

Save 150,000 lives programme Angola



Third Progress Report and first phase final report

Starting date: 1 August 2006
First Phase period: August 2006 – June 2009

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1. Background

The civil war that devastated Angola for 30 years ended in April 2002. As a result of the war, the legal system, the infrastructure, public services and in particular the health services were weakened and in some areas are now non-existent. The capacity of families to earn a living was also jeopardised and **children were the first to suffer the consequences**, often exposed to violence, abuse, neglect and exploitation.

At the end of the war, Huambo province, one of the most populated provinces in Angola had only 67 health facilities¹ (31 basic health posts, 29 health centres and 7 hospitals) for a population of over 2 million inhabitants. The government priority was to re-establish the basic infrastructures and currently the province has 161 health facilities, which are made up of and 100 basic health posts, 51 health centres and 10 hospitals. However, the health infrastructures have a shortage of resources and skilled personnel and are not able to operate fully. There are 124 practitioners in the province and 3,629 nurses, only half with basic qualifications.



In 2008, Angola recorded cases of a cholera epidemic across a number of provinces including Huambo. The poor basic sanitation makes the threat of an epidemic real particularly during the rainy season and flooding situations. Cases of rabies were also reported during 2009. A number of deaths were recorded although the government took measures to avoid the spread of illnesses by acquiring vaccines, organising vaccination campaigns and raising people’s awareness.

On 5 September 2008, legislative elections were held, the first since 1992. These elections represented a significant step in political, economic, social and cultural growth. However, Angola is still grappling with a massive challenge to address the basic health needs of its people and trying to reach the Millennium Development Goals by 2015. Recent health statistics show that Angola amongst the countries with the highest mother and child mortality rates. **One in four children die before their first birthday and one in fifty women die during childbirth.**

2. Project overview

Thanks to Reckitt Benckiser’s support, Save the Children has implemented the ‘Saving 150,000 lives Programme’ in both Tchicala Tcholoanga and Huambo since August 2006. During the course of the project and thanks to the increased funding made available by Reckitt Benckiser, we broadened our interventions to the neighbouring areas of Calima and Cachiungo. Within these communities, we work with a target population of 165,300 mothers and children.

The project aims to achieve dramatic positive changes for both children and mothers through three types of intervention:

1. Direct Intervention: by providing both children and mothers with access to quality health care

With the increase of fixed vaccination posts and the building/rehabilitation of units, the majority of people supported by the ‘Saving 150,000 lives’ project (children under the age of 5 and pregnant women) have had access to health services including vaccinations and pre and post-natal care.

¹ Source: health provincial department statistics-Huambo

2. Behaviour Change: increasing understanding and knowledge of basic hygiene and healthcare in the communities.

50% of the communities’ members from the project area still have to walk between 5km and 30 kilometres in order to reach the closest health post. We work to promote community-based health primary care by training and building the capacity of the members of village health committees. Each committee has a potential reach of 4,000 to 5,000 people. 70% of infants are born at home, rather than in health posts or hospitals. Many are born with support of traditional birth attendants from the village. With the support from Reckitt Benckiser, we ensure that these traditional midwives are trained to undertake safe deliveries and are able to identify complex and at risk pregnancies and refer them to the nearest health post or hospital.

3. Policy change – Improvement of environmental policy with increased access to quality, equality and child friendly health services.

In Huambo’s province, Save the Children has established excellent relationships with local leaders, which whom we work to influence and improve governmental health policies by ensuring that children are at heart of their work. Save the Children has worked alongside the Provincial Directorate of Health and shared lessons learned in its Huambo programme of fostering access to quality, equality and health friendly services for children countrywide.

3. Progress of activities in the last 15 months

3.1. Direct Intervention Progress

Planned activities	Achievements
Malaria prevention and treatment	<ul style="list-style-type: none"> • 18,970 children under five and 8,849 pregnant women received impregnated long life mosquito nets • 20,375 children under five and 30,198 adults² (60% women of child bearing age) received quality malaria treatment and successfully recovered
Training, routine vaccination and vaccination campaigns and health information system	<ul style="list-style-type: none"> • 37 health staff ³ (including 10 women) have been trained in giving vaccinations • 26,845⁴ children were vaccinated. Vaccinations included: BCG, polio, measles, yellow fever and pentavalent, a multiple vaccine against diphtheria, tetanus, pertussis, hepatitis B and hib (the infection responsible for meningitis and pneumonia in children) • 3,508 children and 1,101 women of child bearing age received Vitamin A supplement • 11,312 women of child bearing age received a tetanus vaccination. • Our awareness raising activities on malaria prevention, basic sanitation of the environment, latrines’ construction, use of mosquito nets, prevention of skin diseases and conjunctivitis reached⁵ 76,000 people (including around 40,000 adults, 21,000 young people and nearly 14,000 children).
Improve diagnosis and care of common childhood illnesses	<ul style="list-style-type: none"> • 24 health staff (including 12 women) received training on the rational use of essential medicines, in the

