

# Health and Family Planning Overview

## ANGOLA



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Population:	13.5 million (UNICEF 2001)
Infant Mortality Rate:	172 (UNICEF 2001)
DPT3 Coverage:	22%, children 12–23 mos. (WHO/UNICEF 1999)
Nutrition:	52% stunting, children 0–59 mos. (UNICEF 2001)
Total Fertility Rate:	7.2 (UNPOP 2000)
Maternal Mortality Ratio:	1,308 (WHO/Hill 1995)
Contraceptive Prevalence Rate:	8%, men and women, any method (UNICEF 2001)
Adult HIV Prevalence:	8.6%, Luanda (UNICEF 2001), 5.5% (UNAIDS 2001)
Current Living AIDS Orphans:	100,000 (UNAIDS 2001)
Demographic and Health Surveys:	None
Multi-Indicator Cluster Surveys:	1996, 2001

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### Country Profile

After more than two decades of civil conflict, an Angolan peace accord was signed in April 2002. An end to civil conflict and freedom from years of economic frailty are now in sight. The consolidation of peace requires timely and effective handling of the war's impact on the most heavily affected segments of the population. The government must shift from a war to peace economy so that resources can be used to improve the health, education, and welfare of the people. Humanitarian assistance must be delivered to all needy people without discrimination. In this regard, the government is preparing to support the reintegration and resettlement of approximately 4.5 million war-affected people, including displaced persons, combatants, wounded persons, and orphans.

**HIV/AIDS in Angola.** There were an estimated 160,000 adults and children living with HIV/AIDS in 1999. In 1995, 1 percent of military personnel tested in Luanda were HIV-positive. While the war facilitated the spread of HIV as troop movements served as a vehicle for transmission, fighting along the perimeters of the country also had the protective effect of severely limiting contacts with neighboring high-prevalence countries. In the last year, this effect diminished with increased use of trade routes between Angola and Namibia. Now that peace has come, the borders are likely to become even more porous, allowing more HIV transmission between Angola and other countries. In 2001, a UNICEF/Ministry of Health (MOH) study of antenatal clients in Luanda found an HIV prevalence rate of 8.5 percent, a significant increase from 3.4 percent found among blood donors in Luanda in 1999. Another study conducted in 2001 found a prevalence rate of 32.8 percent among female commercial sex workers in Luanda, indicating that the epidemic is growing but is still highly concentrated among high-risk groups. A national AIDS program is focusing on improved education campaigns to prevent the further spread of the disease.

### USAID Strategy

The United States has long-term interests in Angola's transition to stability, democratic governance, and economic prosperity. USAID is the lead donor in helping the country achieve these goals. USAID/Angola assists the transition from war to peace through humanitarian and rehabilitation assistance. The USAID plan for 2001–2005 comprises programs to promote broad-based economic growth, agricultural development, democracy and governance, and health, including an AIDS initiative stressing public awareness and prevention. Maternal and child health activities focus on structural support and capacity building to strengthen MOH links to its provincial facilities. Malaria, the leading cause of death among women and children, will be addressed through a partnership with WHO.

**Strategic Objective:** Increased use of maternal/child health (MCH) and HIV/AIDS services and/or products and improved health practices



## Intermediate Results:

- Increased access to MCH services
- Increased demand for MCH services
- Increased quality of MCH services
- Increased access to condoms
- Increased demand for condoms
- Improved enabling environment

## Major Program Areas

**HIV/AIDS.** The Mission began to implement HIV/AIDS activities in 2001 under the global AIDSMark program. The project goal is to reduce HIV transmission and other sexually transmitted infections (STIs) by increasing condom use among high-risk groups, including youth ages 15 to 24 and commercial sex workers. The program focuses on condom social marketing, behavior change communications, and information, education, and communication activities. In its first two years, the project was confined to Luanda but will expand to other areas in 2003.

**Health and Family Planning.** Programs target displaced persons and focus on primary health care and immunization coverage. MCH activities have been supported through community development committees, training of community health workers in prenatal care and hygiene, and training of traditional birth attendants and MOH nurses. A new MCH program in Luanda helps build the capacity of provincial facilities; the program will produce guidelines for national training. Immunization projects have included national immunization days (NIDs) for polio, measles campaigns, social mobilization, training, supervision, and reinforcement of the vaccine cold chain. With WHO, the Mission is addressing malaria through improved disease management in public health centers, disease prevention, and presumptive treatment for pregnant women. The Mission has also supported feeding centers for malnourished children. Several projects are implemented with Office of Foreign Disaster Assistance (OFDA) funds. These projects serve those most severely affected by displacement and are linked to Development Assistance MCH activities.

## Results

- 4.9 million condoms, three times the targeted number, were sold in the first 10 months of sales.
- Two knowledge/attitudes/practices surveys obtained data about barriers to condom use and knowledge of HIV/AIDS/STIs. Results were used to develop communications strategies to influence behavior change.
- Community educators from six local NGOs are working with commercial sex workers, youth, and police in HIV/AIDS/STI prevention and STI treatment.
- Attendance at STI clinics has increased, with one clinic doubling its attendance in one month.
- The Angolan Catholic Church came out in support of HIV/AIDS projects.
- USAID helped establish eight regional sites for monitoring polio in all 18 provinces. Polio surveillance identified an average of 1.4 cases of acute flaccid paralysis per 100,000 children. Only one confirmed case of wild poliovirus was reported in 2001, compared to 55 in 2000 and 1,117 in 1999.
- During the July NIDs campaign, 93 percent of children under 5 in accessible areas received polio vaccine.
- In 2001, Angola conducted subnational immunization days in three high-priority provinces for the first time.
- In target areas, 92 percent of women (up from 72 percent at baseline) demonstrated correct knowledge of the danger of dehydration and diarrheal diseases and of the best methods for caring for sick children.
- Breastfeeding practices of mothers in project areas improved significantly, as did care-seeking behavior during pregnancy and the frequency and quality of delivery attendance by traditional birth attendants.
- Monitoring of women and infants during the three days after birth rose from 85 to 99 percent in target areas.
- The number of reproductive-age women who can identify danger signs during pregnancy rose by 14 percent.

## Major Implementing Partners

USAID/Angola's partners in population, health, and nutrition activities include WHO, UNICEF, the European Union, Save the Children, Catholic Relief Services, CARE, Africare, World Vision International, International Medical Corps, Population Services International, Management Sciences for Health, and the Christian Children's Fund, Inc. Partners in OFDA-funded activities include Catholic Relief Services, Action Contre la Faim, Concern, GOAL, CARE, Africare, Oxfam, and International Medical Corps.



*This USAID Health and Family Planning Overview was prepared for the Bureau for Africa, Office of Sustainable Development, by the Population, Health and Nutrition Information Project (PHNIP). Questions and comments can be directed to PHNIP ([info@phnip.com](mailto:info@phnip.com)).*