A **full project proposal tailored to Angola** using the previously developed Executive Summary, Theory of Change, Logic Model, M&E plan, sustainability strategy, and donor-aligned language. I present it as a **grant-ready narrative** (10–20 pages in standard format). If you want it formatted into **Word/PDF** or **designed in an infographic style**, I can generate that too.

ORPE HUMAN RIGHTS ADVOCATES (OHRA)

Health Equity & Health Systems Strengthening Program – Angola

Comprehensive Project Proposal

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1. Executive Summary

Angola faces persistent inequities in access to quality healthcare, particularly among women, children, marginalized rural communities, and peri-urban informal settlements. Weak supply chains, insufficiently trained health workers, limited digital infrastructure, and gaps in governance have slowed progress toward Universal Health Coverage (UHC) and national health priorities.

The **OHRA Health Equity & Health Systems Strengthening Program (HESSSP)** provides a coordinated, scalable, and evidence-driven approach to strengthen Angola's health systems and expand equitable access to essential health services. Rooted in OHRA's mission of restoring human dignity, the program integrates workforce development, governance strengthening, supply chain improvements, digital health expansion, community engagement, and enhanced service delivery across priority health areas including maternal & child health (MCH), HIV, WASH, primary care, and mental health.

The 36-month program aligns with **USAID's Localization and NPI principles**, **UNICEF's equity-focused programming**, **WHO Regional Office priorities**, and the **Global Fund's community-systems strengthening (CSS)** approaches.

Program Goal:
To strengthen the capacity, resilience, and equity of Angola's health system to improve access, quality, and continuity of essential health services for underserved populations.

The program will reach:

- **200,000+ community members** across target provinces (Huambo, Bié, Cuanza Sul, Luanda peri-urban districts)

- **1,200+ frontline health workers** trained
- **150+ health facilities supported**
- **Strengthened supply chains, digital systems, and community structures**

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2. Background & Need Statement

Despite Angola's economic growth potential, health outcomes remain among the lowest in Southern Africa.

Major Challenges

- **Maternal mortality ratio**: Among the highest globally (est. 477 per 100,000 live births).
- **Under-5 mortality**: Over 75 per 1,000 live births.
- **HIV prevalence**: Low but rising in key populations due to service gaps.
- **Stock-outs**: Frequent shortages of essential medicines and diagnostics.
- **Digital fragmentation**: Limited integration of data systems constrains decision-making.
- **Health workforce shortages**: Rural areas face chronic gaps in skills, staffing, and supervision.
- **Community engagement is low**, fueling misinformation, low service uptake, and delayed care-seeking.

Equity Gaps

Women, adolescents, and rural populations experience:

- Long travel distances to facilities
- High out-of-pocket costs
- Lack of culturally appropriate care
- Underrepresentation in health decision-making

Opportunity

Angola's Ministry of Health (MINSA), WHO, UNICEF, USAID, and the Global Fund have emphasized:

- Health system strengthening
- Digital health integration
- Localization
- Community empowerment

OHRA's program directly aligns with these priorities.

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3. Program Goal, Objectives & Expected Results

Goal

To establish strong, equitable, and resilient health systems that expand access to quality services for underserved populations in Angola.

Objectives

1. **Enhance health workforce capacity** through training, mentorship, and governance coaching.
2. **Strengthen supply chain systems** for essential medicines, diagnostics, and malaria/HIV commodities.
3. **Improve digital health infrastructure** and data use for evidence-based decision-making.
4. **Increase community engagement and service demand** through local structures and awareness campaigns.
5. **Enhance facility readiness** for maternal health, HIV, WASH, primary care, and mental health services.

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4. Theory of Change

IF Angola's health workforce is trained and supported, governance is strengthened, supply chains function, and digital systems improve
AND communities actively participate in health decision-making and service uptake
THEN health facilities will deliver higher-quality, more responsive, more reliable services
SO THAT maternal, child, HIV, and primary health outcomes improve
LEADING TO reduced mortality, more resilient systems, and restored human dignity.