² Municipal health department of Tchicala Tcholohanga and Chipipa commune

³ Health programme training reports

⁴ Municipal health department of Tchicala Tcholohanga and Chipipa commune

⁵ Health community reports

	<p>municipality of Huambo (Chipipa and Calima)</p> <ul style="list-style-type: none"> 172 new members of the health committees (75 men and 97 women) were trained on malaria prevention, diarrhoea, acute respiratory diseases, basic sanitation of the environment, sexually transmitted diseases and HIV/AIDS
Support the monitoring and supervision of health workers	<ul style="list-style-type: none"> 69 monitoring visits have been carried out. Through these, 260 health workers from 23 basic health posts and health centres in Tchicala Tcholoanga and Huambo received technical support. 7 health posts received 7 mini refrigerators and 80 isothermal materials to ensure that they are able to store and maintain vaccines at the right temperature, hence, increasing their contribution to the vaccination coverage
Prevention of respiratory diseases	<ul style="list-style-type: none"> 115 Traditional Birth Attendants and 18 nurses and midwives were trained in a wide range of topics including hygiene, pregnancy diagnosis, family planning, malaria treatment, new-born care and the importance of exclusive breastfeeding for 6 months 115 delivery kits were supplied to 115 Traditional Birth Attendants 34,000 baby hats have been handed out to 8,500 new-borns to reduce cold

Impact

Prevention and treatment of malaria: The health posts and health centres in the municipality of Tchicala Tcholoanga registered a reduction of malaria cases compared to 2007⁶. 43,663 people were treated and successfully recovered from malaria. The increased use of insecticide-treated mosquito nets and the quality in the treatment of malaria has contributed to save 20,375 (12,479 girls and 7,896 boys) lives under 5. The mortality due to preventable diseases in the rainy season has reduced by 56% in the municipality of Chicala Choloanga, Huambo province.

Immunisation: With the increase of fixed post vaccination and cold chain management, the rate of children under the age of one immunised increased from 80% to 85%. Our support to the vaccination campaign against polio, measles and the distribution of vitamin A, as well as our health staff training on vaccinations has directly contributed to this increase. The consistent lack of trained and skilled staff in health information system is one of the reasons for the poor quality of statistics in Angola. Save the Children has therefore also been providing training to staff in order to improve the collection and compilation of data.

Diagnosis and treatment of childhood diseases: We have been providing technical support to trained staff in health posts and centres in order to improve their diagnosis and treatment of common diseases in childhood. Three monitoring sessions were carried out in 23 health units. These sessions were very useful to identify areas of improvement and ascertain needs for further training. Based on these monitoring sessions, we plan to provide further training to a number of staff on mother and child health and the rational use of essential medicines.

Support and monitoring of health workers: with the technical support provided to the health staff in the health posts and centres, we have seen improvements in vaccination registration, prenatal consultations and paediatric consultations.

⁶ Health department at municipal level

Distribution of an ambulance to the Mbave health authorities

Reckitt Benckiser's suppliers generously donated an ambulance for the health programme in Huambo. On 16 of June 2009, Save the Children handed over the ambulance in a ceremony, which included the vice-governor of Huambo province and the Health Provincial Director as well as the local administrator for Mbave village.

The ambulance will provide precious support to the local population (approximately 18,000 people, 60% of whom are children). Without an ambulance, people with complex illnesses which cannot be treated locally are often left to die as there are no means for them to be transferred to the provincial Huambo hospital.



Picture of the ambulance



Picture of the ceremony



Picture of children attending the ceremony

“My name is Zeferina Natula. I am 20 years of age and I have two children; a three year old and an infant who is one week old. I live at Kenama village, in the commune of Bave, but I prefer to do my consultations and vaccinations in the health centre at Betania as it is closer. I came here with my baby to get the first vaccines: polio and BCG.

A traditional midwife from my village attended the birth of my baby. Our local health committee informed us about the mini-fridge at the health centre which maintain the vaccines at the right temperature. Now the health services are improving, the number of staff has increased and services such as vaccinations and family planning are easier to access. I am happy with the care I receive.”



