The Global Fund

Execution Version

Grant Confirmation

1. This **Grant Confirmation** is made and entered into by **the Global Fund to Fight AIDS, Tuberculosis and Malaria** (the "Global Fund") and the **United Nations Development Programme** (the "Principal Recipient"), as of the date of the last signature below and effective as of the start date of the Implementation Period (as defined below), pursuant to the Framework Agreement, dated as of 13 October 2016, as amended and supplemented from time to time (the "Framework Agreement"), between the Global Fund and the Principal Recipient, to implement the Program set forth herein.

2. **Single Agreement**. This Grant Confirmation, together with the Integrated Grant Description attached hereto as Schedule I, sets forth the provisions (including, without limitation, representations, conditions, Program Activities, Program budget, performance framework, and related implementation arrangements) applicable to the Program, and forms part of the Grant Agreement. Each capitalized term used but not defined in this Grant Confirmation shall have the meaning ascribed to such term in the Framework Agreement (including the UNDP-Global Fund Grant Regulations).

3. **Grant Information**. The Global Fund and the Principal Recipient hereby confirm the following:

3.1	Host Country or Region:	Republic of Angola
3.2	Disease Component:	HIV/AIDS, Tuberculosis, Malaria
3.3	Program Title:	Supporting the National Response to HIV/AIDS, Tuberculosis and Malaria in Angola
3.4	Grant Name:	AGO-Z-UNDP
3.5	GA Number:	2057
3.6	Grant Funds:	Up to the amount of USD 82,600,349 or its equivalent in other currencies
3.7	Implementation Period:	From 1 July 2021 to 30 June 2024 (inclusive)
3.8	Principal Recipient:	United Nations Development Programme 197 Rua Major Kanhangulo P.O. Box 910

		Luanda Republic of Angola Attention: Mr. Edo Stork UNDP Resident Representative Telephone: +244226430880 Email: edo.stork@undp.org
3.9	Fiscal Year:	1 July to 30 June
3.10	Local Fund Agent:	PricewaterhouseCoopers (Angola), Limitada PricewaterhouseCoopers (Angola), Limitada, Edifício Presidente, Largo 17 de Setembro n.º 3 , 1º andar - Sala 137 Luanda Republic of Angola Attention: Mario Miranda Team Leader Telephone: +244 227286109 Facsimile: +244 222 311 213 Email: mario.miranda@pwc.com
3.11	Global Fund contact:	The Global Fund to Fight AIDS, Tuberculosis and Malaria Global Health Campus, Chemin du Pommier 40 1218 Grand-Saconnex, Geneva, Switzerland Attention: Gail Steckley Regional Manager Grant Management Division Telephone: +41587911700 Facsimile: +41445806820 Email: gail.steckley@theglobalfund.org

4. **Conditions**. The Global Fund and the Principal Recipient further agree that:

4.1 The Principal Recipient shall cooperate with the relevant office of the Green Light Committee (the "GLC") in the GLC's efforts to provide support to the Principal Recipient with respect to the implementation, management and monitoring of the MDR-TB-related services provided in-country and any needed scale-up of such services. Accordingly, the Principal Recipient shall budget and disburse up to a maximum of USD 50,000, or a lower amount as agreed with GLC and the Global Fund, each year to pay for GLC services.

[*Signature Page Follows.*]

IN WITNESS WHEREOF, the Global Fund and the Principal Recipient have caused this Grant Confirmation to be executed and delivered by their respective duly authorized representatives on their respective date of signature below.

The Global Fund to Fight AIDS, Tuberculosis and Malaria

By: _____

Name: Mark Eldon-Edington

Title: Head, Grant Management Division

Date: May 21, 2021

United Nations Development Programme

By: _____

Name: Edo Stork

Title: UNDP Resident Representative

Date: 19/05/2021

Acknowledged by

By: _____

Name: Ana Ruth Luis

Title: a.i. Chair Country Coordinating Mechanism of Republic of Angola

Date: 20/05/2021

By: _____

Name: Antonio Coelho

Title: Civil Society Signatory Country Coordinating Mechanism of Republic of Angola

Date: 19/05/2021

Schedule I

Integrated Grant Description

A. PROGRAM DESCRIPTION

Background and rationale for the Programme

Angola is located on the southwestern coast of Africa, with a population estimated at 32.1 million in 2021, of which about 65% are under 24 years of age.[1] The country suffered decades of conflict and has been rebuilding its administrative, social and economic infrastructure since a peace agreement was struck in 2002. Angola is divided into 18 provinces, 164 municipalities, and 557 communes. About 54% of the population live in multidimensional poverty (35.0% in urban areas, 87.8% in rural areas)[2] and an estimated 40.6% of the population lives below the national poverty line (29.8% in urban areas, 57.2% in rural areas).[3]In the fourth quarter of 2020, the unemployment of the population aged 15 years or above was estimated at 30.6%, with youth unemployment (15-24 years of age) at 55.3%[4] .

Angola benefited from substantial oil revenues and reached an upper-middle-income status in 2012, although due to declines in oil price, it fell back to lower middle-income status in 2017. The COVID-19 epidemic has prolonged the economic contraction that Angola has been experiencing since the end of 2015. Per capita gross national income (GNI) fell from US$ 5,010 in 2014 to US$ 2,960 in 2019.[5] The health sector budget decreased from 5.1% of the national budget in 2012 to 4.0% of the national budget in 2018, although the budgeted expenditure for health rose to 5.7% of the national budget in 2021[6].

Angola has a generalized HIV epidemic, with a prevalence of 2% in persons aged 15-49 years. However, there are vast differences between provinces: 0.5% and 6.6% in Zaire and Cunene provinces, respectively. Women are disproportionally affected by HIV, representing 67% of people living with HIV (PLHIV). New infections are concentrated in young women and children, with 25% of new infections among adolescent girls and young women and 18% in children. HIV prevalence is 2% in men who have sex with men and 8% in female sex workers (UNAIDS 2019). There is no data on the HIV prevalence in other vulnerable groups such as people who inject drugs. The HIV program yields sub-optimal results. Of the estimated 340,000 persons living with HIV, only 62% are aware of their status, and only 40% are on antiretroviral treatment (ART). Access to early infant diagnosis of HIV (EID) is limited; EID capacity is available only in two provinces (Luanda and Benguela). Prevention of mother-to-child transmission (PMTCT) of HIV is hampered by low uptake of antenatal care (ANC) services, with only 61% of pregnant women attending any ANC visit. Overall, Angola has one of the highest rates of mother-to-child transmission of HIV: 27.8% in 2018 and 19.4% in 2019. Stigma and discrimination against PLHIV in general and HIV-positive women were identified as the single most significant barrier to access to services for the prevention of mother-to-child transmission. Stigma linked with high levels of gender-based violence (GBV) and lack of comprehensive and accurate knowledge also hamper access to HIV services for key and vulnerable populations. The Program focuses on differentiated ART services, PMTCT, TB/HIV, and combination prevention in key and vulnerable populations, including men who have sex with men and adolescent young girls and women to improve outcomes. There are also interventions to address stigma among healthcare workers, enhance knowledge among key populations and reduce GBV.

Angola ranks 18th in the 30 high-burden TB countries of the world and the 21st in estimated multidrug-resistant TB (MDR-TB) incidence. TB is the third leading cause of mortality and morbidity in Angola. The TB case detection gap in 2019 was 31%, with 76,782 cases registered and an estimated incidence of 112,000 (Angola National TB Program Report 2019, World Health Organization (WHO) Global TB Report 2020). The MDR-TB case detection gap in 2019 was significant at 62%, with 1,523 persons diagnosed from an estimated incidence of 4,000. The 2018 TB treatment success rate is 50%, with a high loss of follow-up and high levels of unevaluated outcomes (WHO Global TB Report 2020). Data is either lacking or incomplete regarding outcomes for persons treated for MDR-TB and TB Preventive Treatment (TPT) initiation and completion for children and those living with HIV; similarly, there is no data for identified key populations such as prisoners refugees, internally displaced persons, and miners. Persistent diagnostic gaps and poor treatment outcomes can be attributed in part to non-alignment with current WHO guidance: TB diagnostic algorithms continue to emphasize smear microscopy for non-high-risk groups of persons with presumptive TB. There is limited access to rapid TB molecular diagnostics, and the pace of efforts to decentralize existing TB services has been slow. Sixty per cent of health facilities offering TB care and prevention are in Luanda, creating a significant barrier at provincial, municipal, and rural levels to equitable and sustainable access to facilities equipped to treat TB and MDR-TB. Lastly, stigma is also identified as a critical barrier to access for all persons living with TB.

Malaria is the principal cause of morbidity and the sixth cause of death in Angola. The entire population is at risk of malaria, especially in remote rural areas. In 2019, 39% of malaria cases and 53% of malaria deaths were in children under five years old. There were 18,691 reported malaria deaths in 2019 (WHO Malaria Country Profile). Data on malaria vectors and their susceptibility to insecticides is weak. Implementation of key malaria interventions in recent years has included the distribution of Long Lasting Insecticidal Treated Nets (LLINs) through mass campaigns (latest done in 2016-2018) targeting one net for every two persons and continuous distribution for pregnant women; however, net access and use remain sub-optimal: 20% and 18%, respectively (DHS 2015-2016). malaria diagnosis and treatment are provided in health facilities (public and private sectors) and at the community level through Community Health Workers (CHWs). The testing of suspected cases has consistently increased over time to reach 99% in 2020; however, frequent stock-outs of treatment commodities resulted in low treatment coverage (70,5% in 2020).

Angola has presented significant challenges in ensuring a strategic investment of Global Fund grant resources in the past (Office of Inspector General (OIG), 2020), resulting in a new approach focusing on two target provinces with the expectation of providing proof of concept and a scalable point of reference for all diseases and RSSH. The Program, therefore, provides a continuation of services delivered under the Z grant implemented from July 2020 to June 2021, in line with the sub-national approach, which provides a full package of interventions in two provinces (Benguela and Cuanza Sul. These two high-burden provinces were identified to be underserved while representing a notable subset of the country's population (~5million inhabitants).

The Program seeks to establish robust health systems in the targeted provinces while ensuring that the approaches adopted are compatible with the national health system. This is important for the sustainability of the Program. Investments in resilient and sustainable systems for health (RSSH) will improve health products management systems by strengthening policy, strategy, and governance, enhancing storage and distribution capacity; strengthening the logistics management information system; enhancing procurement capacity, supporting regulatory and quality assurance; and, improving the management of health care waste. Investments in health management information systems and monitoring and evaluation will improve routine reporting; program and data quality; data analysis, evaluation, reviews, and transparency; and support conducting several surveys. Essential investments in community systems strengthening will provide a new focus on community systems, including community-based monitoring; community-led advocacy and operational research; strengthening social

mobilization, community linkages, and coordination; and institutional capacity building, planning and leadership development for civil society organizations (CSOs). The Program also seeks to address human rights and gender (HRG) related barriers for all 3 diseases and roll out interventions at multiple levels that reduce stigma and address structural barriers to health services. UNDP serves as the only Principal Recipient for the Program, providing better coordination and significant savings and can play an essential role in integrating the disease programs and responses under one coordinated Program with one Principal Recipient.

Goals

The Program will help the National Disease Programmes pursue and achieve the following objectives:

1. Reduce new HIV infections by at least 20% among the general population by 2024.
2. Reduce new HIV infections among children born to HIV infected mothers by 60% by 2024.
3. Increasing the coverage of PLHIV on ART from 24 % and 15 % in 2019 to 63% and 60% in adults and children, respectively, by 2024
4. Develop a favourable ethical and legal environment for reducing stigma and discrimation against people living and affected by HIV, key and vulnerable populations.
5. Increase the number of notified TB cases from 70.362 in 2018 to 101.530 in 2024
6. Increase the treatment success rate of sensitive TB (all forms) from 25% in 2017 to 85% in 2024
7. Increase the number of notified MDRTB cases from 1,523 in 2019 to 2,848 in 2024.
8. By 2024, at least 90% of the population in target provinces uses LLINs as method of malaria prevention
9. By 2024, 100% of suspected malaria cases at the health facility and community levels are tested before receiving treatment.
10. By 2024, 100% of malaria cases testing positive are treated according to the national guidelines, at all levels of the national health pyramid, including at the community level;
11. By the end of 2024, 90% of health facilities are reporting their monthly reports.
12. By 2024, 90% of health facilities monthly reports are submitted timely.

Strategies

The Program has the following key strategies:

1. Proposes an innovative approach to improve impact through a sub-national focus that can later be scaled to other provinces and/or nationally;
2. Includes a proposal for streamlining the implementation arrangements, thereby improving value for money by reducing the number of principal and sub-recipients involved;
3. Includes the three diseases and RSSH to allow the design of real integration of the disease programs while strengthening health systems for quality service delivery;
4. Improve private sector involvement in case diagnosis, management and reporting of outcomes;
5. Focus on high impact preventive interventions for malaria such as the mass distribution of LLINs for the general population and continuous distribution for pregnant women and children;
6. Improve malaria diagnosis and treatment coverage both at health facility and community levels;
7. Expand TB case detection (both DS and MDR-TB) through multiple strategies both at health facility (public and private sectors) and at the community;

8. Strengthen the laboratory network to improve quality of care and scale up viral load, EID and TB diagnosis/follow-up;
9. Ensure uninterrupted availability of commodities at all service delivery points;
10. Support community systems strengthening to participate in the disease response;
11. Strengthening health information systems and M&E to enable accurate date reporting and data use for programmatic decision-making.

