

The process of revitalization of municipal health system: Integration for the control of diseases in the community

*National Workshop*  
*“Strengthen partnerships for the control of malaria in the community”*

*Luanda 25-27 August 2009*

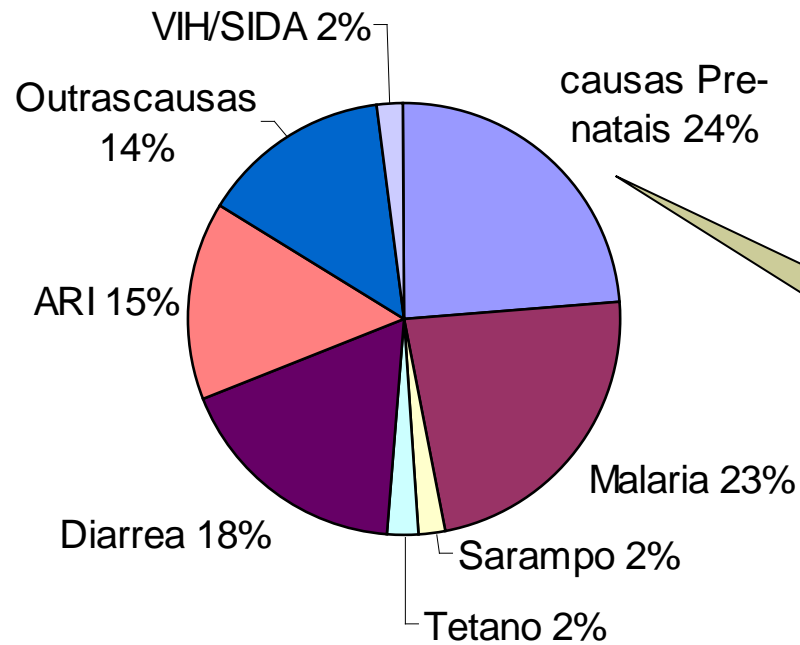
# 1. Some indicators on the situation of health of the population of Angola

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- **221,000 deaths in children under 5 years occur annually in Angola;**
- **1 in 10 women will die due to complications during childbirth;**
- **8,500,000 have no access to drinking water and 10,500,000 does not have access to sanitation.**

