

**UPDATED INFORMATION RELATED PREPARATION OF THE
INTEGRATED CAMPAIGN « VIVA VIDA COM SAUDE »
2006 IN ANGOLA
Weekly Report: 13th–19th September 2006**

1. Target population for Measles intervention - children - 9-59 months: 4,931,889
2. Target population for Polio intervention - children < 5 years old: 5,802,222
3. Target population for administration of Vitamin A : 4,641,778
4. Target population for administration of Albendazole : 4,641,778
5. Nr of bed nets to be distributed in 7 provinces: 794,400
6. Budget :

(Activities carried out during the week have been coloured in blue).

Last week during the ICC meeting MoH presented the official results of the integrated campaign “VIVA VIDA” Campaign, and after a press conference took place with mass media and all partners (WHO, UNICEF, USAID, CORE GROUP). See attached results).

The 1st draft of the Campaign report is available in Portuguese. Translation in English version is in process.

The 30 days survey pos-campaign “Viva a Vida com Saúde” has been finalised this week and we are in data entry.

The preliminary results from the campaign are satisfactory (as you can see in attached table). The dates show that the target population in some provinces were under estimated. Movement population was observed from the rural phase to the urban phase. There are still missing data from rural phase from some municipalities of the followings Provinces: Cabinda, Malange, Uige and L. Norte).

The training of 7 provincial coordinators for 30 days survey pos-campaign “Viva a Vida com Saúde” is ongoing.

The final report from of the campaign will be available next week.

We still in the process of collecting and analysing data of integrated campaign from the field. The preparation for the 30 days survey pos-campaign is ongoing and the training of provincial coordinators is planned for the period of 21st to 25th August 2006 and for the supervisors and inquirers from 29th to 31st August 2006. The survey will start on September 04 2006.

As of 15th August, out of 164 districts, 162 reported preliminary results of campaign (see attached table).

The Rural phase of the campaign still ongoing in Lobito district – Benguela Province until 19th August 2006. As of 08th August, out of 164 districts, 141 reported preliminary results of campaign (see table 4).

All 18th Provincials WHO focal point arrived today for a meeting. They brought new data and tomorrow we will meet to update the results of the campaign.

Table 4: Preliminary Results of the Campaign (as of 08st August 2006)

PROVINCES	Districts that reported	TOTAL Districts	OPV1	Measels	Vita A	Albendazol	Bed Nets
BENGO	5	8	21.042	16.174	17.331	14.913	N/A
BENGUELA	9	9	489.310	352.715	322.702	306.519	N/A
BIÉ	9	9	128.908	88.591	105.215	80.361	N/A
CABINDA	4	4	79.744	62.358	58.212	56.189	79.862
CUNENE	6	6	32.738	27.409	26.724	24.054	N/A
HUAMBO	11	11	174.889	139.874	146.287	132.072	N/A
HUILA	14	14	203.653	157.810	163.012	148.673	N/A
KUANDO KUBANGO	3	9	27.737	21.821	21.484	19.208	N/A
KWANZA NORTE	10	10	47.083	38.478	38.092	31.538	N/A
KWANZA SUL	9	12	97.351	76.381	74.492	73.232	N/A
LUANDA	9	9	1.034.733	824.068	823.473	802.867	N/A
LUNDA NORTE	7	9	85.248	66.674	62.360	58.365	85.248
LUNDA SUL	4	4	44.561	34.597	34.697	31.353	42.288
MALANGE	6	14	76.379	57.256	57.622	54.889	65.762
MOXICO	9	9	61.773	45.148	51.191	46.334	61.296
NAMIBE	4	5	44.521	30.912	31.772	29.844	N/A
UÍGE	16	16	182.477	158.706	157.652	137.051	181.718
ZAIRE	6	6	37.459	29.920	28.835	27.367	35.768
TOTAL	141	164	2.869.606	2.228.892	2.221.153	2.074.829	551.942

The Rural phase of the campaign still ongoing in 155 districts until 3rd August 2006. As of 01st August, out of 164 districts, 141 reported preliminary results of campaign (see table 3).