Planned activities

1. Building health workers capacity through an integrated approach (e.g. supportive supervision, Training of Trainers and on-site mentoring) including TB/HIV, SRH/PMTCT and management of STIs;
2. Engaging private sector providers in TB/HIV service delivery, supporting non-profit private sector organizations (civil society organizations) in service provision, private sector involvement in pharmaceutical logistics, and improving private sector reporting to the District Health Information System 2 (DHIS2) health information system;
3. Developing a one-stop service delivery model for TB/HIV at primary health care level;
4. Scale-up of prevention and differentiated testing interventions for key and vulnerable populations, including adolescents, young girls, and women;
5. Expand TB active case finding in health facilities, communities (through c-DOTS) and other settings such as prisons and mines;
6. Procurement of LLIN for mass campaigns and routine distribution;
7. Reinforcing entomological surveillance through routine data collection, trainings and insecticide resistance studies;
9. Procure all HIV, TB and malaria health (diagnosis and treatments) and non-heath related commodities to provide full coverage (100% of commodity needs);
10. CSO capacity building, training for resource mobilization, and supports community-led monitoring for human rights violations;
11. M&E of the subnational disease response at provincial, district, facility and community levels through routine data analysis, program reviews and key surveys and epidemiological analyses.

Target group / beneficiaries

1. Adults and children living with HIV;
2. HIV positive pregnant and breastfeeding women and their HIV exposed infants;
3. In and out of school Adolescent Girls and Young Women;
4. Key Populations including Female Sex Workers and Men who have sex with men;
5. Suspected malaria cases, with a particular focus on pregnant women and children under 5;
6. Key and vulnerable populations for TB, including but not limited to children, prisoners, and workers in mining companies;
7. Adults and children at risk of MDR/RR-TB; contacts of MDR/RR-TB cases.

B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.

Summary Budget

Country	Angola
Grant Name	AGO-Z-UNDP
Implementation Period	01-Jul-2021 - 30-Jun-2024
Principal Recipient	United Nations Development Programme

By Module	01/07/2021 - 30/09/2021	01/10/2021 - 31/12/2021	01/01/2022 - 31/03/2022	01/04/2022 - 30/06/2022	Total Y1	01/07/2022 - 30/09/2022	01/10/2022 - 31/12/2022	01/01/2023 - 31/03/2023	01/04/2023 - 30/06/2023	Total Y2	01/07/2023 - 30/09/2023	01/10/2023 - 31/12/2023	01/01/2024 - 31/03/2024	01/04/2024 - 30/06/2024	Total Y3	Grand Total	% of Grand Total
Case management	$3,021,809	$248,851	$53,606	$38,696	**$3,362,962**	$1,443,605	$22,989	$32,872	$105,971	**$1,605,438**	$1,624,709	$6,581	$27,766	$6,581	**$1,665,638**	**$6,634,037**	**8.0 %**
Differentiated HIV Testing Services	$409,277	$79,046	$19,791	$9,710	**$517,823**	$424,154	$10,113	$19,388	$9,710	**$463,364**	$449,221	$9,710	$9,710	$9,710	**$478,351**	**$1,459,539**	**1.8 %**
MDR-TB	$2,020,090	$64,857	$70,862	$49,787	**$2,205,596**	$1,918,938	$40,278	$85,729	$40,278	**$2,085,223**	$2,087,200	$40,278	$45,572	$40,278	**$2,213,328**	**$6,504,147**	**7.9 %**
PMTCT	$1,480,012	$48,130	$38,525	$29,671	**$1,596,338**	$1,433,062	$25,419	$64,581	$25,419	**$1,548,481**	$1,536,723	$37,512	$46,365	$25,817	**$1,646,417**	**$4,791,236**	**5.8 %**
Prevention	$459,282	$119,642	$143,770	$135,557	**$858,251**	$572,559	$138,128	$138,128	$153,276	**$1,002,091**	$659,454	$144,420	$144,420	$161,763	**$1,110,057**	**$2,970,399**	**3.6 %**
Program management	$2,696,203	$1,049,542	$945,955	$990,271	**$5,681,971**	$2,470,191	$917,658	$904,645	$1,064,585	**$5,357,079**	$2,166,503	$872,321	$878,151	$960,715	**$4,877,689**	**$15,916,740**	**19.3 %**
Reducing human rights-related barriers to HIV/TB services	$81,844			$56,992	**$138,836**	$43,969				**$43,969**	$43,969				**$43,969**	**$226,775**	**0.3 %**
RSSH: Community systems strengthening	$211,738	$144,320	$19,624	$56,826	**$432,508**	$76,979	$91,993	$38,268	$55,061	**$262,302**	$26,225	$46,885	$15,970	$37,735	**$126,816**	**$821,625**	**1.0 %**
RSSH: Health management information systems and M&E	$344,889	$288,275	$640,471	$130,517	**$1,404,152**	$280,350	$142,167	$150,308	$380,517	**$953,341**	$238,619	$132,120	$161,515	$143,957	**$676,212**	**$3,033,705**	**3.7 %**
RSSH: Health products management systems	$323,606	$8,463	$107,395	$53,785	**$493,249**	$160,451	$46,682	$34,055	$73,361	**$314,550**	$17,270	$531	$33,878	$531	**$52,209**	**$860,007**	**1.0 %**
RSSH: Integrated service delivery and quality improvement	$3,392				**$3,392**											**$3,392**	**0.0 %**
RSSH: Laboratory systems	$10,335	$37,735	$3,464	$3,464	**$54,997**	$87,300	$97,297	$3,464	$3,464	**$191,524**	$10,341	$20,338	$1,505	$1,505	**$33,690**	**$280,211**	**0.3 %**
Specific prevention interventions (SPI)	$300,549				**$300,549**	$257,327				**$257,327**	$264,499				**$264,499**	**$822,375**	**1.0 %**
TB care and prevention	$1,541,386	$245,333	$123,781	$97,395	**$2,007,895**	$2,018,070	$173,185	$72,290	$110,589	**$2,374,135**	$2,160,758	$129,851	$74,945	$164,201	**$2,529,755**	**$6,911,785**	**8.4 %**
TB/HIV	$135,000	$24,000	$42,099	$24,000	**$225,099**	$24,000	$31,808	$24,000	$24,000	**$103,808**	$24,000	$24,000	$31,808	$24,000	**$103,808**	**$432,715**	**0.5 %**
Treatment, care and support	$3,562,869	$88,097	$66,373	$62,495	**$3,779,834**	$4,417,522	$72,350	$15,671	$76,023	**$4,581,566**	$5,717,930	$72,350	$15,671	$76,757	**$5,882,709**	**$14,244,109**	**17.2 %**
Vector control	$5,659,629	$20,991	$48,609	$139,719	**$5,868,948**	$7,889,513	$90,542	$90,542	$90,542	**$8,161,140**	$2,574,074	$9,219	$53,219	$20,954	**$2,657,465**	**$16,687,554**	**20.2 %**
Grand Total	**$22,261,910**	**$2,467,282**	**$2,324,323**	**$1,878,885**	**$28,932,399**	**$23,517,992**	**$1,900,610**	**$1,673,943**	**$2,212,795**	**$29,305,339**	**$19,601,496**	**$1,546,115**	**$1,540,495**	**$1,674,505**	**$24,362,611**	**$82,600,349**	**100.0 %**

By Cost Grouping	01/07/2021 - 30/09/2021	01/10/2021 - 31/12/2021	01/01/2022 - 31/03/2022	01/04/2022 - 30/06/2022	Total Y1	01/07/2022 - 30/09/2022	01/10/2022 - 31/12/2022	01/01/2023 - 31/03/2023	01/04/2023 - 30/06/2023	Total Y2	01/07/2023 - 30/09/2023	01/10/2023 - 31/12/2023	01/01/2024 - 31/03/2024	01/04/2024 - 30/06/2024	Total Y3	Grand Total	% of Grand Total
Human Resources (HR)	$938,636	$938,636	$885,728	$885,728	**$3,648,729**	$945,947	$945,947	$945,947	$945,947	**$3,783,788**	$917,155	$917,155	$917,155	$917,155	**$3,668,621**	**$11,101,137**	**13.4 %**
Travel related costs (TRC)	$4,115,197	$708,054	$989,294	$494,670	**$6,307,216**	$1,315,052	$473,051	$390,672	$772,120	**$2,950,895**	$500,127	$352,710	$316,216	$373,441	**$1,542,494**	**$10,800,605**	**13.1 %**
External Professional services (EPS)	$160,863	$317,846	$164,009	$237,620	**$880,338**	$371,758	$162,562	$116,406	$194,249	**$844,975**	$132,377	$56,590	$82,498	$154,890	**$426,355**	**$2,151,668**	**2.6 %**
Health Products - Pharmaceutical Products (HPPP)	$4,901,905				**$4,901,905**	$5,115,248				**$5,115,248**	$5,908,640				**$5,908,640**	**$15,925,794**	**19.3 %**
Health Products - Non-Pharmaceuticals (HPNP)	$5,317,071				**$5,317,071**	$9,765,159				**$9,765,159**	$6,823,156				**$6,823,156**	**$21,905,386**	**26.5 %**
Health Products - Equipment (HPE)	$7,345				**$7,345**	$20,284				**$20,284**	$13,292				**$13,292**	**$40,921**	**0.0 %**
Procurement and Supply-Chain Management costs (PSM)	$2,660,614				**$2,660,614**	$3,786,561				**$3,786,561**	$3,354,160				**$3,354,160**	**$9,801,334**	**11.9 %**
Infrastructure (INF)	$13,473				**$13,473**											**$13,473**	**0.0 %**
Non-health equipment (NHP)	$1,275,304	$40,540	$18,673	$17,669	**$1,352,186**	$217,339	$99,975	$17,253	$24,975	**$359,541**	$95,599	$26,403	$18,681	$26,403	**$167,086**	**$1,878,814**	**2.3 %**
Communication Material and Publications (CMP)	$1,000,361	$202,037	$22,345	$33,924	**$1,258,668**	$237,269	$20,896	$15,000	$56,902	**$330,065**	$395,186	$15,000	$20,896	$15,000	**$446,082**	**$2,034,814**	**2.5 %**
Indirect and Overhead Costs	$1,858,913	$241,636	$225,742	$190,742	**$2,517,033**	$1,736,708	$198,179	$188,666	$218,603	**$2,342,156**	$1,455,137	$178,257	$185,049	$187,616	**$2,006,059**	**$6,865,248**	**8.3 %**
Living support to client/ target population (LSCTP)	$12,227	$18,531	$18,531	$18,531	**$67,821**	$6,667				**$6,667**	$6,667				**$6,667**	**$81,154**	**0.1 %**
GrandTotal	**$22,261,910**	**$2,467,282**	**$2,324,323**	**$1,878,885**	**$28,932,399**	**$23,517,992**	**$1,900,610**	**$1,673,943**	**$2,212,795**	**$29,305,339**	**$19,601,496**	**$1,546,115**	**$1,540,495**	**$1,674,505**	**$24,362,611**	**$82,600,349**	**100.0 %**