3.2. Behaviour change Progress

Planned activities	Achievements
Establish and strengthen village health committees	<ul style="list-style-type: none"> 7 new health committees have been set up, covering a population of 31,500 people (6,300 children under 5 and 11,000 women of child bearing age) 194 members of the health committee (85 men and 109 women) have been trained in primary health care, leadership, co-ordination and community rights for sustainable development.
Set up information system on community-based health	<ul style="list-style-type: none"> 450 members of the health committees have been trained on an information system on community-based health
Train the community in the use and maintenance of the mosquito-nets	<ul style="list-style-type: none"> 190 members of the 7 new health committees were trained on mosquito-nets management, ie how to use, wash and maintain the nets. The members of the health committees then pass their newly acquired knowledge to over 7,500 women and children.
Support Traditional Birth Attendants	<ul style="list-style-type: none"> 115 Traditional Birth Attendants were trained on antenatal care, pregnancy care, safe delivery, post natal and newborn care. 6,400 deliveries were attended by Traditional Birth Attendants trained by the programme, which also offered care for 5,900 newborns.

Impact

With 7 new health committees (one was already set up but needed to be stimulated), **the project now supports 22 operational health committees, with a collective target population of 90,000 people⁷**. Out of the 90,000 population, over 76,000 people (including 40,000 adults, 22,000 young people and nearly 14,000 children) were reached through awareness raising activities and messages on hygiene and health, mainly focussing: on building and use of latrines, vaccination, exclusive breastfeeding until 6 months, prevention methods against common diseases such as malaria, diarrhoea, respiratory diseases, HIV/AIDS and Sexually Transmitted Diseases. Between July and September 2008, we reduced all field activities with communities to avoid mixing our community health programme activities with political parties' activities in the lead to the legislative elections held in September 2008. This is why we were not able to reach the whole 90,000 people in the communities.

70% of babies are still being born at home within their communities rather than in a health centre. This is why the training and provision of equipment for traditional birth attendants is so important. Since the beginning of the project, we have seen huge improvements in the way deliveries of babies have been carried out and in prenatal and postnatal care in the communities.

⁷ Health committes activity report

The importance of Health committees in the villages

Rebecca Chilombo and Raimundo Chilonga are members of the health committee of Cangombe's village.

“Before we had the health committee, people used to get sick a lot as they did not know how to protect themselves against diseases; many children, particularly during the rainy season were affected by malaria and diarrhoea as well as flu and coughs. Also, our community had no access to mosquito nets; now, with the health committee, all the children under five from our villages do have and use mosquito nets; and we see that malaria cases have reduced a lot.

Through awareness raising and mobilisation campaigns the committee also encouraged the community to boil water before drinking and to take care of the water sources to prevent diarrhoea. We, in the health committees, have been trained to help our communities to prevent illnesses and we are trained on primary health care.

We are volunteers because we want to help our communities and we organise mobilisation and awareness raising sessions in the markets, churches, schools where we can gather the communities in large and small numbers. In the beginning we faced many difficulties; people refused to dig latrines or to clean up their villages. Today, however, we see improvements in our communities' behaviour in regard to sanitation and hygiene. In the beginning of this project sometimes we found two or more families sharing the same latrine; today, the situation is already different: we make sure that each family has its own latrine and that they take care of them very well, like: using a lid and cleaning them every day”.



3.3. Policy change Progress

Planned activities	Achievements
Strengthen the health coordination forums at both municipal and provincial levels and feed the central policy to undertake forums	<ul style="list-style-type: none"> Throughout the project, we shared our experiences in provincial forums with the local health authorities and with other Non-Government Organisations about good practices of community-based health. Thanks to our evidence-based advocacy, the Ministry of Health now values the community involvement in the promotion of health and prevention of diseases The role of the village health committees has been acknowledged within the wider society.
Advocate for further allocation of resources to health and implementation of fora of health primary care in the community at both provincial and municipal level.	<ul style="list-style-type: none"> Following the success in preventing the introduction of user fees in Huambo in previous years, our advocacy now mainly focuses on increasing the allocation of resources for health and support for the Traditional Birth Attendants. We shared our experience on the ground with the government about the challenges that the communities face to access quality health services as well as the need to sustain the existing health services to influence the allocation of resources.
Advocate for government budgets to support Traditional Birth Attendants	<ul style="list-style-type: none"> We advocate for the government to provide institutional support for the Traditional Birth Attendants. Given that about three quarters of babies are born outside health facilities, supporting and training traditional birth attendants in villages is critical to reduce maternal and new born mortality rate. This is an ongoing advocacy activity that we will carry on in the next phase