Table 3: Preliminary Results of the Campaign (as of 01st August 2006)

PROVINCES	Districts that reported	TOTAL Districts	OPV1	Measels	Vita A	Albendazol	Bed Nets
BENGO	5	8	21.042	13.974	17.331	12.913	N/A
BENGUELA	9	9	489.310	352.715	322.702	306.519	N/A
BIÉ	9	9	128.908	88.591	105.215	80.361	N/A
CABINDA	4	4	73.740	58.673	54.903	53.128	73.808
CUNENE	6	6	32.738	27.409	26.724	24.054	N/A
HUAMBO	11	11	174.889	139.874	146.287	132.072	N/A
HUILA	14	14	203.653	157.810	163.012	148.673	N/A
KUANDO KUBANGO	3	9	27.737	21.821	21.484	19.208	N/A
KWANZA NORTE	10	10	47.083	38.478	38.092	31.538	N/A
KWANZA SUL	9	12	97.351	76.381	74.492	73.232	N/A
LUANDA	9	9	1.034.733	824.068	823.473	802.867	N/A
LUNDA NORTE	7	9	79.971	62.016	58.750	55.728	80.919
LUNDA SUL	4	4	44.561	34.597	34.697	31.353	42.288
MALANGE	6	14	71.009	44.950	43.978	40.763	65.762
MOXICO	9	9	61.773	45.148	51.191	46.334	61.296
NAMIBE	4	5	44.521	30.912	31.772	29.844	N/A
UÍGE	16	16	86.216	66.376	67.096	63.765	85.684
ZAIRE	6	6	37.459	29.920	28.835	27.367	35.768
TOTAL	141	164	2.756.694	2.113.713	2.110.034	1.979.719	445.525

The Rural phase started on 20th July 2006 and will be completed on 3rd August 2006.

Given the high demand, the urban phase was extended up to 21st July 2006.

All the interventions are well accepted by the population both in urban and rural areas.

The campaign is being supported on the field by all the usual partners, the private sectors, the NGOs as well as locally authorities and traditional healers. Police and Military Units are assisting in ensuring access to hard reach areas.

An ICC meeting was held today (25th July 2006) for the presentation of the preliminary results and the trends of the campaign.

As of 24th July 2006, out of 164 districts, 109 reported preliminary results of campaign (see table 2).

Table 2: Preliminary Results of the Campaign (as of 24th July 2006)

PROVINCES	Districts that reported	TOTAL Districts	OPV1	Measels	Vita A	Albendazol	Bed Nets
BENGO	8	8	12.196	9.504	10.145	8.730	N/A
BENGUELA	7	9	464.179	335.078	331.421	293.161	N/A
BIÉ	9	9	128.908	94.597	105.225	82.361	N/A
CABINDA	4	4	73.740	58.673	54.903	53.128	73.274
CUNENE	6	6	32.738	27.509	27.310	24.054	N/A
HUAMBO	11	11	174.889	139.874	146.287	132.072	N/A
HUILA	13	14	203.653	157.810	166.345	148.673	N/A
KUANDO KUBANGO	3	9	27.737	21.821	21.484	19.208	N/A
KWANZA NORTE	4	10	47.083	38.478	38.092	31.538	N/A
KWANZA SUL	2	12	42.093	37.203	34.025	32.742	N/A
LUANDA	9	9	1.015.446	811.282	864.167	791.075	N/A
LUNDA NORTE	7	9	78.208	62.016	58.750	55.728	80.919
LUNDA SUL	1	4	44.561	34.597	34.697	31.353	42.288
MALANGE	1	14	70.896	56.253	53.649	50.809	65.426
MOXICO	6	9	61.035	44.574	50.610	45.919	142.366
NAMIBE	5	5	44.521	30.912	31.772	29.844	N/A
UÍGE	2	16	60.338	44.094	45.010	28.380	58.924
ZAIRE	11	6	41.039	32.901	32.050	28.710	35.768
TOTAL	109	164	2.623.260	2.037.176	2.105.942	1.887.485	498.965

The Campaign started on 13th July in all Provinces except in Luanda, where it started earlier on 12th July.