By Recipients	01/07/2021 - 30/09/2021	01/10/2021 - 31/12/2021	01/01/2022 - 31/03/2022	01/04/2022 - 30/06/2022	Total Y1	01/07/2022 - 30/09/2022	01/10/2022 - 31/12/2022	01/01/2023 - 31/03/2023	01/04/2023 - 30/06/2023	Total Y2	01/07/2023 - 30/09/2023	01/10/2023 - 31/12/2023	01/01/2024 - 31/03/2024	01/04/2024 - 30/06/2024	Total Y3	Grand Total	% of Grand Total
PR	**$16,044,644**	**$1,156,082**	**$922,248**	**$1,050,786**	**$19,173,760**	**$21,514,594**	**$1,003,463**	**$865,776**	**$1,011,135**	**$24,394,969**	**$18,203,666**	**$750,030**	**$742,584**	**$904,025**	**$20,600,304**	**$64,169,033**	**77.7 %**
United Nations Development Programme	$16,044,644	$1,156,082	$922,248	$1,050,786	$19,173,760	$21,514,594	$1,003,463	$865,776	$1,011,135	$24,394,969	$18,203,666	$750,030	$742,584	$904,025	$20,600,304	$64,169,033	77.7 %
SR	**$6,217,266**	**$1,311,199**	**$1,402,075**	**$828,099**	**$9,758,639**	**$2,003,397**	**$897,147**	**$808,167**	**$1,201,660**	**$4,910,371**	**$1,397,831**	**$796,085**	**$797,912**	**$770,479**	**$3,762,307**	**$18,431,317**	**22.3 %**
ADPP	$577,436	$346,678	$300,548	$318,469	$1,543,131	$435,256	$380,229	$347,164	$381,907	$1,544,557	$462,152	$398,503	$369,821	$408,775	$1,639,251	$4,726,939	5.7 %
Benguela Provincial Government	$122,687	$141,202	$108,726	$105,635	$478,251	$111,794	$121,192	$75,731	$113,567	$422,284	$128,801	$92,592	$61,918	$77,331	$360,642	$1,261,177	1.5 %
Cuanza Sul Provincial Government	$118,227	$165,674	$121,908	$90,930	$496,739	$151,944	$117,990	$74,915	$103,681	$448,530	$168,776	$79,939	$69,979	$68,472	$387,166	$1,332,436	1.6 %
Ministry of Health of the Republic of Angola	$458,634	$312,262	$712,871	$194,432	$1,678,200	$310,785	$146,967	$179,588	$471,737	$1,109,076	$308,954	$124,781	$151,924	$115,631	$701,290	$3,488,566	4.2 %
World Vision International	$4,940,281	$345,383	$158,023	$118,632	$5,562,318	$993,617	$130,769	$130,769	$130,769	$1,385,923	$329,149	$100,270	$144,270	$100,270	$673,957	$7,622,199	9.2 %
Grand Total	**$22,261,910**	**$2,467,282**	**$2,324,323**	**$1,878,885**	**$28,932,399**	**$23,517,992**	**$1,900,610**	**$1,673,943**	**$2,212,795**	**$29,305,339**	**$19,601,496**	**$1,546,115**	**$1,540,495**	**$1,674,505**	**$24,362,611**	**$82,600,349**	**100.0 %**

Performance Framework

Country	Angola
Grant Name	AGO-Z-UNDP
Implementation Period	01-Jul-2021 - 30-Jun-2024
Principal Recipient	United Nations Development Programme

Reporting Periods							
	Start Date	01-Jul-2021	01-Jan-2022	01-Jul-2022	01-Jan-2023	01-Jul-2023	01-Jan-2024
	End Date	31-Dec-2021	30-Jun-2022	31-Dec-2022	30-Jun-2023	31-Dec-2023	30-Jun-2024
	PU includes DR?	No	Yes	No	Yes	No	No

Program Goals, Impact Indicators and targets

1	Reduce new infections, morbidity and mortality from HIV/AIDS by 2024
2	Decrease TB incidence from 355 to 325 per 100.000 inhabitants by 2023 (355 per 100,000 is the incidence estimated by WHO in 2018)
3	Decrease TB mortality from 7% in 2019 to less than 5% by 2023
4	Reduce by 40% the morbidity and mortality of malaria in the 4 provinces by 2025 compared to baseline in 2019

	Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	Responsible PR	2021	2022	2023
1	HIV I-13 Percentage of people living with HIV	Angola	N: 340,000 D: 30,175,553 P: 1.1%	2019 UNAIDS spectrum Estimates 2020 / Census and projection for population 2014-2050	Gender | Age,Gender,Age	United Nations Development Programme	N: 361,000 D: 32,097,671 P: 1.12469219339933 % Due Date: 31-Dec-2022	N: 372,000 D: 33,086,278 P: 1.12433317522146 % Due Date: 31-Dec-2023	N: 382,000 D: 34,094,077 P: 1.12042921707486 % Due Date: 01-Sep-2024
	Comments								
	This indicator is National level The indicator is currently modeled by UNAIDS on an annual basis using the Spectrum HIV estimate and projection package (EPP). Numerator is the estimated total number of people living with HIV (adults and children), according to Spectrum model. The denominator is the total population (from the Census and projection for population 2014-2050). The estimated prevalence of HIV during the grant period will be 1.12% in 2021, 2022 and 2023, because Spectrum is based on a constant population growth and the maintenance of the current prevalence. The results will be presented as denominator, numerator and percentage. The assumptions of goals in the model used are based on projections of incidence, prevalence, mortality and population growth. It is estimated that Benguela has 7.6% and Cuanza Sul has 5.6% of PLHIV in Angola. It is estimated that actually Benguela has almost 8% and Cuanza Sul has almost 4% of PLHIV on ART in Angola. Annual HIV epidemiological and programmatic data are officially published on March 30 (for estimates of the preceding year) and Annual Spectrum data will be published in April of every year.								
2	HIV I-6 Estimated percentage of children newly infected with HIV from mother-to-child transmission among women living with HIV delivering in the past 12 months	Angola	N: D: P: 19.0%	2019 UNAIDS spectrum Estimates 2020		United Nations Development Programme	N: 3,731 D: 26,650 P: 14.00% Due Date: 31-Dec-2022	N: 2,445.3 D: 27,170 P: 9.00% Due Date: 31-Dec-2023	N: 1,108.32 D: 27,700 P: 4.00115523465704 % Due Date: 01-Sep-2024
	Comments								
	This indicator is National level This indicator is currently modeled by UNAIDS on an annual basis using Spectrum HIV estimation and projection package (EPP). The reports published in 2020 use 2019 PMTCT data from the national DHIS2, compiled by the INLS. Numerator: Estimated number of children infected with HIV in the last 12 months since mother-to-child transmission; Denominator: estimated number of births of women living with HIV in the past 12 months. Estimates are national vertical transmission rates (EPP). The targets were established in the NSP and the National Plan for PMTCT and are 14%, 9% and 4% in 2021, 2021 and 2023, respectively. The assumption is that PMTCT investments and prioritization in the country will gradually increase the number of pregnant women diagnosed and being treated for HIV. Annual HIV epidemiological and programmatic data are officially published on March 30 (for estimates of the preceding year) and Annual Spectrum data will be published in April of every year.								
3	TB I-2 TB incidence rate per 100,000 population	Angola	N: 351 D: P:	2019 WHO Global TB Report, 2020		United Nations Development Programme	N: 345 D: P: % Due Date: 31-Dec-2022	N: 335 D: P: % Due Date: 31-Dec-2023	N: 320 D: P: % Due Date: 01-Oct-2024

3	**Comments** This indicator is National level The baseline is based on WHO estimates from the WHO Global TB report 2020. The Indicator is currently modeled by WHO - A decrease of incidence is expected from 351 in 2019 to 320 per 100.000 in 2024. Target assumptions: a decrease of 10 to 15 new cases per 100.000 population is expected every year. With this pace of progession, the program expects to decrease the incidence to 320 per 100.000 population. The new National Strategic Plan (NSP) for TB will be developed in 2021, targets will be revised accordingly.								
4	TB I-3□ᴹ□ TB mortality rate per 100,000 population	Angola	N: 53 D: P:	2019 WHO Global TB Report,2020		United Nations Development Programme	N: 55 D: P: % Due Date: 31-Dec-2022	N: 50 D: P: % Due Date: 31-Dec-2023	N: 40 D: P: % Due Date: 01-Oct-2024
	Comments This indicator is National level The baseline is based on WHO estimates from the WHO Global TB report 2020. Numerator: Number of deaths caused by TB (all forms) in HIV-negative people per year, according to the ICD10 definition. Denominator: Number of people in the population x 100,000. Target assumptions: the National TB Program (NTP) expects to reduce mortality rate from 5-10 per 100.000 population every year in order to reach 40 per 100.000 at the end of the grant period. By treating more cases and ensuring close follow up of cases, the number of deaths will decrease. The new National Strategic Plan (NSP) for TB will be developed in 2021, targets will be revised accordingly.								
5	TB I-4□ᴹ□ RR-TB and/or MDR-TB prevalence among new TB patients: Proportion of new TB cases with RR-TB and/or MDR-TB	Angola	N: D: P: 2.5%	2019 WHO Global TB Report,2020		United Nations Development Programme	N: D: P: 2.40% Due Date: 31-Dec-2022	N: D: P: 2.30% Due Date: 31-Dec-2023	N: D: P: 2.20% Due Date: 01-Oct-2024
	Comments This indicator is National level The baseline is based on WHO estimates from the WHO Global TB report 2019. Numerator is Number of new TB cases with RR-TB and/or MDR-TB x 100; Denominator is Total number of new TB cases with DST results/ Xpert result. Target assumptions: the NTP expects to derease gradually the prevalence of RR-TB or MDR-TB among new TB patients. Strengthening diagnostic capacities with GeneXpert will allow more cases of MDRTB to be diagnosed and treated. Therefore, transmission of MDRTB in the community will decrease and also the prevalence consequently. The new National Strategic Plan (NSP) for TB will be developed in 2021, targets will be revised accordingly.								
6	Malaria I-4 Malaria test positivity rate	Angola	N: 6,575,539 D: 13,055,989 P: 50.4%	2019 NMCP Database	Species,Type of testing	United Nations Development Programme	N: 7,940,707.2 D: 16,543,140 P: 48.00% Due Date: 11-Jul-2022	N: 7,821,490.16 D: 18,189,512 P: 43.00% Due Date: 11-Jul-2023	N: 6,907,374.6 D: 19,735,356 P: 35.00% Due Date: 11-Jul-2024
	Comments This indicator is National level Numerator: The main goal of the Malaria National Strategic PLan (NSP) 2021-2025 is to reduce the malaria morbidity by 40% and the mortality by 50% by the end of 2025, compared to the baseline in 2019 (50,4% of positivity rate). In 2021 the expected positivity is 48% which corresponds to 7,940,707 expected confirmed cases as numerator, in 2022 it is 43% which corresponds to 7,821,490 positive cases and in 2023 is 35% which represents 6,907,375 confirmed cases as numerator. Denominator: Expected number of fever episodes at HF and Community based on the average of fever episodes by age group for the whole population (1,5 episodes per year for CU5; 1 episode per year for people 5-9 years old; 0,63 for those 10-14 years old and 0,38 episode per year for people >=15 years of age). To achieve the targets, the country will be engaged to implement all the malaria interventions as per NSP 2021-2025 Data source : For the baseline the source is the database of the NMCP, for the reporting,the source of the data is DHIS2.								
7	Malaria I-3.1□ᴹ□ Inpatient malaria deaths per year: rate per 100,000 persons per year	Angola	N: 26 D: P:	2019 NMCP Database	Age	United Nations Development Programme	N: 26 D: P: % Due Date: 11-Jul-2022	N: 23 D: P: % Due Date: 11-Jul-2022	N: 19 D: P: % Due Date: 11-Jul-2024
	Comments This indicator is National level Baseline: in 2019 a total of 7,923 inpatient malaria deaths were reported out of country population of 30,175,553, which represents a rate of 26 inpatient malaria deaths per 100,000 persons. Targets assumptions : the goal of the Malaria NSP is to reduce by 50% the malaria mortality by the end of 2025. In patient malaria death rate is expected to reduce by 4,9% in 2021, by 12,5% in 2022 and by 27,8% in 2023.								

Program Objectives, Outcome Indicators and targets

1	Reduce new HIV infections by at least 20% among the general population by 2024.
2	Reduce new HIV infections among children born to HIV infected mothers by 60% by 2024.
3	Increasing the coverage of PLHIV on ART from 24 % and 15 % in 2019 to 63% and 60% in adults and children, respectively, by 2024

4	Develop a favorable ethical and legal enviroment for reduction of stigma and discrimation against people living and affected by HIV, key and vulnerable population.
5	Increase the number of notified TB cases from 70.362 in 2018 to 101.530 in 2024
6	Increase the treatment success rate of sensitive TB (all forms) from 25% in 2017 to 85% in 2024
7	Increase the number of notified MDRTB cases from 1,523 in 2019 to 2,848 in 2024.
8	By 2024, at least 90% of the population in target provinces uses LLINs as method of malaria prevention
9	By 2024, 100% of suspected malaria cases at health facility, and community levels are tested before receiving treatment.
10	By 2024, 100% of malaria cases testing positive are treated according to the national guidelines, at all levels of the national health pyramid, including at community level;
11	By the end of 2024, 90% of health facilities are reporting their monthly reports.
12	By the 2024, 90% of health facilities monthly reports are submitted timely.

	Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	Responsible PR	2021	2022	2023
1	HIV O-11□ᴹ□ Percentage of people living with HIV who know their HIV status at the end of the reporting period	Angola	N: D: P: 62.0%	2019 UNAIDS spectrum Estimates 2020	Gender	United Nations Development Programme	N: 252,700 D: 361,000 P: 70.00% Due Date: 31-Dec-2022	N: 279,000 D: 372,000 P: 75.00% Due Date: 31-Dec-2023	N: 305,600 D: 382,000 P: 80.00% Due Date: 01-Sep-2024
	Comments								
	This indicator is National level This is a GAM indicator and is the entry point to the continuum of care. This indicator results are from estimates from Spectrum HIV estimation and projections package (EPP) . The numerator is the number of people living with HIV who know their HIV status and denominator is number of people living with HIV. Baseline is national UNAIDS estimate for 2019. The targets are national and include adults and children. Annual HIV epidemiological and programmatic data are officially published on March 30 (for estimates of the preceding year) and Annual Spectrum data will be published in April of the following year.								
2	HIV O-12 Percentage of people living with HIV and on ART who are virologically suppressed	Angola	N: D: P: 70.0%	2019 INLS Annual program report (2019)	Gender	United Nations Development Programme	N: 58,915 D: 86,640 P: 68.00% Due Date: 17-Jul-2022	N: 93,744 D: 130,200 P: 72.00% Due Date: 28-Jul-2023	N: 137,520 D: 183,360 P: 75.00% Due Date: 11-Jul-2024
	Comments								
	This indicator is National level This is a GAM indicator that will be used to measure clinical outcomes of patients in care and overall quality of care of the ART program as viral load suppression is the best available measure of patient adherence to ART. Data source will be programme data through HIV case surveillance. Baseline is national program coverage data (INLS 2019). The numerator is the number of people living with HIV on ART for at least 6 months and with at least one routine VL test result who have virological suppression (<1000 copies/mL) during the reporting period. The denominator is the number of people living with HIV on ART for at least 6 months with at least one routine VL result in a medical or lab record during the reporting period. The targets are based on national numbers of adults and children on treatment during the grant period that received a VL test. The country's goals are to provide viral load tests to 60%, 70% and 80% of PLHIV in ART in Y1, Y2 and Y3, respectively. These increase in acess to a VL test is justified by the increase in the molecular labs in the country (Benguela regional lab in 2020 plus new ones for 2021). Assumption is that 40% , 50% , 60% of PLHIV will be on ART in 2021, 2022 and 2023 respectively and that respectively 68%, 72% and 75% of peole tested with VL will have VL<1,000 copies/ml. The result in the first year will be lower than the baseline due to the scaling up in provinces with lower access to adherence support services (baseline include mostly Luanda patients)								
3	HIV O-5□ᴹ□ Percentage of sex workers reporting the use of a condom with their most recent client	Angola	N: D: P: 66.5%	2017 The PLACE Study, Linkages Angola Project, 2017	Gender,Age	United Nations Development Programme	N: D: P: % Due Date:	N: D: P: % Due Date:	N: D: P: 90.00% Due Date: 11-Jul-2024
	Comments								
	This indicator is National level Baseline data is from results of KP-IBBSS conducted in five provinces (Luanda, Benguela, Bié , Cabinda and Cunene -PLACE study, 2017): 1,209/1,818 (66.5%). Numerator is the number of sex workers who reported using a condom with their last paying client and denominator is number of sex workers who reported having commercial sex in the last 12 months. Another KP-IBBS is planned in the second semester of 2023 result will be available by July 2024 to inform reporting on this indicator from a representative sample of FSW in the target provinces.								
4	HIV O-4a□ᴹ□ Percentage of men reporting the use of a condom the last time they had anal sex with a non regular partner	Angola	N: D: P: 57.7%	2017 The PLACE Study, Linkages Angola Project, 2017	Age	United Nations Development Programme	N: D: P: % Due Date:	N: D: P: % Due Date:	N: D: P: 80.00% Due Date: 11-Jul-2024
	Comments								

4	This indicator is National level Baseline data is from results of KP-IBBS conducted in five provinces (Luanda, Benguela, Bié, Cabinda and Cunene -PLACE study, 2017): 376/652 (57.67%) Numerator is number of MSM who report having used a condom the last time they had anal sex with a non-regular partner in the last six months, and denominator is number of MSM who report having had anal sex with a male partner in the last six months. A KP-IBBS is planned in the second semester of 2023, result will be available by July 2024 to inform reporting on this indicator from a representative sample of MSM in the target provinces.								
5	TB O-1a Case notification rate of all forms of TB per 100,000 population - bacteriologically confirmed plus clinically diagnosed, new and relapse cases	Angola	N: 259 D: P:	2019 WHO Global TB Report,2020		United Nations Development Programme	N: 312 D: P: % Due Date: 17-Jul-2022	N: 331 D: P: % Due Date: 28-Jul-2023	N: 331 D: P: % Due Date: 11-Jul-2024
	Comments								
	This indicator is National level a) The numerator is the number of cases notified and the denominator is 100.000 population. b) The baseline is from the WHO Global TB Report for 2020; this is the number of cases reported per 100,000 population: 259 per 100,000. c) Data source is the annual report of the NTP. d) Target: The program will increase the national notification rate to 331 per 100,000 population by the end of 2024. Note: New National Strategic Plan (NSP) for TB will be developed in 2021, targets for Y2 and Y3 could be revised accordingly.								
6	TB O-6 Notification of RR-TB and/or MDR-TB cases – Percentage of notified cases of bacteriologically confirmed, drug resistant RR-TB and/or MDR-TB as a proportion of all estimated RR-TB and/or MDR-TB cases	Angola	N: 1,523 D: 4,100 P: 37.1%	2019 WHO Global TB Report,2020		United Nations Development Programme	N: 2,753 D: 3,934 P: 69.98% Due Date: 31-Dec-2022	N: 2,829 D: 3,772 P: 75.00% Due Date: 31-Dec-2023	N: 2,887 D: 3,609 P: 79.99% Due Date: 11-Jul-2024
	Comments								
	This indicator is National level The baseline is the percentage of MDRTB cases notified out of all estimated cases in 2019 at national leve: the numerator is the number of MDRTB notified in 2019 and the denominator the number of expected cases of MDRTB as per WHO TB Global TB Report 2019. Source of data: WHO Global TB Report for 2020. Data will be collected on a regular basis to produce quarterly and annual reports on MDRTB cases. The main challenges in country that determine the current low notification rate were the limited decentralization of TB services and the lack of GeneXpert machine to test the patients for MDR/RR TB. Since 2019 the country has started a decentralization of TB services that will continue in the coming years. Also, the NTP has recently received new GeneXperts devices, they are not all fully functional yet but it is expcted that they willl be so in the coming few months. As results, in the upcoming grant period, diagnostic capacities for MDRTB will be increased in all provinces. Emphasis will be put on sample transportation to the GeneXpert sites. Thus, the NTP expects to notify at the national level 2,753, 2,829 and 2,887 MDRTB cases respectively for Y1, Y2 and Y3, which represents a respective percentage of 70%, 75% and 80%. New National Strategic Plan (NSP) for TB will be developed in 2021, targets for Y2 and Y3 could be revised accordingly.								
7	TB O-4□ᴹ□ Treatment success rate of RR TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated	Angola	N: D: P:			United Nations Development Programme	N: 762 D: 1,523 P: 50.03% Due Date: 17-Jul-2024	N: 1,757 D: 2,929 P: 59.99% Due Date: 28-Jul-2024	N: 2,132 D: 3,047 P: 69.97% Due Date: 11-Jul-2024
	Comments								
	This indicator is National level Definition of the indicator: the numerator is the number of MDRTB cases cured or who completed their treatment. The denominator is the number of cases of MDRTB notified. Baseline of treatment success rate: from 2017 the program is using the 24-months treatment regimen for MDRTB. Thus, data regarding treatment outcomes of MDRTB cases are not yet available. The cohort of 2019 will be followed, and this cohort will be analyzed within 30 months to determine a baseline value. All outcomes of all MDRTB cases will be notified and treatment success will be calculated. In 2021, the NTP will implement the shorter treatment regimen (9 months) for MDRTB. Shorter treatment regimen combined with close monitoring and community support will help to improve TSR of MDRTB. Therefore, treatment success of MDRTB cases will reach 70% at the national level by 2024. New National Strategic Plan (NSP) for TB will be developed in 2021, targets for Y2 and Y3 could be revised accordingly.								
8	Malaria O-4 Proportion of households with at least one insecticide-treated net for every two people and/or sprayed by IRS within the last 12 months	Angola	N: D: P: 13.0%	2015 DHS 2015-16		United Nations Development Programme	N: D: P: % Due Date:	N: D: P: % Due Date:	N: D: P: 90.00% Due Date: 11-Jul-2024
	Comments								
	This indicator is National level Baseline: Source -DHS 2015-16. The Multiple Indicators and Health Survey launched in 2020 was stopped due to COVID-19 restrictions, but it will restart soon and its report will serve to update the Baseline of this indicator. Target: mass distribution campaign will be conducted in 2022 in all provinces as per NMCP/MoH plan. A Survey is planned for 2023. The expected coverage of this indicator in 2023 is 90%.								
9	Malaria O-1a Proportion of population that slept under an insecticide-treated net the previous night	Angola	N: D: P: 17.0%	2015 DHS 2015-16	Gender	United Nations Development Programme	N: D: P: % Due Date:	N: D: P: % Due Date:	N: D: P: 80.00% Due Date: 11-Jul-2024
	Comments								

9	This indicator is National level Baseline: Source - DHS 2015-16. The Multiple Indicators and Health Survey launched in 2020 was stopped due to COVID-19 restrictions, but it will restart soon and its report will serve to update the Baseline of this indicator. Target: mass distribution campaign to be conducted in 2022 in all provinces as per NMCP/MoH plan. A Survey is planned for 2023. The expected coverage of this indicator in 2023 is of 80%								
10	Malaria O-1c Proportion of pregnant women who slept under an insecticide-treated net the previous night	Angola	N: D: P: 21.0%	2015 DHS 2015-16		United Nations Development Programme	N: D: P: % Due Date:	N: D: P: % Due Date:	N: D: P: 80.00% Due Date: 11-Jul-2024
	Comments								
	This indicator is National level Baseline: Source - DHS 2015-16. The Multiple Indicators and Health Survey launched in 2020 was stoped due to COVID-19 restrictions, but it will restart soon and its report will serve to update the Baseline of this indicator. Target: mass distribution campaign will be conducted in 2022 in all provinces as per NMCP/MoH plan. Also, continuous distribution at Antenatal care will be continued and will contributed to this indictaor. Awareness campaign thourgh community health workers will aim to increase attendance at ANC. A Survey is planned for 2023. The expected coverage of this indicator in 2023 is 80%								
11	Malaria O-1b Proportion of children under five years old who slept under an insecticide-treated net the previous night	Angola	N: D: P: 20.0%	2015 DHS 2015-16		United Nations Development Programme	N: D: P: % Due Date:	N: D: P: % Due Date:	N: D: P: 80.00% Due Date: 11-Jul-2024
	Comments								
	This indicator is National level Baseline: Source DHS 2015-16. The Multiple Indicators and Health Survey launched in 2020 was stoped due to COVID-19 restrictions, but it will restart soon and its report will serve to update the Baseline of this indicator. Target: mass distribution campaign to be conducted in 2022 in all provinces as per NMCP/MoH plan. Also, continuous distribution at Immunzation services for infants will contributed to this indictaor. A Survey is planned for 2023. The expected coverage of this indicator in 2023 is 80%								

Coverage indicators and targets

CI Number	Population	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Dissagregation	Include in GF Results	Responsible PR	Cumulation Type	01-Jul-2021 31-Dec-2021	01-Jan-2022 30-Jun-2022	01-Jul-2022 31-Dec-2022	01-Jan-2023 30-Jun-2023	01-Jul-2023 31-Dec-2023	01-Jan-2024 30-Jun-2024
TB care and prevention															
12		TCP-1□ᴹ□ Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), new and relapse cases	Country: Angola; Coverage: Geographic Subnational, less than 100% national program target	N: 13,613 D: P:	2019 NTP report,2019	Age,Gender,HIV test status,TB case definition	No	United Nations Development Programme	Non cumulative	N: 7,808 D: P:	N: 7,808 D: P:	N: 8,516 D: P:	N: 8,516 D: P:	N: 8,771.5 D: P:	N: 8,771.5 D: P:
	Comments														
	This indicator refers to the result in the two provinces that will be supported by the GF grant: Benguela and Cuanza Sul a) Definition of indicator: the indicator only include a Numerator which is the number of all forms of TB cases (bacteriologically confirmed plus clinically diagnosed) notified to the national health authority during the reporting period b) Baseline: the baseline data is the total number of cases notified in 2019 in the two provinces = 13,613 cases notified (2019 NTP annual report). c) Data Source : Data will be collected by NTP from HFs on a quarterly basis. Data source for the results will be NTP program database. During the frist year of the grant the NTP database is expected t be integrated into DHIS2 d) Target assumptions: Targets will be different per each province: - Benguela 11,640, 12,695 and 13,076 cases for Y1, Y2 and Y3 respectively. - Cuanza Sul: 3,976, 4,337 and 4,467 respectively for Y1, Y2 and Y3. These targets will be reached through scaling up of the TB services in both provinces (adding seven more treatment center in Benguela and nine in Cuanza Sul), training of HCWs on finding the missing cases of TB, activities to increase awareness wthin the population on TB. Also, all the commodities for treatment of patients with TB will be supported through the grant. e) Grant contribution: 100% of 1st line TB drugs for adults and children will be suported according to targets in the two provinces by the GF Grant.														
13		TCP-2□ᴹ□ Treatment success rate- all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases	Country: Angola; Coverage: Geographic Subnational, less than 100% national program target	N: D: P: 60.0%	2019 NTP report, 2019 (cohort 2018)	Age,Gender,HIV test status	Yes	United Nations Development Programme	Non cumulative	N: 5,105 D: 6,806.5 P: 75.0%	N: 5,105 D: 6,806.5 P: 75.0%	N: 6,441.5 D: 7,808 P: 82.5%	N: 6,441.5 D: 7,808 P: 82.5%	N: 7,239 D: 8,516 P: 85.0%	N: 7,239 D: 8,516 P: 85.0%
	Comments														
	This indicator refers to the result in the two provinces that will be supported by the GF grant: Benguela and Cuanza Sul a) Definition of the indicator: Numerator is the number of notified cases of the previous year cohort treated with success, while the denominator is the total number of notified cases for the same cohort. b) Baseline 60% is the average treatment success rate (TSR) for the two provinces in 2019 (2019 NTP annual report, cohort 2018): Benguela had a treatment success rate of 69% and Cuanza Sul 50% c) Source of data: data will be collected for each HF in each province and a cohort analysis will be carried out 12 to 15 months after the beginning of the cohort. d) Target assumption: scaling up of the service, thus increasing access, and close monitoring and follow up combined with community support (C-DOTS) is expected to improve adherence to treatment. Therefore, TSR is expected to increase and defaulters' rate would decrease. Both provinces expect to reach 85% of TSR by the end of the three-years grant period. The expected results for Benguela are: 80%, 85% and 85% for Y1, Y2 and Y3. For Cuanza Sul: 75%, 80% and 85% for Y1, Y2 and Y3. e) Grant contribution: 100% of interventions will be supported in the two provinces by GF Grant (scaling up service, TB drugs, implementation of C-DOT).														