# Angolan distribution of U5 deaths by cause, 2000-03

Angola distribution of U5 deaths by cause, 2000-03



50% of newborn die during their first week of life

# Few causes are a source of large proportion of deaths

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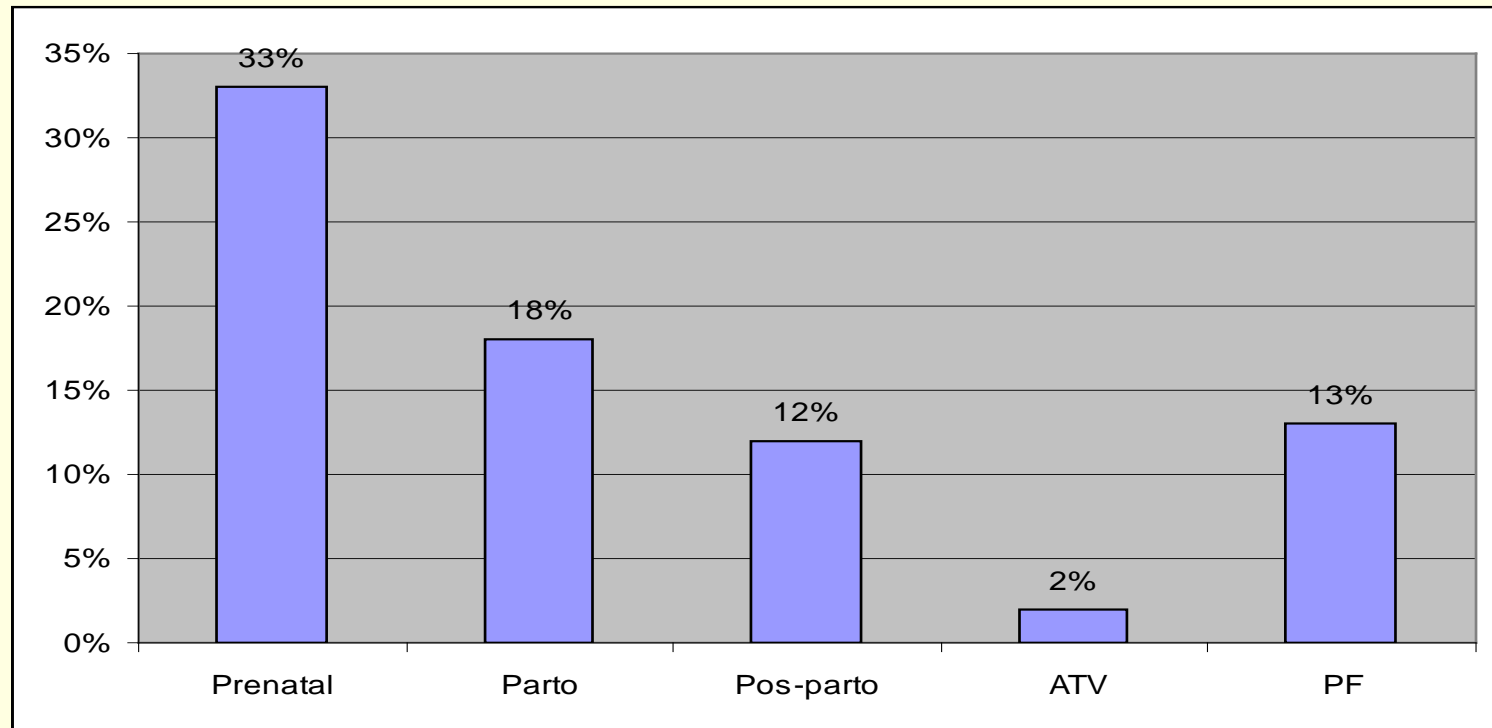
- In Angola there are six causes that give rise to 73% of deaths in children under 5 years (pneumonia, diarrhea, malaria, prematurity, asphyxia and pneumonia/neonatal infections).
- 88% of deaths from diarrhea are due to lack of water for hygiene, unsafe sources of water supply and limited access to basic sanitation for the waste of feces.
- Malnutrition is a contributing factor in more than 60% of deaths from diarrhea, 57% of malaria deaths and 52% of deaths from pneumonia.
- Most of the deaths in children occur at the community's level .

# The health system's response are weak

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- Health structures to deliver services are insufficient and poorly equipped;
- Few human resources (in quantity and quality) and few medications as needed;
- Insufficient degree of organization and implementation of essential services for the population (and integrated package of essential services, reference and cross reference, supervision, monitoring, management of services, and resources);
- Poor service delivery (quality and continuity);
- However, even when there is low demand for services by the population.