1. The Vice-Minister of Public Health and the Vice-Governor of Luanda Province with other health authorities and partners visited vaccination posts in several districts of Luanda during the first day of the Campaign.
2. The national launching ceremony took place as planned in Mbanza Congo city, (Zaire Province) on 13th July.
3. Other launching ceremonies were held in Provincial headquarters and chaired by governors and other provincial authorities and partners.
4. The change in dates of the Campaign did not affect the demand of services during the first day of campaign but it affected the capacity to organize the vaccination posts in many places.

5. In many provinces it was noticed a lot of pressure from parents to be attended to faster; this pressure was higher in Provinces where mosquito nets were distributed. This led to some disruption of service delivery; The lack of trained staff in some Provinces had the following effects:
 - Stock out of mosquito nets because of higher number of children out of target receiving the nets.
 - Children missing some interventions
 - Poor utilisation of tally sheets and other tools (i.e. vaccination cards).
6. In terms of logistics, it was notified the lack of tally sheets, vit A and Albendazol, due to poor distribution at local level, but most of those problems were solved in the course of the day.
7. After 4 days of campaign in urban areas and giving the ongoing demand some Provinces decided to extend the delivery of services in health facilities for additional days.
8. Quality monitoring started in at least 2 districts in each Province. Results are shared at local level and the feedback is made everyday. This allowed the identification and resolution of problems.
9. A dally bulletin on the implementation of the Campaign is being published to inform the partners and to provide feedback to the Provinces.

Table 1: Preliminary Results of the Campaign (as of 18 th July 2006)

PROVINCES	Districts that reported	TOTAL Districts	OPV1	Measels	Vita A	Albendazol	Bed Nets
BENGO	8	8	12.196	9.504	10.145	8.730	
BENGUELA	6	9	64.200	57.264	50.414	41.408	
BIÉ	9	9	88.858	67.885	62.730	55.132	
CABINDA	4	4	43.470	32.695	32.015	29.271	43.258
CUNENE	4	6	30.015	25.101	24.953	23.252	
HUAMBO	11	11	152.989	124.128	131.115	118.740	
HUILA	13	14	142.283	106.920	118.162	107.708	
KUANDO KUBANGO		9	N / A	N / A	N / A	N / A	
KWANZA NORTE	4	10	19.761	15.128	14.770	12.028	
KWANZA SUL		12	N / A	N / A	N / A	N / A	
LUANDA	9	9	1.015.446	787.676	823.070	791.075	
LUNDA NORTE	7	9	54.162	43.163	39.391	41.264	55.341
LUNDA SUL	1	4	16.144	13.332	13.226	11.579	16.144
MALANGE	1	14	56.421	44.712	43.749	40.559	50.863
MOXICO		9	N / A	N / A	N / A	N / A	N / A
NAMIBE	5	5	14.313	6.922	7.469	6.734	
UÍGE	3	16	18.078	9.187	13.658	12.353	18.185
ZAIRE	2	6	8.615	7.186	6.535	5.390	7.815
TOTAL	87	164	1.736.951	1.350.803	1.391.402	1.305.223	191.606

The implementation of the campaign was suspended on 4 July 2006 by the Government of Angola for technical reasons

1. Coordination:

The coordination of the integrated campaign “Viva Vida com Saúde” planned according to Strategic Plan for “Reducing Child Mortality in Angola” is being ensured by National Director of Public Health. The National Commission is divided in sub commission: Technical, Social Mobilization, Logistic and Finances.

An ICC meeting was held on Tuesday, 6th.June to review the ongoing preparations of the campaign.

An ICC meeting was held on Monday, 12th.June to review the ongoing preparations of the campaign. It was recommended Social Mobilization Team to propose to ICC in next meeting the program for launching of the campaign.