26		TCP-1□ᴹ□ Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), new and relapse cases	Country: Angola; Coverage: Geographic National, 100% of national program target	N: 78,303 D: P:	2019 NTP report,2019	Age,Gender,HIV test status,TB case definition	Yes	United Nations Development Programme	Non cumulative	N: 44,753 D: P:	N: 44,752.5 D: P:	N: 48,758 D: P:	N: 48,758 D: P:	N: 52,796 D: P:	N: 52,796 D: P:
	Comments														
	This indicator is National level a) Definition of indicator: Number of all forms of TB cases (bacteriologically confirmed plus clinically diagnosed) notified to the national health authority during the reporting period b) Baseline: The baseline is the total number of cases notified in 2019 in Angola. The source is the 2019 NTP report. c) Data Source: Data will be collected by NTP from HFs on a quarterly basis. Data source for the results will be NTP program database. During the first year of the grant the NTP database is expected t be integrated into DHIS2 d) Target assumptions: 89,505, 97,516 and 105,592 TB notified cases are the targets for Y1, Y2 and Y3 respectively. The program plans to improve access to services by scaling up TB services in the country which will lead to increase notification rate. e) Grant contribution: 16% of the national targets will be supported by the GF Grant by covering the provinces of Benguela and Cuanza Sul.													
MDR-TB															
14		MDR TB-2□ᴹ□ Number of TB cases with RR-TB and/or MDR-TB notified	Country: Angola; Coverage: Geographic Subnational, less than 100% national program target	N: 266 D: P:	2019 NTP report, 2019	Age,Gender	Yes	United Nations Development Programme	Non cumulative	N: 278 D: P:	N: 278 D: P:	N: 305.5 D: P:	N: 305.5 D: P:	N: 335 D: P:	N: 335 D: P:
	Comments														
	This indicator refers to the result in the two provinces that will be supported by the GF grant: Benguela and Cuanza Sul a) Definition of indicator: the indicator only includes a Numerator which is the number of RR-TB and/or MDRTB notified. The expected number of cases has been estimated based on a percentage of MDR/RR expected among new cases (2,4%, 2,3%, 2,2% in Y1, Y2 and Y3) plus the proportion expected among retreatments cases (the average is 20% for the two provinces). b) The baseline is the number of MDRTB cases notified in 2019 by both provinces: 266 in Benguela and 0 for Cuanza Sul. To note: there was no GeneXpert machine in Cuanza Sul or sample referral system, therefore MDR was not diagnosed. c) Data source: data will collected in every HF to produce a quarterly report. Data source for the results will be NTP program database. During the first year of the grant the NTP database is expected to be integrated into DHIS2 d) Target assumptions: New GeneXpert machines are being rolled out in the provinces; this will increase access to the test and so diagnosis of MDRTB. Patients eligible to be tested with GenXpeert will be all HIV patients with positive screening for TB, all children with suspect of TB, and TB retreatment + all MDR and XDR cases. The cumulative targets for number of MDR/RR TB cases notified are: 556, 611 and 669 respectively in the 1st, 2nd and 3rd year: - Benguela: 359, 394 and 432 respectively for Y1, Y2 and Y3 - Cuanza Sul: 197, 217 and 237 respectively for Y1, Y2 and Y3. e) Grant contribution: 100% of needs for diagnosis of MDRTB according to targets in the two provinces will be suppported by the GF Grant. The estimated needs of GeneXpert cartridges are: 7,234 cartridges for Y1; 6,685 cartridges for Y2 and 7,056 cartridges for Y3, for a total of 20,975 cartridges for the three years for the two provinces.													
15		MDR TB-3□ᴹ□ Number of cases with RR-TB and/or MDR-TB that began second-line treatment	Country: Angola; Coverage: Geographic Subnational, less than 100% national program target	N: 266 D: P:	2019 NTP report, 2019	Age,Gender,TB regimen	Yes	United Nations Development Programme	Non cumulative	N: 278 D: P:	N: 278 D: P:	N: 306 D: P:	N: 306 D: P:	N: 335 D: P:	N: 335 D: P:
	Comments														
	This indicator refers to the result in the two provinces that will be supported by the GF grant: Benguela and Cuanza Sul a) Definition of indicator: the indicator only include a Numerator which is the number of cases with RR-TB and/or MDRTB that began second-line treatment. b) Baseline is the number of MDRTB cases notified and put on treatment in the two provinces in 2019: 266 for Benguela and 0 for Cuanza Sul. MDR treatment was not available in Cuanza Sul in 2019, (Data source: 2019 NTP annual report). c) Data source: Data will be collected in every HF and in every province to produce a quarterly report. Accuracy of this data will be assessed by comparing the results of GeneXpert tests (laboratory) and MDRTB notified in the register for the first year of the grant (or longer if discrepancies are found). d) Target assumption: Close monitoring of patients after diagnosis and continuous communication between the clinic and the laboratory is expected to decrease the risk of early defaulters and improve linkage to treatment. Networking of structures and entities will also play an important role. Thus, targets for the two provinces is to ensure that all dagnosed MDR cases will be put on treatment: - Benguela: 359, 394 and 432 MDRTB patients put on treatment respectively in Y1, Y2 and Y3 - Cuanza Sul: 197, 217 and 237 MDRTB patients put on treatment respectively in Y1, Y2 and Y3. This number takes into account the MDRTB and XDR TB cases. e) Grant contribution: 100% of needs for MDR treatment according to targets in the two provinces will be suppported by the GF Grant.													
Vector control															
16		VC-1□ᴹ□ Number of long-lasting insecticidal nets distributed to at-risk populations through mass campaigns	Country: Angola; Coverage: Geographic Subnational, less than 100% national program target	N: D: P:	2019 NMCP database	Target / Risk population group	Yes	United Nations Development Programme	Non cumulative	N: D: P:	N: D: P:	N: 1,422,288 D: P:	N: 1,422,288 D: P:	N: D: P:	N: D: P:
	Comments														
	This indicator refers to the result in the two provinces that will be supported by the GF grant: Benguela and Cuanza Sul a) Baseline: the last mass campaign occurred in 2016 in Benguela (1,089,431 LLINs distributed) and in 2017 in Cuanza Sul (990,944 LLINs distributed). As the LLIN life span is 3 years, it is considered that baseline is zero. b) Data source will be the Malaria Database c) Targets: LLINs mass distribution campaign will be conducted in 2022 for universal coverage in the country, including the 2 provinces of Benguela and Cuanza Sul, for which a total of 2,844,576 LLINs are expected to be purchased and distributed through mass campaign distribution, (1,527,389 LLINs in Benguela province and 1,317,187 LLINs in Cuanza Sul province), calculated on 1,8 LLIN per 2 persons basis. e) Grant contribution: 100% of the cost for procurement and distribution of LLINs in the two provinces according to the target will be covered by the GF Grant													
17		VC-3□ᴹ□ Number of long-lasting insecticidal nets distributed to targeted risk groups through continuous distribution	Country: Angola; Coverage: Geographic Subnational, less than 100% national program target	N: 186,289 D: P:	2019 NMCP database	Target / Risk population group	Yes	United Nations Development Programme	Non cumulative	N: 516,762 D: P:	N: 516,762 D: P:	N: D: P:	N: D: P:	N: 542,180 D: P:	N: 542,180 D: P:
	Comments														

17	This indicator refers to the result in the two provinces that will be supported by the GF grant: Benguela and Cuanza Sul a. Numerator definition: the indicator asks just for Numerator which is the number of LLINs distributed through the continuous distribution in 2021 and 2023 to children under the age of 5 years (U5) and Pregnant women (PW) in the province of Benguela and Cuanza Sul. There will be no routine distribution in 2022 since there will be mass distribution. b. Baseline source: in 2019, a total of 186,289 LLINs have been ditributed through the continuous distribution to children U5 and PW in the province of Benguela (61,097 and 61,181 respectevely), and Cuanza Sul (31,312 and 32,699 respectively). c. Data source and data collection that will be used for the reporting: Data will be collected from the ANC and EPI registers and will be reported by the HF through their monthly reports that will be uploaded into the DHIS2 platform d. Target assumption: The targets for the two years have been estimated based on the expected number of U5 and PW and based on the expected coverage of the EPI and first ANC atendence (90% in both provinces): Y1: Benguela: 125,407 LLINs for PW and 430,441 for U5; Cuanza Sul 107,770 LLINs for PW and 369,906 for U5. The total will be = 233,177 LLINs for PW + 800,347 LLINs for U5= 1,033,524 LLINs Y3: Benguela: 131,982 LLINs for PW and 449,252 for U5; Cuanza Sul 114,246 LLINs for PW and 388,879 for U5. The total will be = 246,228 LLINs for PW + 838,131LLINs for U5= 1,084,359 LLINs e. Grant contribution: 100% of the LLINs for the two provinces will be covered by TGF grants (2,117,883 LLINs)													
Case management																
		CM-1a□M□ Proportion of suspected malaria cases that receive a parasitological test at public sector health facilities	Country: Angola; Coverage: Geographic Subnational, less than 100% national program target	N: 2,124,803 D: 2,257,131 P: 94.1%	2019 NMCP database	Age,Type of testing	Yes	United Nations Development Programme	Non cumulative	N: D: P: 100.0%	N: D: P: 100.0%	N: D: P: 100.0%	N: D: P: 100.0%	N: D: P: 100.0%	N: D: P: 100.0%
18	**Comments**															
	This indicator refers to the result in the two provinces that will be supported by the GF grant: Benguela and Cuanza Sul a. Baseline: In 2019, a total of 2,124,803 out of 2,257131 suspected malaria cases have been tested for malaria in the 2 provinces of Benguela and Cuanza Sul which results on 94,1% of proportion of tested malaria suspected cases (Data source: National Malaria Database). b. Data source: HF reports on montlhy basis, the National Malaria Databasehas been integrated into DHIS2 wich would be the source of data during the grant. c. Targets: the access of the population service is still estimated to be under 80%. The access is expected to increase, as per the Country National Development Plan, through increase community awareness. Thus, the number of suspected cases that access HF it is expected to increase. With greater availability of RDTs and Microscopy tests plus supportive supervision (supported by the grant), the country aims to increase the proportion of suspected cases tested for malaria to 100% across the grant period. e) Grant contribution: 100% of the RDT for malaria in the two provinces will be supported by the GF. Microscopy tests by the GoA on the this proportion: 43% in 2021, 42% in 2022 and 41% in 2023.													
		CM-1b□M□ Proportion of suspected malaria cases that receive a parasitological test in the community	Country: Angola; Coverage: Geographic Subnational, less than 100% national program target	N: D: P:		Age,Type of testing	Yes	United Nations Development Programme	Non cumulative	N: D: P: 100.0%	N: D: P: 100.0%	N: D: P: 100.0%	N: D: P: 100.0%	N: D: P: 100.0%	N: D: P: 100.0%
19	**Comments**															
	This indicator refers to the result in the two provinces that will be supported by the GF grant: Benguela and Cuanza Sul. a. Baseline: none of the 2 provinces have already implemented the iCCM strategy, therefore the baseline is not available. b. Data source for the result: the results are collected through a mobile platform (Kobocollect) that will be integrated into DHIS2. c. Targets: iCCM in Angola focus in children under 5 years of age (CU5). Benguela province have 10 municipalities and Bie province 12, tolal 22 municipalities for the 2 provinces. 30 CHW called ADECOS will be provided in each municipality up to 2023 which will result on a total of 660 ADECOS (Benguela 300 ADECOS and Cuanza Sul 360 ADECOS). For the 3 years Benguela province will have 240 ADECOS in Y1 and 300 ADECOS in both Y2 and Y3. In Cuanza Sul province will be support 330 ADECOS in Y1 and Y2 and 360 in Y3. Each ADECOS is resposible in his/her micro area for 100 Housholds, based on the average number of person per household this means that each ADECOS cover 500 persons, of which 20% are estimated to be CU5 years of age = 100 CU5 per ADECOS. The expected average of fever episodes per year is 1,5 per CU5 = 150 fever episodes to be tested per year per ADECOS in his micro area. To this we added the cases of CU% coming from community not served by ADECOS formally but which will reach ADECOS being too far from HF. Therefore, 30% of fever episodes outside of the ADECOS micro area = 150 fever cases inside the micro area + 45 fever cases outside of ADECOS micro area = 195 fever cases to be expected as suspected cases per each ADECOS per year. This average of tested fever cases per ADECOS per year* number of ADECOS per province per year results on the targets for the 3 years. The aim is to test 100% of fever episods at community level as per the NMCP guidelines and based on the result of iCCM program in other provinces. d. Grant contribution: 100% of needs for training, supervision and RDT for malaria for the ADECOS in the the two provinces, according to targets, will be supported by the GF grant.													
		CM-2a□M□ Proportion of confirmed malaria cases that received first-line antimalarial treatment at public sector health facilities	Country: Angola; Coverage: Geographic Subnational, less than 100% national program target	N: 965,543 D: 1,093,124 P: 88.3%	2019 NMCP database	Age	Yes	United Nations Development Programme	Non cumulative	N: D: P: 95.0%	N: D: P: 95.0%	N: D: P: 96.0%	N: D: P: 96.0%	N: D: P: 96.0%	N: D: P: 96.0%
20	**Comments**															
	This indicator refers to the result in the two provinces that will be supported by the GF grant: Benguela and Cuanza Sul a. Baseline: in 2019 a total of 965,543 out of 109,3124 reported confirmed malaria cases in Benguela and Cuanza Sul province received 1st line antimalarial treatment at the public health facilities, which represents 88% of the patients that tested positive (Data source: National Malaria Database). b. Data source: the HF reports on monthly basis on Malaria activities, the National Malaria Database has been integrated into DHIS2 wich would be the source of data during the grant. c. Targets: the main challenge to achieve 100% of coverage in the past has been the constant availability of drugs. As the ACTs treatments will be available under this grant it is expected that 95% of cases will be treated with first line in Y1 and 96% in Y2 and Y3. The remaining cases are expected to be severe cases. e. TGF Grant will cover 100% of the treatment needs for malaria in the two provinces according to the estimated needs.													
		CM-2b□M□ Proportion of confirmed malaria cases that received first-line antimalarial treatment in the community	Country: Angola; Coverage: Geographic Subnational, less than 100% national program target	N: D: P:		Age	Yes	United Nations Development Programme	Non cumulative	N: D: P: 100.0%	N: D: P: 100.0%	N: D: P: 100.0%	N: D: P: 100.0%	N: D: P: 100.0%	N: D: P: 100.0%
21	**Comments**															
	This indicator refers to the result in the two provinces that will be supported by the GF grant: Benguela and Cuanza Sul. a. Baseline: none of the two provinces has already implemented iCCM, therefore no baseline is available. b. Data source for the result: the results are collected through a mobile platform (Kobocollect) that will be integrated into DHIS2. c. Targets: the number of positive malaria cases have been estimated based on the expected confirmed cases (expected fever cases * positivity rate), per year in children under 5 years of age, in the targeted municipalities. Based on result of iCCM in other provinces it is expected that 100% of the positive cases will be treated. d. Grant contribution: 100% of needs for training, supervision and tretament of CU5 in the the two provinces, according to targets, will be supported by the GF grant. Note that for the 1st year, the real need of ACT for iCCM which corresponds to the number of the expected confirmed cases is 57,798 treatments where a buffer stock of 25% of the need was added and resulted on a total of 72,248 ACT treatments													
Specific prevention interventions (SPI)																