## Proportion of health centers providing Reproductive Health Services (Study on the Care of Obstetrics Emergency)



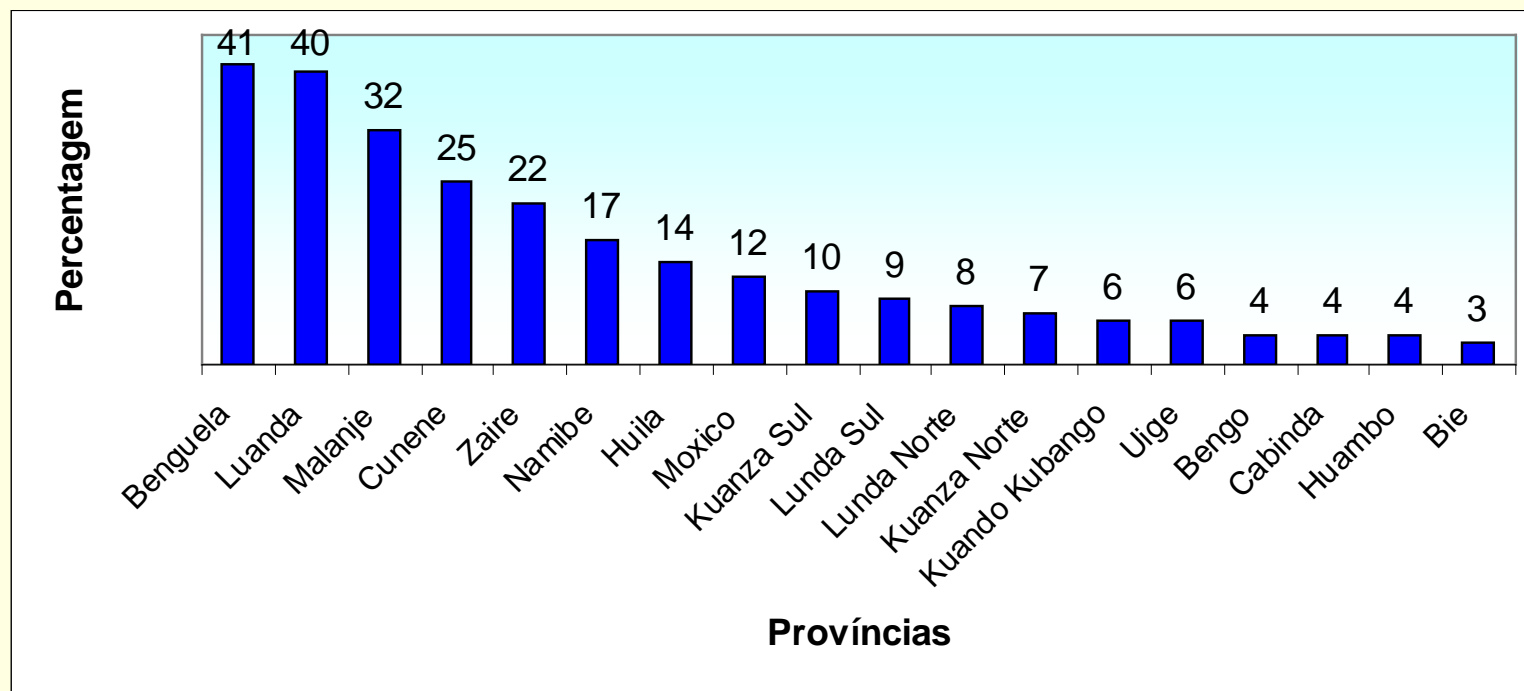
More frequently offered: Prenatal (33%)

Less frequently offered: PTV (2%).

