## **Data Sheet**

USAID Mission: Angola

Program Title: Maternal and Child Health and HIV/AIDS

Pillar: Global Health Strategic Objective: 654-007

Status: Continuing

 Planned FY 2005 Obligation:
 \$7,586,000 CSH; \$500,000 DA

 Prior Year Unobligated:
 \$390,000 CSH; \$400,000 ESF

 Proposed FY 2006 Obligation:
 \$6,800,000 CSH; \$500,000 DA

Year of Initial Obligation: 2001 Estimated Year of Final Obligation: 2006

**Summary:** USAID's health program focuses on increasing the use of maternal and child health (MCH) services and decreasing the spread of HIV/AIDS and other infectious diseases among the Angolan population, with an emphasis on prevention programs. The MCH program supports activities that build the capacity of the Angolan Ministry of Health (MOH) to provide quality maternal health care services, including pre- and postpartum care, tetanus immunizations and treatment of pregnant women for malaria, child health services, and family planning (FP) services, including identification and treatment of sexually-transmitted infections (STIs). The HIV/AIDS program supports information, education and communication (IEC) activities to change behavior; voluntary counseling and testing (VCT) centers for HIV/AIDS and STIs; and, distribution of HIV/AIDS rapid test kits and condoms. Some of USAID's MCH and HIV/AIDS activities also receive funding from ExxonMobil and Coca-Cola.

## Inputs, Outputs, Activities:

**FY 2005 Program:** Improve Child Survival, Health, and Nutrition (\$1,000,000 CSH). USAID is funding the first Demographic Health Survey (DHS) in Angola. USAID is training MOH personnel in the capital to improve the quality of care and to extend similar training for MOH personnel to two provinces. To maintain Angola's polio eradication efforts, USAID is assisting with the development of a surveillance system that tracks any cases of paralysis and to support the cadre of community-level volunteers. Principal contractors and grantees: World Health Organization (WHO), MACRO, Management Sciences for Health (MSH), and UNICEF (all prime); and Save the Children/US (SC/US) and CARE (both sub).

Improve Maternal Health and Nutrition (\$1,200,000 CSH). USAID is continuing to provide technical assistance to the MOH in the area of safe motherhood, including pre- and postpartum care, deliveries, treatment of pregnant women for malaria, infection control, and improving quality of care. Principal contractors and grantees: MSH (prime); and SC/US and CARE (both sub).

Support Reproductive Health and Family Planning Services (\$1,000,000 CSH). USAID is expanding support for natural and modern family planning services and quality of care by increasing the number of health centers providing these services from 14 to 17. Principal grantee: Advance Africa.

Prevent and Control Infectious Diseases of Major Importance (\$1,750,000 CSH; \$390,000 prior year CSH). USAID is continuing to assist the MOH to develop malaria treatment procedures, and monitoring and evaluation assistance for their Global Fund activities. This year, USAID supports the distribution of insecticide-treated bed nets to two markets, one for those that can pay and one targeting pregnant women. To reduce tuberculosis (TB) transmission, USAID promotes the integration of direct observed treatment, short-course strategy into the MOH's clinics. USAID is funding technical assistance to develop the MOH's Global Fund work plan to train government and nongovernmental organization (NGO) service providers on HIV/AIDS counseling and testing protocols, and on referral of TB-positive patients to VCT centers. Principal grantees: Catholic Relief Services (CRS), University College of Aspiring Medical Missionaries, and Population Services International (PSI) (all prime) and MENTOR (sub).

Reduce Transmission and Impact of HIV/AIDS (\$2,636,000 CSH, \$500,000 DA, \$400,000 prior year ESF). USAID's HIV/AIDS prevention program continues to expand VCT clinics in major urban areas and

to promote behavior change through the media, drama, and community-level activities. USAID provides technical assistance to the MOH and the Angolan military to implement HIV/AIDS prevention programs, as well as provide HIV/AIDS rapid-test kits and condoms. USAID is also supporting the use of media in the classroom setting to provide information and promote behavior change to address the issue of HIV/AIDS, and is supporting the educational component of the DHS. Principal grantees: PSI, CRS, Drew University, and GOAL (all prime), and the Portuguese Institute of Preventive Medicine (sub).