		SPI-1 Proportion of pregnant women attending antenatal clinics who received three or more doses of intermittent preventive treatment for malaria	Country: Angola; Coverage: Geographic Subnational, less than 100% national program target	N: 52,773 D: 166,828 P: 31.6%	2019 NMCP database		No	United Nations Development Programme	Non cumulative	N: 41,089.4 D: 102,723.56044 P: 40.0%	N: 52,295.6 D: 130,739.076923 P: 40.0%	N: 58,060.64 D: 105,564.703297 P: 55.0%	N: 73,895.36 D: 134,355.076923 P: 55.0%	N: 70,507.36 D: 108,473.054945 P: 65.0%	N: 89,736.64 D: 138,056.615385 P: 65.0%
22	**Comments** This indicator refers to the result in the two provinces that will be supported by the GF grant: Benguela and Cuanza Sul a. Indicator definition: Numerator is the number of pregnant women (PW) attending antenanat clinics who received at least 3 doses of SP. Denominator is the number of total preganant women who attended first ANC, duirng the reporting period. b. Baseline: in 2019, 31,6 % of pregnant women attending the first ANC in the Benguela and Cuanza Sul provinces (Benguela 88,784 PW and Cuanza Sul 78,044 PW), received 3 or more doses of SP for IPTp in 2019. In Benguela province the rate was 40.6% (24,794 PW received 3 doses and 11,239 received 4 doses of SP for IPTp), while in Cuanza Sup province the rate was 21,4% (12,685 PW received 3 doses of SP and 4,055 recived 4 doses of SP for IPTp). c. Data source: routine monthly report on Malaria through DHIS2 d. Target assumption: community awareness activities and the continuous availability of the drugs at HF (both supported through the grant in the two provinces) are expected to translate in the increase of number of PW going to antenatal care clinic for three or more consultantions and to increase the coverage for this indicator. The country aims to achieve 65% of coverage as average in the two provinces by the end of the grant. e. Grant contribution: the grant will cover 100% of the needs for drugs and community awareness activities based on target assumptions in the two provinces														
		SPI-1 Proportion of pregnant women attending antenatal clinics who received three or more doses of intermittent preventive treatment for malaria	Country: Angola; Coverage: Geographic National, 100% of national program target	N: 221,954 D: 1,018,055 P: 21.8%	2019 NMCP database		Yes	United Nations Development Programme	Non cumulative	N: 283,743.4 D: 709,358.5 P: 40.0%	N: 283,743.4 D: 709,358.5 P: 40.0%	N: 402,163.58 D: 731,206.5 P: 55.0%	N: 402,163.58 D: 731,206.5 P: 55.0%	N: 489,761.35 D: 753,479 P: 65.0%	N: 489,761.35 D: 753,479 P: 65.0%
27	**Comments** This is National level indicator a. Indicator definition: Numerator is the number of pregnant women (PW) attending antenanat clinics who received at least 3 doses of SP. Denominator is the number of total pregnant women who attended first ANC, duirng the reporting period. b. Baseline: In 2019, a proportion of 21.8% of pregnant women attending the first ANC received 3 or more doses of SP for IPTp. c. Data source: routine monthly report on Malaria through DHIS2 d. Target assumption: Pregnant women are estimated at 5,2 % of the country population in each year. According to the Multiple and Health Indicators' Survey conducted in 2016, 82% of PW have acess to a first ANC and in 2021 the access to the first ANC is estimated at 85% up to 2023. The number of PW with access to a first ANC is estimated at 1,418,717 in 2021 ; 1,462,413 in 2022 and 1,506,958 in 2023, from there , the proportion of 40%, 55% and 65% of PW receiving the third dose of IPTp were fixed and applied to achieve the number of expected PW in each year. Furthemore Community awareness activities and the continuous availability of the drugs at HF are expected to translate in the increase of number of PW going to antenatal care clinic for three or more consultantions and to increase the coverage for this indicator. The country aims to achieve 65% of coverage by the end of the grant														
RSSH: Health management information systems and M&E															
		M&E-2a Completeness of facility reporting: Percentage of expected facility monthly reports (for the reporting period) that are actually received	Country: Angola; Coverage: Geographic Subnational, less than 100% national program target	N: 3,193 D: 3,688 P: 86.6%	2019 DHIS2/GEPE (second semester 2019 data)	Type of report	Yes	United Nations Development Programme	Non cumulative	N: 3,346 D: 3,718 P: 90.0%	N: 3,346 D: 3,718 P: 90.0%	N: 3,346 D: 3,718 P: 90.0%	N: 3,346 D: 3,718 P: 90.0%	N: 3,346 D: 3,718 P: 90.0%	N: 3,346 D: 3,718 P: 90.0%
23	**Comments** This indicator refers to the result in the two provinces that will be supported by the GF grant: Benguela and Cuanza Sul a. Indicator definition: the indicator will report on the reports received by HF on malaria (which are reported on monthly basis), on TB (reports are quarterly) and from HIV ART services (monthly reports). b. Baseline: a total of 3,193 reports from HFs were received in 2019 out of 3,688 expected reports in the two provinces, which represents 86.6% of reporting rate in 2019 (data source GEPE). c. Data source: will be by GEPE that will check the completeness in DHIS (the three programs are expected to be integrated in DHIS). d. Targets: the goal is to increase the monthly reports completness to 90% through the entire grant period. During the grant it is expected to have 554 HF reporting on Malaria on monthly basis, 35 HF reporting quarterly on TB (due to increase of TB services) and 54 reporting on ART service for adults on montlhy basis. This results in the total of expected 3,718 reports in 6 months (denominator). It is possible that the number will change during the grant due to scale up of services. e. Grant contribution: the grant will support the integration of the programs database into DHIS and the implementation of data quality check at HF levels, plus supportive supervision and training on relevance od data, interpretation of data and their use for planning.														
		M&E-2b Timeliness of facility reporting: Percentage of submitted facility monthly reports (for the reporting period) that are received on time per the national guidelines	Country: Angola; Coverage: Geographic Subnational, less than 100% national program target	N: 2,530 D: 3,193 P: 79.2%	2019 DHIS2/GEPE (second semester 2019 data)	Type of report	Yes	United Nations Development Programme	Non cumulative	N: 3,012 D: 3,346 P: 90.0%	N: 3,012 D: 3,346 P: 90.0%	N: 3,012 D: 3,346 P: 90.0%	N: 3,012 D: 3,346 P: 90.0%	N: 3,012 D: 3,346 P: 90.0%	N: 3,012 D: 3,346 P: 90.0%
24	**Comments** This indicator refers to the result in the two provinces that will be supported by the GF grant: Benguela and Cuanza Sul a. Indicator definition: the indicator will report on the number of reports that have been received on time among the ones that have been received from HF on malaria, TB and HIV. According to the National guidance the time limit for reporting is the 15th day of the following month. b. Baseline: Among the 3,193 reports sent by the two provinces of Benguela and Cuanza Sul in the second semester of 2019, 2,530 were submitted timely as per national guidelines, which represents 79%. c. Data source: will be by GEPE that will check the completeness in DHIS (the three programs are expected to be integrated in DHIS). d. Targets: the country aims to increase the rate of monthly reports submitted timely to 90% through the grant period . The use of DHIS2 in the country is expencted to facilitate the achievement of this goal e. Grant contribution: the grant will support the integration of the programs database into DHIS and the implementation of data quality check at HF levels, plus supportive supervision and training on relevance od data, interpretation of data and their use for planning.														
Treatment, care and support															
1	Adults living with HIV (15 and above)	TCS-1b□ᴹ□ Percentage of adults (15 and above) on ART among all adults living with HIV at the end of the reporting period	Country: Angola; Coverage: Geographic Subnational, less than 100% national program target	N: 10,365 D: 41,103 P: 25.2%	2019 UNAIDS spectrum Estimates 2020 /INLS Annual program data, 2019	Gender,Gender | Age,Duration of treatment,Target / Risk population group	No	United Nations Development Programme	Non cumulative – other	N: 15,685.25 D: 44,815 P: 35.0%	N: 17,453 D: 44,815 P: 39.0%	N: 20,853 D: 46,340 P: 45.0%	N: 23,340 D: 46,340 P: 50.0%	N: 26,289.45 D: 47,799 P: 55.0%	N: 30,419 D: 47,799 P: 63.6%
	Comments														