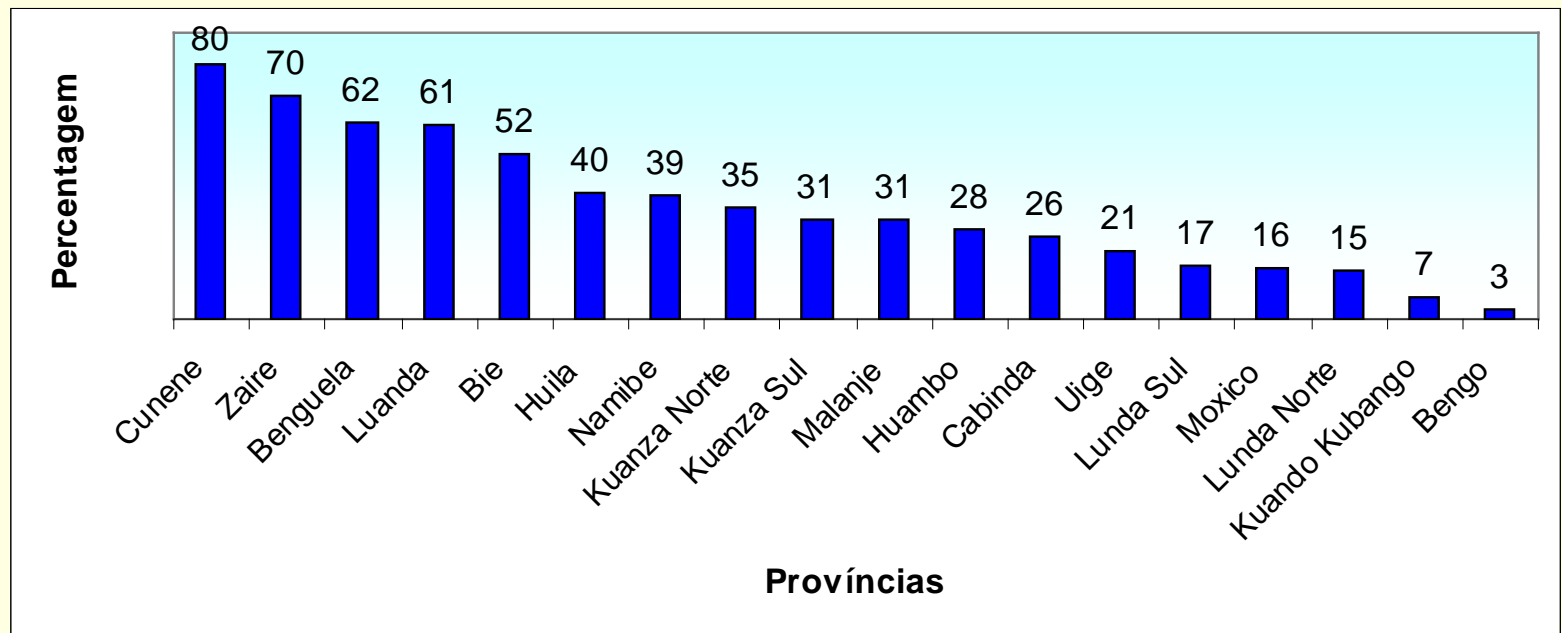
Only 18% of health centers report that provide delivery services

13% of family planning and 12% postpartum care

# Proportion of Health Units with Family Planning Services



# Proportion of Health Services with Vaccination





## 2. What are the responses of the Government of Angola?

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***Plan to reduce Mozambican child mortality (2005-2009)***

# Target Plan of maternal and child mortality

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- **Contribution to the Millennium Development Goal MDGs (2015)**
- **50% Reduction in the mortality rate of children under 5 years;**
- **30% Reduction in the maternal mortality rate;**
- **30% Reduction in the rate of malnutrition of children less than 5 years;**

## Strategy to implement the National Plan for the reduction of maternal and

### child mortality: Revitalization of health process

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<< The process of revitalization of municipal health services promotes organized and systematic **planning of health management at municipal level**, the adequacy of resources, technical training, effectively, on the company and treatment of mother and child through **fixed, mobile services and advanced and community participation** within **a health area** properly mapped, allowing this mode greater **access to essential package of care and maternal child health services**,— and ensuring **fairness** of health services to all families>> **-(DNSP – MS)**

### 3. Regional Operational Approach

No.	Region	Provinces
1	North	Cabinda, Zaire and Uige
2	North Central	Kwantza North and Malange
3	West Central	Bengo Centro Norte Luanda
4	Center	Benguela, Huambo ,Bie North Central kwantza South
5	South	Cunene,Huila, Namibe and kuando kuango
6	East	Lunda north, Lunda south and Moxico

## Structure of coordination of the implementation and monitoring process

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- Central coordination unit;
- Coordination with a Regional coordinator and a regional technical team;
- Provincial coordination : Provincial government coordination through Deputy Governor for social area with support from the Provincial Director of health and a provincial technical team;
- Municipal level: Municipal Board Administrator with support from the head of the Municipal Health.

# 4. Steps of the Revitalization Process

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- Introduction of the process to all levels;
- Collection of data, analysis, description and diagnosis of the situation;
- Division of sanitary areas;
- Preparation of municipal operating plan;
- Micro-planning interventions;
- Training;
- Implementation of interventions;
- Supervision, Monitoring, Evaluation;
- Expansion of process.