The Technical Group is consolidating the micro planning of all the Country National with district and provincial micro plans reviewed in each Province with the support of national supervisors.

The ICC meeting was held on Monday, 26th June to review the ongoing preparations of the campaign. Key issues discussed were: delay in delivery of mosquito nets to 2 Provinces, arrangement to get army involvement in transportation of logistics to hard to reach areas, implementation of visit of National Supervisors during the campaign, Social Mobilization activities for the next 2 weeks, and gaps in implementation in some Provinces.

The ICC meeting was held today, June, 4th to review the ongoing preparations of the campaign. Key issues discussed were: Logistic and Social mobilization.

After the lift of suspension of the campaign on Monday 10 July 2006 in the evening, an emergency meeting chaired by the National Director of Public Health was held on 11th July 2006.

The main announcements made during the meeting are as follows:

1. New dates:
 - Luanda Province: 12-15 July 2006
 - Urban areas ‘excluding Luanda): 13-17 July 2006
 - Rural areas: 20 July-03 August 2006.
2. Launching ceremony: 13 July 2006 at Mbanza Congo (Zaire Province)
3. Review of the Budget to include additional needs due to the suspension (per diem, transport, distribution of vaccines and other materials, social mobilization...etc); Unicef and the Government would cover the needs.
4. Polio NIDs (Round 2): 1-3 September 2006 (initial dates: 18-20 August 2006 synchronized with DRC and Namibia)

5. The next ICC meeting would be held on 20 July 2006 to assess the implementation of the 1st phase of the campaign.

2. Resource Mobilisation:

All resources are now available as were budgeted. The campaign will be supported through the contribution made available by the donors and partners.

WHO funds are being transferred to the Ministry of Health.

Part of WHO funds (\$318.958) has transferred to national EPI/MoH to support ongoing activities of preparation of the campaign: training, meetings and micro planning, which have been conducting at provincial levels.

By now all WHO funds have been transferred to MOH. Major concern is the delay of transferring funds to 4 Provinces (Zaire, Huíla, Huambo, Benguela) due to banking matters. Rest of the Provinces already received funds. National Directorate of Public Health will address that matter in the next days.

The main constraints related with transfer of funds to provinces were overlapped. All funds are now available in the provinces.

3. Chronogram of activities

Main activities are ongoing as were scheduled. Some adjustments on field have been taken to fit according to the established plan of activities.

4. Logistic of vaccines and materials:

The remaining 21 MK 304 Ice lined refrigerators were sent to the provinces as additional equipment. Five percent of 794,400 Mosquito-nets was sent this week to the provinces; in addition dry materials for five provinces (Lunda Norte, Moxico, Lunda Sul, Kwanza Norte and Malanje) and, 8% of the total quantity of mosquito-nets were received at warehouse to be prepared and packaged together with other materials and sent to provinces.

Twenty thousands of the markers were received for the campaign and they have been now packed by district to be sent to provinces. Pencils and sharpeners were sent to provinces as planned and in addition were sent too 15% of the total mosquito-nets.

Vaccines and other material (including bed nets) continue being delivered to the Provinces according to logistic plan. This activity will finish by the end of June.

Vaccines and materials are already in place, except from Uíge and which still needs to receive mosquito nets which are still under customs clearance arrangements. MOH will work on this issue in order to avoid the scenario of modifying the calendar of campaign for those Provinces. For the rest of the Provinces there is no problem notified yet. Rest of logistics has been delivered to the Provinces. Verification is taking place with the Provinces to check if material arrived according to what planned.

Vaccines and materials are all in place. Some additional materials and vaccines have been requested to fill the needs identified after the training session and micro planning held in districts last week. The actions have been taken at national level for filling this

recent request from some provinces. Verification is ongoing with the Provinces to check if materials and vaccines have been received according to districts micro plan.

5. Management of wastage and implementation plan

The Teams at provincial level were met for implementing the TOR related with creation of the Logistic Sub commission for carrying on the logistic activities to be developed at provincial and district level. One of the main tasks to be developed by the Logistic Provincial / District Sub is to take care of the safety elimination of the wastage produced during the campaign.