1	This indicator refers to the result in the two provinces that will be supported by the GF grant: Benguela and Cuanza Sul a. Definition of the indicator: Numerator is number of adults (15 and above) on ART at the end of the reporting period and includes PMTCT clients; denominator is estimated number of adults (15 and above) living with HIV b. Baseline is for 2 provinces (Benguela and Cuanza Sul) coverage program data from INLS (2019) and represents total adults (15 years and above) receiving ARVs according to current WHO treatment guidelines (Test and Treat). The baseline is 32 % for Benguela (7,577/23,677) and 16% for Cuanza Sul (2,788/17,426) c. Data source: Numerator data will be obtained from INLS program data; Denominator will be obtained from projections from Annual UNAIDS Spectrum estimates /INES population projection/IIMS. d. Targets assumptions: the targets are sub-national, for the two focus provinces (Benguala and Cuanza Sul). The target are different for the two provinces: Benguela: coverage of 47%, 58% and 70% respectively for Year 1, 2 and 3 of the grant; Cuanza Sul: coverage of 28%, 40% and 55% respectively for Year 1, 2 and 3 of the grant. The ART coverage in the two provinces will increase by 39% between 2019 and 2024. This improvement will be based on scaling up of most effective testing strategies (including partner notification and index testing), scaling up of the ART services, provision of training, supportive supervision and commodites for testing and for treating from GF grant in both provinces. PEPFAR will also complemnt the effort, particularly with TA on PMTCT in Benguela province e. Grant contribution: 100% of ARVs and RDT HIV tests for the two provinces according to the targets will be supported by the GF Grant. Note: Yearly HIV epidemiological and programmatic data are officially published on March 30 (of the following year) and yearly Spectrum data will be published in April of the following year.															
2	Children living with HIV (under 15)	TCS-1c□ᴹ□ Percentage of children (under 15) on ART among all children living with HIV at the end of the reporting period	Country: Angola; Coverage: Geographic Subnational, less than 100% national program target	N: 630 D: 4,111 P: 15.3%	2019 UNAIDS spectrum Estimates 2020 /INLS Annual program data, 2019	Gender,Duration of treatment	No	United Nations Development Programme	Non cumulative – other	N: 1,322.65 D: 3,779 P: 35.0%	N: 1,475 D: 3,779 P: 39.0%	N: 1,641.15 D: 3,647 P: 45.0%	N: 1,851 D: 3,647 P: 50.8%	N: 1,932.7 D: 3,514 P: 55.0%	N: 2,135 D: 3,514 P: 60.8%
	Comments															
	This indicator refers to the result in the two provinces that will be supported by the GF grant: Benguela and Cuanza Sul a) Definition of the indicator: Numerator is number of children (below 15 years) on ART at the end of the reporting period; denominator is the estimated number of children (below 15 years) living with HIV in the two provinces. b) Baseline is the ART coverage among children living with HIV in the 2 provinces (Benguela and and Cuanza Sul) according to program data from INLS (2019). c) Data source: Numerator data will be obtained from INLS program data; Denominator will be obtained from Annual UNAIDS Spectrum estimates. d) Target assumptions: The targets are sub-national for the two provinces (Benguala and Cuanza Sul): - Benguela: coverage of 42%, 55% and 65% respectively for Year 1, 2 and 3 of the grant - Cuanza Sul: coverage of 35%, 45% and 55% respectively for Year 1, 2 and 3 of the grant This improvement will be based on scaling up of most effective testing strategies to identify infected children (EID and index testing as well as testing sick children in key settings), scaling up of ART sservices for children (by training health care workers in HF that only treat adults so that they will be able to treat children as well), training, supportive supervision and commodites for testing and for treating supported by GF grant in both provinces. e) Grant Contribution: 100% of ARVs according to targets for the two provinces will be supported by the GF Grant Note: Yearly HIV epidemiological and programmatic data are officially published on March 30 (of the following year) and yearly Spectrum data will be published in April of the following year.															
25	All people living with HIV	TCS-1.1□ᴹ□ Percentage of people on ART among all people living with HIV at the end of the reporting period	Country: Angola; Coverage: Geographic National, 100% of national program target	N: 93,300 D: 340,000 P: 27.4%	2019 UNAIDS spectrum Estimates 2020 /INLS Annual program data, 2019	Age,Gender,Gender | Age,Duration of treatment,Target / Risk population group	Yes	United Nations Development Programme	Non cumulative – other	N: 126,350 D: 361,000 P: 35.0%	N: 144,400 D: 361,000 P: 40.0%	N: 167,400 D: 372,000 P: 45.0%	N: 186,000 D: 372,000 P: 50.0%	N: 210,100 D: 382,000 P: 55.0%	N: 229,200 D: 382,000 P: 60.0%
	Comments															
	includes PMTCT clients; Denominator is the estimated number of adults (15 and above) and children(under the age fo 15y) living with HIV. b. Baseline is national coverage program data from INLS (2019)/Spectrum and represents total adults (15 years and above) and Children (Below 15) receiving ARVs according to current WHO treatment guidelines (Test and Treat). The baseline is 27%. Annual HIV epidemiological and programmatic data are officially published on March 30 (for estimates of the preceding year) and Annual Spectrum data will be published in April of the following year. c. Data source: Numerator data will be obtained from INLS program data; Denominator will be obtained from projections from Annual UNAIDS Spectrum estimates. d. Targets assumptions: the targets are national targets from the NEP e. Grant contribution: two provinces will be supported by the GF Grant, representing almost 13% of the national needs.															
PMTCT																
3		PMTCT-2.1 Percentage of HIV-positive women who received ART during pregnancy and/or labour and delivery	Country: Angola; Coverage: Geographic Subnational, less than 100% national program target	N: 1,507 D: 4,105 P: 36.7%	2019 UNAIDS spectrum Estimates 2020 /INLS Annual program data, 2019		Yes	United Nations Development Programme	Non cumulative - special	N: 1,238 D: 4,346 P: 28.5%	N: 1,239 D: 4,346 P: 28.5%	N: 1,510 D: 4,442 P: 34.0%	N: 1,510 D: 4,442 P: 34.0%	N: 1,795 D: 4,543 P: 39.5%	N: 1,795 D: 4,543 P: 39.5%
	Comments															
	This indicator refers to the result in the two provinces that will be supported by the GF grant: Benguela and Cuanza Sul a. Definition of indicator: Numerator is number of HIV positive pregnant women who delivered during the reporting period and received ART during pregnancy and/or labour and delivery; Denominator is the estimated number of HIV positive pregnant women who delivered during the reporting period. Numerator includes all pregnant women on ART, both newly diagnosed and those who were already undergoing treatment before becoming pregnant. b. Baseline source and assumptions: baseline data is related to the two provinces (Benguela and Cuanza Sul), coverage program data are from INLS and represent the number of HIV positive pregnant women who received ART for prevention of MTCT. HIV Pregnant women in need of PMTCT are estimated from number of women aged 15-49 in each province based on projections by INLS. The baseline for PMTCT coverage is 59% in Benguela (1,136/1,926) and 17% in Cuanza Sul (370/2,179). c. Data source: Numerator data will be obtained from INLS program data; Denominator will be obtained from Annual UNAIDS Spectrum estimates/INES population projections. d. Target assumption: The targets are sub-national for the two focus provinces: - Benguela: coverage of 77%, 83% and 90% respectively for Year 1, 2 and 3 of the grant - Cuanza Sul: coverage of 40%, 55% and 70% respectively for Year 1, 2 and 3 of the grant e. Grant contribution: 100% of ARVs for the two provinces based on targets will be supported by the GF Grant Note: Yearly HIV epidemiological and programmatic data are officially published on March 30 (of the following year) and yearly Spectrum data will be published in April of the following year.															
4		PMTCT-3.1 Percentage of HIV-exposed infants receiving a virological test for HIV within 2 months of birth	Country: Angola; Coverage: Geographic Subnational, less than 100% national program target	N: D: P:		HIV test status	Yes	United Nations Development Programme	Non cumulative	N: 867 D: 2,173 P: 39.9%	N: 867 D: 2,173 P: 39.9%	N: 1,132 D: 2,221 P: 51.0%	N: 1,132 D: 2,221 P: 51.0%	N: 1,435 D: 2,271 P: 63.2%	N: 1,435 D: 2,271 P: 63.2%
	Comments															

4	This indicator refers to the result in the two provinces that will be supported by the GF grant: Benguela and Cuanza Sul a. Definition of indicator: Numerator is the number of HIV exposed infants (HEI) born during the reporting period, who received a virological HIV test within two months of birth. Denominator is the estimated number of HIV-positive women who delivered during the reporting period. b. Baseline source and assumptions: baseline data are not available at provincial level. The baseline at national level, in 2019, was 28.7% of HEI tested at two months of age, as per INLS data. c. Data source: Numerator data will be obtained from INLS program data; Denominator will be obtained from projections from Annual UNAIDS Spectrum estimates /INES population projection/IIMS (same denominator as PMTCT-2.1) d. Targets assumptions: The targets are sub-national for the two provinces. Through this grant the country will improve the follow up of mother-baby pair and increase access to Early Infant Diagnosis (EID) services by implementing sample transport system. The country aims to provide EID to 70%, 75% and 80% of HEI born from mother on ART (numerator of PMTCT-2.1 indicator), in Y1, Y2 and Y3 respectively: Y1: 4,346 estimated PW HIV positive, 57% of these on ART= 2,477 and 70% of their HEI receiving EID= 1,734 Y2: 4,442 estimated PW HIV positive, 68% of these on ART= 3,020 and 75% of their HEI receiving EID= 2,265 Y3: 4,543 estimated PW HIV positive, 79% of these on ART= 3,589 and 80% of their HEI receiving EID= 2,871 e. Grant contribution: 100% of needs for EID for the two provinces according to targets will be supported by the GF Grant														
5		PMTCT-1 Percentage of pregnant women who know their HIV status	Country: Angola; Coverage: Geographic Subnational, less than 100% national program target	N: D: P: 69.0%	2019 INLS Annual program data, 2019	HIV test status	Yes	United Nations Development Programme	Non cumulative - special	N: 75,507 D: 185,603 P: 40.7%	N: 75,507 D: 185,603 P: 40.7%	N: 81,665 D: 189,553 P: 43.1%	N: 81,665 D: 189,553 P: 43.1%	N: 88,193 D: 193,784 P: 45.5%	N: 88,193 D: 193,784 P: 45.5%
	Comments														
	This indicator refers to the result in the two provinces that will be supported by the GF grant: Benguela and Cuanza Sul a. Definition of Indicator: Numerator is the number of pregnant women attending antenatal clinics and/or giving birth at a facility who were tested for HIV during pregnancy, at labour and/or delivery, or those who already knew they were HIV-positive at the first antenatal care visit. Denominator is the estimated number of pregnant women giving birth in the past 12 months. b. Baseline source and assumptions: estimates for pregnant women to access HIV testing in Benguela and Cuanza Sul are based on projections by INLS, according to which 69% (2019) of pregnant women have been tested for HIV and received their test result. c. Data source: Numerator data will be obtained from INLS program data; Denominator will be obtained from Annual UNAIDS Spectrum estimates. d. Target assumption: The targets are sub-national for the two provinces: - Benguela: coverage of 92% is expected to be maintained, for all years of the grant - Cuanza Sul: is expected to increase the coverage to 70%. 80% and 90% respectively for Year 1, 2 and 3 of the Grant. e. Grant contribution: 100% of HIV tests according to the targets for the two provinces will be supported by the GF Grant.														
Prevention															
6	Men who have sex with men	KP-1a□ᴹ□ Percentage of men who have sex with men reached with HIV prevention programs - defined package of services	Country: Angola; Coverage: Geographic Subnational, less than 100% national program target	N: 686 D: 6,420 P: 10.7%	2019 INLS Annual program data, 2019, in Bie and Benguela provinces	Age	Yes	United Nations Development Programme	Non cumulative - special	N: 1,081.52 D: 7,210.109749 P: 15.0%	N: 1,081.52 D: 7,210.109749 P: 15.0%	N: 1,488.41 D: 7,442.055326 P: 20.0%	N: 1,488.41 D: 7,442.055326 P: 20.0%	N: 1,920.52 D: 7,682.087065 P: 25.0%	N: 1,920.52 D: 7,682.087065 P: 25.0%
	Comments														
	This indicator refers to the result in the two provinces that will be supported by the GF grant: Benguela and Cuanza Sul a. Definition of indicator: Numerator is number of MSM who have received a defined package of HIV prevention service. Denominator is the estimated number of MSM in the targeted area. We consider MSM reached as those who have been advised at least once. Provisional minimum package : sentization (min 4 sessions), HIV RDT, Condoms + lubricant; Extended package : adds referall to diagnosis and treatment for STI; "Reached" in the semester = one persone receiving the minimal package of prevention at least once. Final package to be offered will be defined by the HIV TWG in July 2021. b. The baseline coverage data is from INLS program data of MSMs reached with a defined package of services by APDES in Bié and OIC in Benguela as INLS-SSR in 2019. There are no baseline data on Cuanza Sul since there is no currently activity of prevention in this province. c. Data souce: Numerator data will be obtained from implementing SR that reports to INLS program data base. Denominators is the estimated MSM population size in Benguela and Cuanza Sul. Projections on estimated MSM population size are available only for the five provinces that were involved in the 2017 PLACE study (which included Benguela but not Cuanza Sul). Therefore, the country has applied the proportion of MSM found in the study for Benguela (0.9%) to calculate the estimated size population of MSM in Benguela, while using for Cuanza Sul estimate the prevalence of MSM found in Bie province (0.2%), since this is considered a province similar to Cuanza Sul for several characteristcs. d.Targets assumption: targest are sub-national for Benguela and Cuanza Sul. The target is to reach in each of the two provinces 30%, 40% and 50% of the estimated MSM population respectively in Year 1, 2 and 3 of the grant. e. Grant contribution 100% of commmunity activities according to the targets in the two provinces will be supported by the GF Grant														
7	Adolescent girls and young women in high prevalence settings	YP-1b Percentage of young people aged 10–24 years reached by comprehensive sexuality education and/or life skills–based HIV education out of schools	Country: Angola; Coverage: Geographic Subnational, less than 100% national program target	N: 25,263 D: 859,243 P: 2.9%	2019 INLS Annual program data, 2019, for Huíla, Luanda, Benguela, Cunene and Cuando Cubango provinces	Gender	Yes	United Nations Development Programme	Non cumulative – other	N: 21,008.4 D: 350,140 P: 6.0%	N: 24,509.8 D: 350,140 P: 7.0%	N: 28,759.68 D: 359,496 P: 8.0%	N: 35,949.6 D: 359,496 P: 10.0%	N: 44,289 D: 369,075 P: 12.0%	N: 55,361.25 D: 369,075 P: 15.0%
	Comments														
	This indicator refers to the result in the two provinces that will be supported by the GF grant: Benguela and Cuanza Sul a. Definition of indicator: Number of girls aged 10–24 years reached by comprehensive sexuality education and/or life skills–based HIV education out of schools. Denominator is the estimated population of gilrs aged 10-24 years in target areas. This indicator will focus only on out-of school girls because of the high incidence of HIV in AGYW and the early sexual debut and early pregnancy in Angola. "Reached" in the semester = one girl receiving a minimum of 4 sessions /semester. The HIV TWG will finalize the content of lige-skills based education package in July 2021. b. Baseline: The baseline coverage data is from INLS program data of AGYW reached with a defined package of services by ADPP and APDES, which reached a total of 25,263 AGYW, by delivering a defined package of HIV prevention services in five provinces (Huíla, Luanda, Benguela, Cunene and Cuando Cubango). Baseline data for Cuanza Sul are not available since this activity was not implemented in the province c. Data source: Numerator data will be obtained from implementing SR that reports to INLS program data base. Denominators will from AGYW mapping and PSE projections to be done in Y1 of grant. d. Target assumptions: The targets are sub-national data on AGWY out-of-School in the two provinces (Benguela and Cuanza Sul) and are based on projections by INLS. The target is for each province to reach 7%, 10% and 15% of AGYW respectively in Year 1, 2 and 3 of the grant. According to NOEMI-UNAIDS Model both provinces (Benguela and Cuanza Sul) are provinces with medium risk, however detailed data are not available. Therefore a mapping will be done during the first year of the grant to assess the PSE and map AGYW at higher risk. The targets, (both Numerator and denominator), will be revised accordingly. e.Grant contribution: 100% of activities at community (peer groups) and HF (implementing a more adolescent friednly services) to reach the AGYW in the two provinces according to the targets will be supported by the GF Grant.														
8	Sex workers and their clients	KP-1c□ᴹ□ Percentage of sex workers reached with HIV prevention programs - defined package of services	Country: Angola; Coverage: Geographic Subnational, less than 100% national program target	N: 1,225 D: 15,126 P: 8.1%	2019 INLS Annual program data, 2019, in Bie and Benguela provinces	Gender,Age	Yes	United Nations Development Programme	Non cumulative - special	N: 3,628.53 D: 18,142.663973 P: 20.0%	N: 3,628.53 D: 18,142.663973 P: 20.0%	N: 4,676.6 D: 18,706.380602 P: 25.0%	N: 4,676.6 D: 18,706.380602 P: 25.0%	N: 5,788.22 D: 19,294.070385 P: 30.0%	N: 5,788.22 D: 19,294.070385 P: 30.0%
	Comments														