# Integrated Package

	Services	Outreach teams	Community-based
<b>Child</b>			
Monitor growth	X	X	X
Immunization	X	X	
Vitamin A	X	X	X
Iron	X		
ITNs	X	X	X
Management of a case: Malaria, diarrhea and ARI	X		X
Deworming ARV	X	X	X
otrimaxazole	X	X	X
<b>Mother</b>			
Iron and Folic Acid.	X	X	X
Immunization anti Tetanus and deworming	X X	X X	
ITNs and IPT	X	X	
Revision of STI	X		
Antibioticos	X		
Clean and safe childbirth	X		
Resuscitation	X		
VCT PMTCT if HIV (ARV)	X		
Vitamin A	X	X	
Family planning/Childbirth Services	X	X	X
Better conditions of water and sanitation	X		X
Birth registration	X		X

# Why Integrate Interventions Package?

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## **Technical reasons:**

-The greatest impact on mortality due to synergies of multiple interventions;

## **Operational reasons:**

-Better use of cost-benefit because the combination of resources, e.g. human, financial, logistical, etc...



# Service Strategies

Access to health service	Service strategy	Means of transport
Population of 0-5 km	Fixed	No
Population of more than 5 km	Advanced technical team of health unit	Motorized
Population of areas not revitalized	Mobile team	Car

# Offer Integrated Package of Strategy

<p><b>1. Fixed services at health units</b></p>	<p><b>Vitamin A, zinc, ORS, antibiotics, vaccinations, treated mosquito nets, CPN, clean delivery, neonatal care, deworming...</b></p>
<p><b>2. Advanced services / mobile teams (advanced / mobile teams)</b></p>	<p><b>Vaccination, vitamin A, treated bed nets, deworming, zinc, Sro, ITP / fansidar...</b></p>
<p><b>3. Services at Community level (communication component)</b></p>	<p><b>Promotion of key family practices including hygiene and sanitation, nutrition, clean delivery, care of cases of acute respiratory infections and diarrhea, hand washing, proper care of other children...</b></p>

## 5. Where we are in the implementation process in Angola?

Groups of provinces	Start period of the process	Number of municipality	Level of implementation of the process of revitalization by group
Grup1 : 5	2006	16	(i)Collection of data to expand areas of health (ii) monitoring in 7 municipalities (iii) operating plans of 10 municipalities (iv) communication component in 10 municipalities
Group2: 13	2008	54	(i) Collect data, review the situation and start the delimitation of health map in 26 municipalities (ii) introduction of process and collect data in 4 municipalities (iii) programming in 24 Municipalities of 6 provinces (Cabinda, North Kwantza, Lunda north, Lunda South, Zaire and Angola )
T= 18	2007-2008	T= 70	

## Implementation of the process of revitalization in 5 provinces 2007-2008

Expansion of revitalization 2007 to 2008	HUILA	BIE	CUNEN E	MOXICO	LUANDA	TOTAL
Total number of areas of Health-health map	112	78	38	25	29	282
Number of US planned 2007 to 2009	73	49	30	25	29	206
Number of US revitalized in 2007	17	12	12	13	0	54
Cumulative number of US \$ 2007 to 2008	54	34	12	26	3	129

## Expansion of revitalization in 5 provinces from Group 1

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Cumulative number of US provided until 2009	73	43	30	40	29	215

## 6. Some constraints to implementation of the revitalization process

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- Many different sources of data for the same data population;
- Uprights of the programs that do not give much time to the team of municipal and provincial level to implement a program with efficiency;
- Insufficient coordination of visits, seminars and missions of the central level to provincial level;
- Lack of adequate means of transportation especially the municipal level for implementation and supervision;
- Lack of structures, tasks and information for effective community involvement in the process.

# 7. Challenges

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- Availability of funds for implementation of high impact interventions in the context of decentralization;
- Availability of essential drugs and quality regulations at the district and municipality level;
- Smooth functioning and quality of information system and monitoring the process;
- Implementation of an integrated plan for social mobilization;
- Community component so as to ensure continuity of the demand of the population.

# 8. Opportunities

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- National Forum on the municipal health system;
- Cuban presence in all municipalities for technical support process;
- Administrative decentralization;
- Availability of all partners to follow the Government (WHO, UNICEF, World Bank, EU, USAID, NGO)





**THANK YOU**