6. Surveillance plan and taking in charge of MAPI

Two Technical staffs have travelled to Uíge and Zaire provinces to train the surveillance officers at provincial and district levels.

7. Preparation of training and supervision

All the national Supervisors are in the provinces to support health provincial teams in micro planning activities. The training will last 5 days. At end of the training there will be meeting with mass media in each province.

Provincial meeting was held with the attending of technical team (EPI Supervisor, Social Mobilization Supervisor and the head of health district) of each district, provincial supervisors and national Supervisors to elaborate and approval micro planning for the campaign.

The meeting was held in 18 provinces with attending of 164 districts.

National supervisors met last week to prepare next visit to the Provinces. Calendar of visits were prepared. Supervisors will be at the field from the 29 June.

Eighteen national Supervisors and Technical Staff from the Agencies (WHO and UNICEF) are in the provinces to support health provincial teams in conducting activities during the campaign.

8. Planning and implementation of strategies of communication (advocacy, social mobilization)

The social mobilization team has already produced the supported materials for the campaign.

A meeting with provincial governors, mass media, civil society, and religious organizations was held in 18 provinces, as steps of the advocacy, to bring on board all support for the campaign. The meeting was attended by all district administrators.

The Social Mobilization Working Group presented the proposal for launching the Campaign. It will take place the 7th June in Mbanza Congo city, in Zaire Province with the participation of partners involved in the Campaign (OMS, UNICEF, USAID, CORE Group, Rotary International, EU, Exxon Mobil, etc.) The Minister of Health will launch the campaign. WHO Representative will give a speech regarding the importance of this activity.

Part of the Social Mobilization strategy includes:

- A Press Conference on the 30th of June announcing the Campaign
- Promotion of “Viva a Vida com Saude” in any radio and TV programme with high audience.
- Spots in radio, TV and news papers~
- Sensitization meeting with national and international journalists on the 23 of June (Ideas Coffee)
- Activities for dissemination of information involving churches, taxi drivers association, mobile companies, boy scouts association, social mobilization activists and other partners.

By now there is still a gap of **42,000 USD** for reproduction of a Campaign pamphlet. There are no funds available for it. The Social Mobilization Group will explore whether WHO could be able to fund this issue.

From now, Social Mobilization Group will meet twice a week.

First meeting with journalist took place the June, 24th. Next activities will be scheduled for the next week.

The campaign was official announced by MoH through the press conference held on June, 30th. 2006 chaired by Vice Minister, with participation of Representative of WHO and others Agencies, Embassies and mass media.

Social Mobilization Group has conducted press conference on Monday, July, 3rd.2006 with mass media with participation of major journalists, radio, and population which was calling requesting more information related to the campaign.

Two private communication enterprises of cell phone have started sending messages to the cell phones owners informing about the campaign and requesting all to participate actively to ensure success of the campaign.

9. Planning and of monitoring and evaluation of the campaign

A meeting on the M&E of the campaign was held to agree on the methodology; the forms were also reviewed. AFRO sent some inputs to improve the M&E document.

M&E sub group met with Technical Coordinator for preparing presentation of the M&EA Plan to the ICC in its next meeting (22/06/06)

Training of WHO provincial focal points to implement in-campaign and post-campaign monitoring activities will take place on June 28th. Monitoring tools are being revised to include other activities carried out in addition to vaccination and malaria control ones.

WHO provincial focal points which were trained on June, 28th.2006 are now on field for training the new recruited volunteers for conducting monitoring activities.

10. Local Resources Mobilization

Some local organizations such as NGOs, churches, etc. are being mobilized to support activities in Luanda Province.

A meeting with health authorities from Luanda's Province and NGO was held to establish the way to be supported this province with more human resources and funds for covering some needs during the campaign.

They were recruited 63 volunteers to support Luanda's Province in supervising and conducting the activities of the campaign.