8	This indicator refers to the result in the two provinces that will be supported by the GF grant: Benguela and Cuanza Sul a. Definition of indicator: Numerator is the number of FSWs who have received a defined package of HIV prevention service. Denominator is the Estimated number of FSWs in the targeted area. We consider reached those who have been advised at least once. Provisional minimum package : sentization (min 4 sessions), HIV RDT, Condoms + lubricant; Extended package : adds referall to diagnosis and treatment for STI; "Reached" in the semester = one persone receiving the minimal package of prevention at least once. Final package to be offered will be defined by the HIV TWG in July 2021. b. The baseline coverage data is from INLS program data of FSWs reached with a defined package of services by APDES in Bié and OIC in Benguela as INLS-SSR during NFM2. Baseline data for Cuanza Sul are not available since prevention activity targeting FSW are not implemented currently in the province. c. Data souce: Numerator data will be obtained implementing SR that reports to INLS program data base. Denominators is the estimated FSW population. This value is not available for all provinces in Angola, but just for the five that were included in the Place Study 2017 (which included Benguela but not Cuanza Sul). Therefore, the country has applied the proportion of FSW found in the study for Benguela (1.0%) to calculate the estimated size population of Benguela, while using for Cuanza Sul estimate the prevalence of FSW found in Bie province (1.6%), since this is considered a province similar to Cuanza Sul for several characteristcs. d. Targets assumption: The targest are sub-national for the two focus provinces. The country aims to reach in each province 40%, 50% and 60% FSW respectively for Year 1, 2 and 3 of the grant. e. Grant contribution 100% of commmunity activities according to the targets in the two provinces will be supported by the GF.														
TB/HIV															
		TB/HIV-5 Percentage of registered new and relapse TB patients with documented HIV status	Country: Angola; Coverage: Geographic Subnational, less than 100% national program target	N: D: P: 80.0%	2019 NTP annual report 2019	Age,Gender,HIV test status	Yes	United Nations Development Programme	Non cumulative	N: 6,636.5 D: 7,808 P: 85.0%	N: 6,636.5 D: 7,808 P: 85.0%	N: 7,835 D: 8,516 P: 92.0%	N: 7,835 D: 8,516 P: 92.0%	N: 8,771.5 D: 8,771.5 P: 100.0%	N: 8,771.5 D: 8,771.5 P: 100.0%
10	**Comments**														
	This indicator refers to the result in the two provinces that will be supported by the GF grant: Benguela and Cuanza Sul a) Definition of indicator: Numerator is the number of TB patients whose HIV status is known (newly tested and already know positive). The denominator is the total number of TB patients (all forms) notified. b) Baseline: the baseline of 80% is the average of TB patients tested for HIV for the two provinces, 86% for Benguela and 75% for Cuanza Sul in 2019. The data source is the NTP annual report 2019. c) Data source: Data will be collected at HFs on a quarterly basis. Data source for the results will be NTP program database. During the first year of the grant the NTP database is expected to be integrated into DHIS2. To note that data collection tools were not designed to distinguish between those who were HIV+ and the newcomers. d) Target assumptions: both provinces plan to increase this indicator to reach 85% in the first year, 92% in the second year and 100% in the 3rd year. They will be achieved by training of HCW on TB/HIV activities, supportive supervision and ensuring RDT HIV at TB services. e) Grant contribution: The grant will support 100% of these activities (HIV tests, HCW training and supervision).														
		TB/HIV-6□ᴹ□ Percentage of HIV-positive new and relapse TB patients on ART during TB treatment	Country: Angola; Coverage: Geographic Subnational, less than 100% national program target	N: D: P:		Age,Gender	Yes	United Nations Development Programme	Non cumulative	N: 495 D: 618 P: 80.0%	N: 495 D: 618 P: 80.0%	N: 687 D: 808 P: 85.0%	N: 687 D: 808 P: 85.0%	N: 870 D: 917 P: 95.0%	N: 870 D: 917 P: 95.0%
11	**Comments**														
	This indicator refers to the result in the two provinces that will be supported by the GF grant: Benguela and Cuanza Sul a) Definition of indicator: Numerator is the number of TB/HIV co-infected patients on ART. The denominator is the number TB/HIV co-infected patients. b) Baseline: provincial data are not available. Baseline national average of TB/HIV patients put on ART was 48% in 2019 (source 2019 NTP annual report). c) Data source: Data will be collected by NTP from HFs on a quarterly basis. Data source for the results will be NTP program database. During the frist year of the grant the NTP database is expected t be integrated into DHIS2 d) Target assumptions: Every province will increase this indicator to 80%, 85% and 95% respectively for Y1, Y2 and Y3. The scale-up of the implementation of Test and Treat and the integration of HIV and TB services will increase the number of patients with TB diagnosed for HIV and placed on ART. e) Grant contribution: The grant will support 100% of these activities (scaling up TB services, ART, HCW training).														
		TB/HIV-7 Percentage of PLHIV on ART who initiated TB preventive therapy among those eligible during the reporting period	Country: Angola; Coverage: Geographic Subnational, less than 100% national program target	N: D: P:		Age,Gender,TPT regimen	Yes	United Nations Development Programme	Non cumulative	N: 1,515 D: 2,163 P: 70.0%	N: 1,515 D: 2,163 P: 70.0%	N: 2,254 D: 2,819 P: 80.0%	N: 2,254 D: 2,819 P: 80.0%	N: 2,981.95 D: 3,313.28025 P: 90.0%	N: 2,981.95 D: 3,313.28025 P: 90.0%
9	**Comments**														
	This indicator refers to the result in the two provinces that will be supported by the GF grant: Benguela and Cuanza Sul a. Definition of indicator: Numerator is the number of PLHIV newly enrolled on ART who initiated TB preventive therapy (TPT) during the reporting period. Denominator is the number of PLHIV newly enrolled on ART who are eligible for TPT during the same reporting period. The indicators will be based on PLHIV newly enrolled on ART as there is no available data on backlog of PLHIV already on ART but whose have not received TPT. b. Baseline source and assumptions: while TPT has been implemented in NFM2, baseline data for provinces is not available. Baseline national coverage data is 42% of TPT coverage (WHO Global TB report 2019). c. Data source and data collection that will be used for the reporting: INLS Program records (ART and IPT/TPT registers). d. Target assumption: the program plans to increase the number of PLHIV enrolled on care and screen all of them for TB to get the eligible initiated on TPT, in order to reduce the TB/HIV co-infection rate and the HIV related mortality. Targets (Numerator) are set aligned to global End TB targets. The denominator was calculated from the expected new enrollment on ART for each year minus the 10% who are expected to be TB/HIV co-infected (WHO Global TB report, 2019). The target are sub-national for the two provinces (Benguala and Cuanza Sul): the aim is to start respectively 70%, 80% and 90% of eligible new enrolled PLHIV on ART - Year 1: new enrolled on HIV service 4,809, 90% expected to be eligible = 4,328. 70% of these will be started on TPT = 3,030 - Year 2: new enrolled on HIV service 6,264, 90% expected to be eligible = 5,638. 80% of these will be started on TPT= 4,510 - Year 3: new enrolled on HIV service 7,363, 90% of these are expected to be eligible= 6,627. 90% of these will be started on TPT= 5,964. e. Grant contribution: 100% of TB preventive treatment for PLHIV eligible to TPT will be supported through th GF Grant.														

Workplan Tracking Measures								
Population	**Intervention**	**Key Activity**	**Milestones**	**Criteria for Completion**	**Country**	**01-Jan-2022 30-Jun-2022**	**01-Jan-2023 30-Jun-2023**	**01-Jan-2024 30-Jun-2024**
Reducing human rights-related barriers to HIV/TB services								
	Not applicable	Advocacy and mobilization for law and policy reform to increase access to services	1. National workshop: main aim is to create a legal favourable environment with the participation of CSOs and other relevant stakeholders in the national HIV response . 2. An annual two-day National Dialogue Workshop aims at monitoring the implementation of policies, addressing HIV-relevant issues and raising the capacity of CSOs and CBOs working with KVPs, especially FSWs, MSMs, and AGYW	Measuring implementation during grant: 0= Not Started 1= Started: National workshop held 2= Advanced: Number of CSOs and CBOs involved in implementationof KVP programs; Policies developed guiding KVP programming 3= Completed: Annual Reports from National dialogue workshops evidencing KVP policy development and implementation.	Angola		X	
			Mapping of all stakeholders, policy-makers and duty bearers, health and sectoral authorities, the judiciary, CSOs and CBOs, I/NGOs and IDPs, and the private sector, at central, provincial and community levels completed	Measuring implementation during grant: 0= Not Started 1= Started: Mapping on going but less than 50% done 2= Advanced: Mapping on going, more than 50% done 3= Completed: Mapping completed	Angola	X		
			The HIV Law and Policy Reform creating an enabling environment to support a reduction in new infections and ensuring uptake of and retention in treatment	Measuring implementation during grant: 0= Not Started 1= Started: HIV Draft Laws and Policy developed targeting KVPs 2= Advanced: HIV Draft Laws and Policy reviewed by Judiciary and legislature 3= Completed: Relevant HIV laws and policies for KVPs enacted.	Angola			X

Comments
This intervention will be complemented by supporting Angola's Ombudsman, in partnership with CSOs, to elaborate a Thematic Report on the Situation of Persons Affected by the Epidemic with three different focus groups, namely KVPs, AGYW, PLHIV and Women