4. Impact on the lives of children

With the support of Reckitt Benckiser, since the start of the project in 2006, the project has been really successful and has had a dramatic impact on the lives of children and mothers in Huambo province:

- **45,042 children** have been fully immunised against measles, polio, BCG, yellow fever and tetanus⁸
- **7,864 children under 5** received supplements of vitamin A, thus reducing the risk of going blind
- **37,419 children** received treatment in malaria
- **25,169 pregnant or of child bearing age women** were vaccinated against tetanus
- **33,889 children and 15,654 pregnant and breastfeeding women** received treated mosquito nets increasing their protection against malaria.
- **12,454 deliveries were attended by trained Traditional Birth Attendants**, who also received equipment from the project
- **877 Members (367 are men and 510 are women) of the community** were trained on hygiene and health care practices.
- **431 government health workers (269 men and 162 women)** were trained in the rational use of essential drugs, treatment of malaria, immunisation and maternity care to ensure better health services for both women and children

⁸ health department at municipal level

How the project activities are changing people's lives

“My name is Benjamim Kakapa Samaguenda and I am the Chief nurse at the Betania Health Centre in the Chipipa Commune of Huambo. I am very grateful to Save the Children for its health programme, because it has supported us in several areas, in building capacity of the health staff in areas such as the rational use of essential medicines, mother and child health, vaccination, malaria, IMCI. Now also with the installation of the mini-fridges in the health centre, I observe several advantages; having this equipment means that people living in the area have less distance to travel to seek vaccination services and has allow a higher number of mothers to come to the centre for pre and postnatal care. Before, pregnant mothers had to do their consultations in the health centre of Chipipa which is 5 km further away from this centre.



Every day on average, we see about 30 patients for vaccinations i.e. children and women. The most sought-out vaccines are: tetanus toxoid and pentavalent (a combined vaccine for diphtheria, tetanus, pertussis, hib and hepatitis B). The health centre has currently only 2 trained vaccinators to assist 7 villages with a population close to 5,200 people. On average, patients walk a distance of 8 kilometres to reach this health centre whereas before they used to walk 16 kilometres.

From October 2008 to date, around 90 children have been vaccinated against BCG, polio, measles, yellow fever and pentavalent; yet still not everyone is fully immunised. We have had the mini-fridge for the last five months, which allow us to increase our immunisation services. We also have clinical materials such as stethoscopes, sphygmomanometers (to measure blood pressure), thermometers and scales. I am very grateful to Save the Children for the support that they have given us in order to improve our work and save the lives of many children.’

5. Next steps

With your support, we have already saved many lives and are making great progress towards providing children with a better future. With your continuing support, we will be able to build on our successes in phase 2 and invest our efforts to carry on our life-saving work and build the capacity of the local health system to ensure it has the resources and structure to offer sustainable, quality health care to children in the long term. With the broadening of our target to the municipalities of Cachiungo and the commune of Calima, municipality of Huambo, we will reach more children and women.

We have planned our work around our three types of intervention:

Direct Intervention

- We will provide 15,000 mosquito nets for 10,000 children and 5,000 women and more than 30,000 caps to the health units and Traditional Birth Attendants for new borns for cold prevention.
- We will build the capacity of 350 health workers in 25 health posts and centres in the rational use of essential medicines, health information system, integrated management of childhood diseases (such as diarrhoea, malaria and respiratory diseases); immunisation, health primary care, mother and child health and malaria management.

Behaviour change

- We will continue to support existing health committees and provide materials for them as well as building their capacity.
- We will set up and train 8 new health committees.
- Through the committees, over 100,000 people will receive messages on health and hygiene and we will hold a conference with all health committees at provincial level.
- We will train 100 teachers on primary health care for the promotion of hygiene in schools and work with school clubs on health and school hygiene.
- We will continue to train Traditional Birth Attendants on safe delivery, mother and child health, and provide them with safe delivery kits.

Policy Change

- We will continue to provide support to Provincial Directorate of Health for the health budget with a view to referring the most critical needs of children and women We will complete the effective monitoring of the use of impregnated mosquito nets on malaria reduction, share the results and advocate for them to be integrated in the provincial and national health strategy.
- We will advocate for the promotion and replication of health committees in Huambo province.
- We will advocate for the Provincial Directorate of Health, municipalities of Tchicala Tcholoanga and Huambo to oversee and lead the promotion of the health committees.

Without you, none of this would have happened. Thank you so much for your continued support. You are making such a dramatic difference in the lives of children and mothers in Angola!