latrines.
2 schools had old but functional pit latrines for boys and girls. But very under provided 2-4 latrines for 250 children.
1 school had 6 European toilets with flush. Very clean. Children trained in use.

1 school had received ALB in January 2014 1 school in April 2013. 2 schools no information.

1 school had done community mobilisation and attracted out of school children. 1 school had not done any mobilisation and only treated children at school on the day. 2 schools no information.

Teachers had generally received what was translated as orientation rather then training on AlB distribution but had delivered the drugs without incident. Parents were happy to comply as I was told.

Clinic Visit

Visited the clinic at Chipipa. Large clinic 21 km from Huambo; not far from the main road. Very well kept facility. Had some inpatient capacity and a small lab but it could not identify Schisto or STH. Apparently clinics close to Huambo have been getting and upgrade.

Director who is a nurse was well informed of NTDs. Has diagnosed (not sure how translation not god enough) 19 cases of Schisto in the last month. Believes Schisto highly endemic. He says he has seen elephantiasis. The health centre did not have Alb or PZQ in stock.

This clinic has a catchment of 35,000 people. Longest distance is about 22km.

Under the Health Centre there are 8 Health Posts - between 2-4 staff in each. There is no structure below a Health Post of Community Health Workers.

Asset sharing

1. Paul is having a lot of challenges with securing vehicles for mapping. I asked him if it was possible to mobilise some of all the Mentor vehicles that were from other programmes as that is how Richard had originally envisaged making the project work in a cost effective way by asset sharing. [redacted].
2. Follow up on the rental vehicles EF is renting from Mentor. This needs clarity around costs. [redacted]

Mapping

1. No problems are expected in completing the Schisto/STH mapping by mid august.
2. Mapping for LF : all three provinces will have to go back and map LF. It is two villages per municipality. In Huambo = 11 municipalities, Uige - 16, Zaire = 6. Only need 1 vehicle to do it.
3. However LF mapping has to be done separately because of the unavailability of the test kits. [redacted] Need a clear plan of when the LF mapping will be done. So much hinges on this. I have emailed Mentor and said a plan needs to be developed quickly. Also said LF mapping cannot wait for completion of other mapping. So new teams need to be mobilised. Probably two teams in Uige as it is the highest number of municipalities
4. The complication is that we need completely new teams if we are to complete by end august which is already a stretch.
5. In terms of disease burden, the mapping especially in Uige is showing some municipalities with very high s.mansoni. STH seems to be widely disbursed and Jose believes some areas will require two rounds MDA.
6. In Zaire, Schisto >20%, STH >50%

Technical Advisor Jose Figuidero

1. I met with Jose to discuss the mapping progress and also the LF mapping. No problems are expected.
2. He is now living in Angola and so will be able to help move the LF mapping forward.
3. Jose is well informed [redacted] of Angola NTDs and was able to add 'thick' analysis to the current difficulties.
4. [redacted]

[redacted]

National NTD office - Dr.Pedro van Dunem

Pedro expressed broad approval of Mentor. His principal concern was communication. He would like a person based in Luanda. I was able to say that is happening.

Note for Mentor: is it possible to get Sergio working say 1 week a month in Luanda while you transition him to Luanda permanently?

[redacted]

He asked about additional staff and I said I would check on the status as I could not remember from memory. Note to Alice and Scott: what additional staff are we funding in MOH? He particularly spoke about a data manager. But I recall from the budget that there are data people in the Provinces.

[redacted]

There is a National Planning week starting 24 July to focus on the mapping of the balance of the country. Riccardo Thompson will come again to lead that. Jose will attend as a representative of the END Fund.

Drug applications
According to PEDRO he was on a conf call with Onyeze yesterday.
PEDRO said:
1. PZQ = 3 million tabs in stock, 7 million ordered from WHO (but I think we know from WHO that they have been allocated 3 million so Mentor you may have to figure of how to secure what you need). WL has written to Azeda and WVI to ask them to reconsider my earlier request for a PZQ donation.
2. ALB = none in stock 7 million ordered for SAC. He said he had ordered 1.5 m ALB for LF treatment but I am not sure about that. Once we have the mapping and know if we need two rounds of ALB in some areas and if we will also treat Oncho in Zaire Mentor will have to look at all these numbers.

People met
1. Dr.Adelide
National Director of Public Health (reports to Minister, superior of Dr.Filomeno)
Discussed the programme and plans

2. Dr.Pedro van Dunem
Director of NTDs
Angolan MOH

3. Dr Frederico Jao Carlos Juliana
Provincial Director MOH : DPS Huambo Province
MOH

4. Dr. Lourdes
Deputy Provincial Director and responsible for NTDs Huambo

5. Dr Luisa Cambuta
Provincial Director MOH (DPS), Uige Province

6. Dr. Salasa
Provincial Director of MOH (DPS), Zaire Province

7. Dr. Hernando Agudelo
WHO Representative
197 Rua Major Kanhangulo
Luanda, Angola

8. Dr. Nzuzi
NTD Focal point
WHO Angola

9. Mr.Fernando del Costa
Mentor
Head of Finance

10. Mr.Paul Monaghan
Mentor
Head of NTD programme (leaving)

Various school and clinic directors and staff of Mentor

Summary

As we all recognise this is a very challenging programme [redacted]

[redacted]

[redacted]

If managed well this can be an outstanding programme and be expanded to other Provinces. The MOH leadership In Luanda doe not regard NTDs as their highest priority but are appreciative of the project.

I think fundraising activities with the extraction companies should be prioritised.