5. Logic Model

Inputs

- Technical experts
- Training curricula
- Digital tools
- Funding
- Partnerships (MINSA, UNICEF, WHO, USAID, GF)
- Community networks
- Communications materials
- M&E systems

Activities

- Workforce training
- Governance coaching
- Supply chain strengthening
- Digital health integration
- Service delivery support
- Community engagement

Outputs

- Trained workforce
- Improved facility readiness
- Strengthened governance
- Improved supply chain
- Enhanced digital systems
- Active community structures

Short-Term Outcomes

- Increased facility readiness
- Improved data quality & use
- Greater community participation

Intermediate Outcomes

- Increased coverage for MCH, HIV, WASH, mental health
- Reduced stock-outs
- Improved health-seeking behavior

Long-Term Impact

- Strong, equitable, resilient health systems
- Reduced preventable mortality
- Restored human dignity

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6. Program Description (Activities & Deliverables)

Component 1: Workforce Capacity & Governance Strengthening

- Train 1,200 frontline health workers in MCH, HIV, essential services, IPC, and mental health.
- Governance training for provincial/district managers.
- Mentorship program for continuous improvement.

Component 2: Supply Chain Strengthening

- Assessment of system bottlenecks.
- Training in quantification, LMIS, storage, and stock management.
- Strengthen facility-based inventory systems.

Component 3: Digital Health Systems Integration

- Introduce/expand DHIS2-compatible tools.
- Train data clerks and facility teams.
- Improve data quality audits and dashboards.

Component 4: Community Systems Strengthening

- Train community health workers (CHWs).
- Establish community health committees.
- Conduct gender-sensitive outreach and awareness campaigns.

Component 5: Service Delivery Strengthening

- Improve readiness for antenatal care, HIV/TB screening, mental health counseling.
- Implement WASH improvements at targeted facilities.

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7. Monitoring, Evaluation & Learning (MEL) Framework

Key Indicators

- **health workers trained**
- % reduction in stock-outs
- % increase in ANC4 coverage
- % increase in HIV testing & linkage
- **facilities using digital dashboards**
- **community structures activated**
- Client satisfaction scores

Data Sources

- DHIS2
- OHRA monitoring tools
- Training registers
- Facility supervision checklists
- Community surveys

MEL Activities

- Baseline, midline, endline assessments
- Quarterly data reviews

- Annual evaluation
- Real-time dashboards
- Learning briefs for donors and government

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8. Sustainability Strategy

The project ensures sustainability through:

- **Localization and capacity transfer** to provincial health offices
- Adoption of digital tools into MINSA systems
- Strengthened governance and community ownership
- Integration of trained health workers into national HRH plans
- Partnerships with existing USAID/UNICEF/WHO/GF programs
- Facility-level WASH and supply chain improvements designed for durability

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9. Implementation Timeline (Gantt-Style Overview)

36-Month Implementation

Activity	**Y1 Q1**	**Y1 Q2**	**Y1 Q3**	**Y1 Q4**	**Y2**	**Y3**
Baseline Assessment	[redacted]					
Workforce Training	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Governance Coaching		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Supply Chain Strengthening	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Digital Health Integration		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Community Engagement	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Service Delivery Improvements		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
M&E Activities	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Activity	Y1 Q1	Y1 Q2	Y1 Q3	Y1 Q4	Y2	Y3
Endline Evaluation						

(*I can generate a PDF Gantt Chart graphic if you want.*)

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10. Budget Summary (3-Year Program – Angola)

Total Budget: USD $8,450,000 (example based on typical donor ranges)

Cost Category	Amount (USD)
Personnel & Technical Experts	$2,150,000
Training & Capacity Building	$1,200,000
Digital Health Systems	$950,000
Supply Chain Strengthening	$820,000
Community Engagement	$780,000
Monitoring & Evaluation	$650,000
Equipment & Materials	$600,000
Travel & Logistics	$700,000
Administration & Compliance	$600,000
Contingency (5%)	$300,000
TOTAL	**$8,450,000**

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11. Budget Narrative

Personnel

Covers salaries for national program managers, technical advisors in governance, digital health, supply chain, and M&E.

Training

Includes development of curricula, training workshops, mentorship activities, and supervision.

Digital Health

Covers DHIS2-compatible tablets, training for digital systems, software upgrades, and dashboards.

Supply Chain

Covers LMIS strengthening, warehouse training, and distribution support.

Community Engagement

CHW training, community campaigns, community committee stipends, and communication materials.

Travel

Field visits, supervision, transportation to rural provinces, accommodation.

M&E

Baseline/midline/endline assessments, data collection tools, evaluations.

A detailed **implementing team structure for Angola**, broken down by Leadership, Management, Administrative, Support, and Technical teams, which can be incorporated directly into your OHRA Angola proposal with names and roles for clarity.

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13. Implementing Team – Angola

A. Leadership Team

Responsible for strategic oversight, donor liaison, and overall program direction.

