

Data Sheet

USAID Mission:	Angola
Program Title:	Maternal and Child Health and HIV/AIDS
Pillar:	Global Health
Strategic Objective:	654-007
Proposed FY 2004 Obligation:	\$7,700,000 CSH
Prior Year Unobligated:	\$1,054,000 CSH; \$591,000 DA; \$1,000,000 ESF
Proposed FY 2005 Obligation:	\$7,130,000 CSH; \$500,000 DA
Year of Initial Obligation:	FY2001
Year of Final Obligation:	FY 2005

Summary: USAID's maternal and child health (MCH) program increases the use of maternal and child health services and decreases the incidence of HIV/AIDS among high-risk populations in Angola. The MCH program supports activities to monitor and eradicate polio, lessen the impact of malaria among pregnant women and children, and build the capacity of the Angolan Ministry of Health (MOH) to provide MCH services. The HIV/AIDS program supports prevention activities that concentrate on high risk groups through information, education and communication activities to change behavior; voluntary counseling and testing (VCT) for the disease; and social marketing of condoms through public and private sectors.

Inputs, Outputs, Activities:

FY 2004 Program:

Prevent the spread of HIV/AIDS (\$2,500,000 CSH; \$454,000 prior year CSH). USAID's HIV/AIDS program will continue in FY 2004, with prevention continuing as the major focus. Activities to be funded include interpersonal communications focusing on abstinence, fidelity and condom use; condom social marketing; funding for voluntary counseling and testing (VCT) centers and four youth centers that also provide reproductive health messages; and support to the MOH National AIDS Program to increase their capacity to fight the disease. New educational activities will be implemented by faith-based organizations. A program to increase the capacity of local nongovernmental organizations (NGOs) to work in HIV/AIDS will be started. The first steps toward implementing a national sero-prevalence study will be taken. A major training initiative will be operational as the result of a partnership between local and international NGOs. Support will be provided for a program to prevent mother-to-child transmission of HIV/AIDS (PMTCT). Principal contractors and grantees: Population Services International (PSI), Catholic Relief Services (CRS), Management Sciences for Health (MSH), the Elizabeth Glaser Pediatric AIDS Foundation, and others (to be determined).

With prior year ESF resources, USAID will assist the MOH in developing a logistics system that can forecast, procure, store and deliver essential commodities such as anti-retroviral drugs, condoms and test kits to use in VCT centers.

Reduce maternal and child mortality (\$3,800,000 CSH). Child survival funds will be used to decrease maternal and child mortality through programs that strengthen the capacity of the MOH at the municipal and district levels to deliver quality pre- and post-natal health care and basic primary care to children under five years of age. The expansion of this program into the provinces, which started a year after the war ended, will continue. Activities include promoting community participation and awareness; technical and management training for MOH personnel; development and dissemination of clinical guidelines; and rehabilitation of health facilities, with the support of the U.S. Department of Defense. A family planning component, started in FY 2003, will be further integrated into post-natal care at health centers and into VCT clinics. USAID will continue to support National Immunization Days for polio eradication as well as the surveillance of polio-like ailments. To obtain accurate information on the health status of Angolans, USAID will provide assistance to the Angolan government to conduct a Demographic Health Survey.

Principal grantees: MSH, Macro International, and the Child Survival Collaboration and Resource Group (CORE).

Decrease the incidence of malaria (\$1,400,000 CSH; \$600,000 prior year CSH). USAID will support three activities to prevent the spread of malaria: the social marketing of insecticide-treated bed nets; the development of national malaria treatment protocols and guidelines; and training for the MOH and NGOs in the effective treatment of malaria in pregnant women and children under five. Principal contractors/grantees: MSH, PSI, and one other (to be determined).

Prior year DA resources (\$591,273 prior year DA) will be used to continue rehabilitation work in Luena, providing prosthetics and orthotics for civilian victims of war.

FY 2005 Program:

Prevent the spread of HIV/AIDS (\$2,500,000 CSH). USAID will continue its interpersonal communication, VCT services, and condom social marketing activities, as well as providing technical assistance to the MOH and local NGO community. Principal grantees: PSI, CRS, MSH, the Elizabeth Glaser Pediatric AIDS Foundation, and others (to be determined).

Reduce maternal and child mortality (\$3,071,000 CSH). USAID will continue to support and solidify the advances made in the delivery of quality health care services for women and children, including family planning. The program plans to expand further into other provinces. The campaign against polio will be in the last stage and USAID plans to close these activities. Principal contractors/grantees: MSH, Macro International, and the Child Survival Collaborations and Resources Group.

Decrease the incidence of malaria and tuberculosis (\$1,559,000 CSH). USAID will continue its malaria prevention and treatment activities, and plans to stem the growth of tuberculosis cases caused by the rise in AIDS infection rates. USAID will support capacity building within the MOH and the expansion of up-to-date treatment methods and strengthening of the charity-run tuberculosis institution. Principal grantees: MSH, PSI, and others (to be determined).

Increase Access to Quality Primary Basic Education (\$500,000 DA). Health activities may be expanded to include basic education activities. USAID's focus would be on upgrading the skill levels of primary school teachers, many who have not participated in formal classroom teacher training. The use of Interactive Radio Instruction (IRI) lessons to target teachers [and indirectly students] to improve teaching methods in the classroom may be explored. Principal contractors and grantees: to be determined.

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

Performance and Results: USAID's FY 2003 health activities had a major impact on all target groups. The United States Department of Defense, the United Nations and USAID have been able to be effective in all 18 provinces of Angola. Testing at five USAID-supported VCT clinics rose from 3,034 clients in 2002 to 12,111 in 2003, with an average prevalence rate of 9.8%. The percent of pregnant women assisted at birth by a trained attendant in USAID's target area was 55.7% in 2003, compared with 50% in 2001. In FY 2003, National Immunization Days for polio resulted in the vaccination of 5.1 million children under the age of five, up from 4.9 million in 2002.

US Financing in Thousands of Dollars

Angola

654-007 Maternal and Child Health and HIV/AIDS	CSH	DA	DFA	ESF
Through September 30, 2002				
Obligations	11,187	2,343	520	0
Expenditures	3,508	883	401	0
Unliquidated	7,679	1,460	119	0
Fiscal Year 2003				
Obligations	6,825	216	0	400
Expenditures	4,962	933	119	63
Through September 30, 2003				
Obligations	18,012	2,559	520	400
Expenditures	8,470	1,816	520	63
Unliquidated	9,542	743	0	337
Prior Year Unobligated Funds				
Obligations	1,054	591	0	1,000
Planned Fiscal Year 2004 NOA				
Obligations	7,700	0	0	0
Total Planned Fiscal Year 2004				
Obligations	8,754	591	0	1,000
Proposed Fiscal Year 2005 NOA				
Obligations	7,130	500	0	0
Future Obligations	0	0	0	0
Est. Total Cost	33,896	3,650	520	1,400