**FY 2006 Program:** Improve Child Survival, Health and Nutrition (\$1,100,000 CSH). USAID will complete the handover of the current MCH activity to the MOH, will work with the MOH and other stakeholders to develop and finalize the strategy for USAID's future assistance to the health sector, will fund the DHS, and will support activities that sustain polio eradication. Principal contractors and grantees: WHO, MACRO, MSH, and UNICEF (all prime); and SC/US and CARE (both subs).

Improve Maternal Health and Nutrition (\$1,100,000 CSH). USAID will continue to provide technical assistance to the MOH in the area of safe motherhood, including pre- and postpartum care, deliveries, treatment of pregnant women for malaria, infection control, and improving quality of care. Principal grantees: MSH (prime); and SC/US and CARE (both subs).

Support Reproductive Health and Family Planning Services (\$1,000,000 CSH). USAID will continue technical assistance to the MOH for family planning. Principal grantee: to be determined.

Prevent and Control Infectious Diseases of Major Importance (\$1,100,000 CSH). USAID will continue to integrate HIV/AIDS counseling into routine TB services and train government and NGO service providers. Support to promote and disseminate insecticide-treated bed nets will continue. Principal grantees: CRS, University College of Aspiring Medical Missionaries, and PSI (all prime), and MENTOR (sub).

Reduce Transmission and Impact of HIV/AIDS (\$2,500,000 CSH, \$500,000 DA). USAID will continue to focus on HIV/AIDS prevention, including behavior change activities and distribution of supplies. USAID will fund new VCT clinics, and turn over established VCT clinics to the MOH. USAID will also continue to build on using the media in the classroom to promote behavior change in high-risk areas to address the HIV/AIDS issue, and to support the educational component of the DHS. Principal grantees: PSI, CRS, Drew University, and GOAL (all prime), and the Portuguese Institute of Preventive Medicine (sub).

All family planning assistance agreements will incorporate clauses that implement the President's directive restoring the Mexico City policy.

**Performance and Results:** Activities continued to improve the quality of MCH and family planning services. Formal trainings were conducted in integrated management of childhood illnesses, malaria, obstetrics, family planning, pre- and postpartum care, infection control, and quality improvement techniques. The number of clients accessing the upgraded maternity clinics nearly doubled over the last year from 76,000 to 134,000. Within six months, the family planning pilot project, operating in fourteen health centers, had 14,505 new users of family planning methods.

With malaria as the number one cause of morbidity and mortality in Angola, USAID assisted the MOH to revise malaria treatment protocols by developing and conducting efficacy studies using different treatment regimes, to design a social marketing campaign for treated bed nets, and to introduce treatment of pregnant women for malaria at all USAID-funded health centers. USAID assisted the MOH to develop their successful TB Global Fund application. The number of and access to HIV/AIDS prevention activities expanded due to the launch of a weekly HIV/AIDS radio program targeted at youth, the "Trusted Partner Campaign," and financial and material support to more VCT centers. Three more VCT clinics now operate with USAID support, for a total number of clinics supported by USAID to eight out of the 15 operating nationally. With the new centers, longer hours and improved outreach, the number of patients tested and counseled at VCT clinics this year was 17,706, up almost 50% from 2003. By 2006, five percent of children under five will sleep under insecticide-treated bed nets. The number of clients tested at USAID-assisted voluntary counseling and testing centers will increase to 28,000 and the median age of sexual debut will drop to 15.6 for females 14-24 and 15.2 for males 14-24.

## **US Financing in Thousands of Dollars**

Angola

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654-007 Maternal and Child Health and HIV/AIDS	сѕн	DA	DFA	ESF
Through September 30, 2003			_	
Obligations	17,950	2,560	520	400
Expenditures	8,470	1,816	520	63
Unliquidated	9,480	744	0	337
Fiscal Year 2004				
Obligations	8,682	1,591	0	1,600
Expenditures	7,398	1,233	0	-261
Through September 30, 2004				
Obligations	26,632	4,151	520	2,000
Expenditures	15,868	3,049	520	-198
Unliquidated	10,764	1,102	0	2,198
Prior Year Unobligated Funds				
Obligations	390	0	0	400
Planned Fiscal Year 2005 NOA				
Obligations	7,586	500	0	0
Total Planned Fiscal Year 2005				
Obligations	7,976	500	0	400
Proposed Fiscal Year 2006 NOA				
Obligations	6,800	500	0	0
Future Obligations	0	0	0	0
Est. Total Cost	41,408	5,151	520	2,400