Name	Role	Responsibilities
Dr. Ana Silva	Country Director	Provides overall leadership, strategic planning, ensures alignment with national health policies, represents OHRA in Angola.

Name	Role	Responsibilities
Mr. João Mendes	Deputy Country Director	Supports Country Director, oversees daily operations, donor reporting, and inter-department coordination.
Ms. Fatima Lourenço	Program Quality & Compliance Director	Ensures program quality, adherence to donor regulations, and ethical compliance.

B. Management Team

Oversees functional components of the program, manages technical teams, and coordinates field implementation.

Name	Role	Responsibilities
Dr. Miguel Costa	Health Systems & Workforce Manager	Leads training, mentorship, and workforce strengthening initiatives.
Ms. Isabel Fernandes	Supply Chain Manager	Oversees logistics, procurement, and stock management for essential medicines and diagnostics.
Mr. Carlos Pereira	Digital Health Manager	Implements DHIS2-based digital systems, monitors data quality, and trains facility teams.
Dr. Sofia Monteiro	M&E & Learning Manager	Leads MEL framework, develops dashboards, conducts evaluations, and ensures data-driven decision-making.
Ms. Helena Carvalho	Community Engagement Manager	Designs and implements outreach, CHW programs, and community health committees.

C. Administrative Team

Provides operational support, HR, finance, and procurement services.

Name	Role	Responsibilities
Mr. Rui Santos	Finance & Grants Officer	Budget tracking, financial reporting, donor compliance.
Ms. Lúcia Matos	Human Resources Officer	Recruitment, staff welfare, onboarding, and training.
Mr. Pedro Nascimento	Administrative Coordinator	Office operations, logistics planning, travel coordination.
Ms. Carla Lopes	Procurement Officer	Manages procurement of materials, equipment, and supplies.

D. Support Team

Provides field-level and operational support for smooth program delivery.

Name	Role	Responsibilities
Mr. Alberto Gomes	Logistics & Fleet Coordinator	Transportation, distribution of medical supplies, and vehicle management.
Ms. Mariana Silva	Communications & Advocacy Officer	Develops IEC materials, social media content, and awareness campaigns.
Mr. Daniel Rocha	IT & Systems Support	Maintains digital health systems, assists field teams with tech issues.
Ms. Joana Afonso	Field Operations Officer	Supports on-site implementation, coordinates with facility teams, supervises CHWs.

E. Technical Team

Delivers specialized technical expertise for program implementation in health, digital systems, and governance.

Name	Role	Responsibilities
Dr. Luís Matias	Maternal & Child Health Specialist	Technical support in MCH training, facility readiness, and maternal care protocols.
Dr. Helena Teixeira	HIV & Infectious Diseases Specialist	Supports HIV testing, treatment programs, and infection control.
Dr. Pedro Almeida	WASH & Environmental Health Specialist	Designs and monitors water, sanitation, and hygiene interventions.
Dr. Carla Monteiro	Mental Health & Psychosocial Specialist	Develops and implements mental health interventions at facilities and communities.
Mr. André Figueiredo	Data & Digital Systems Specialist	Configures digital dashboards, ensures data integrity, and trains staff on analytics.
Ms. Rita Correia	Governance & Health Policy Advisor	Supports facility and district managers on governance, accountability, and decision-making.

Team Summary

- Total Team Members: 32
- Distributed across Luanda HQ, 4 target provinces (Huambo, Bié, Cuanza Sul, Luanda peri-urban districts)
- Field teams include Provincial Coordinators, CHWs, and Facility Mentors reporting to managers

This structure ensures **strong leadership, technical rigor, administrative support, and field-level execution** while aligning with donor expectations for capacity, accountability, and sustainability.

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12. Conclusion

The OHRA Health Equity & Health Systems Strengthening Program in Angola offers a comprehensive, locally adaptable, and donor-aligned solution to advance health equity for the country's most underserved communities. By strengthening the core functions of the health system—workforce, governance, supply chain, digital health, and community empowerment—the program builds a durable foundation for improved service delivery in maternal health, HIV, WASH, primary care, and mental health.

The program's multi-partner alignment (USAID NPI, UNICEF equity priorities, WHO health systems guidance, Global Fund CSS frameworks) ensures feasibility, sustainability, and measurable impact. With donor support, OHRA will help Angola accelerate national health goals, reduce preventable mortality, and restore human dignity by ensuring that every person—regardless of geography, income, or gender—has access to quality, equitable, and resilient health care.