

# ANGOLA

## NUTRITION THEMATIC POOL REPORT

January – December 2018

**Increased access to and use of high-impact nutrition interventions to prevent stunting in Angola**



Prepared by  
UNICEF ANGOLA  
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**Photo on the cover page:**

Caption: Baby being weight by a nurse at Kilamba Kiayi Hospital, in Luanda. The hospital is part of the Baby Friendly Hospital initiative in Angola.

Photo credit: © UNICEF/ANGA2018/Heitor Lourenço

# Abbreviations and Acronyms

CHW	Community Health Worker
FAO	Food and Agriculture Organisation
GAM	Global Acute Malnutrition
IIMS	Multiple-Indicator Cluster and Health Survey (Portuguese acronym)
IMAM	Integrated Management of Acute Malnutrition
IRA	Respiratory Infectious Diseases (Portuguese acronym)
IYCF	Infant and Young Child Feeding
MOH	Ministry of Health
MSF	Doctors Without Borders (Portuguese acronym)
MIYCF	Maternal, Infant and Young Child Feeding
MUAC	Mid-Upper Arm Circumference
NGO	Non-Governmental Organization
PTPA	Outpatient treatment center for acute malnutrition (Portuguese acronym)
SAM	Severe Acute Malnutrition
SWOT	Strengths, Weakness, Opportunities and Threats
UEN	Inpatient treatment center for acute malnutrition (Portuguese acronym)
UN	United Nations
UNICEF	United Nations Children's Fund
WFP	World Food Programme
WHO	World Health Organization

## Executive Summary

It is estimated that about 2.1 million children under five (38 per cent) in Angola are stunted. Infant and young child feeding (IYCF) practices are poor with less than one in five (38 per cent) infants being exclusively breastfed up to 6 months of age. Only 12.7 per cent of children 6 – 23 months have access to diversified food (Multiple-Indicator Cluster and Health Survey (IIMS) 2015-2016). In addition to poverty, causes of this situation are related to household drought-related food insecurity, unhealthy food behaviour and practices, low access to and inadequate utilisation of nutrition services, and lack of knowledge on appropriate IYCF practices.

To address the above-mentioned bottlenecks and contribute to increased access to and use of high-impact nutrition interventions by children under five, UNICEF Angola supported in 2018 the implementation of a comprehensive package of nutrition sensitive WASH, health and food security interventions and nutrition specific interventions, including Integrated Management of Acute Malnutrition (IMAM), Vitamin A supplementation and deworming, and the promotion of Maternal, Infant and Young Child Feeding (MIYCF) practices, implemented in the four most drought affected provinces, notably, Huila, Namibe, Cunene and Bie and in the DRC's refugees' settlement in Lunda Norte province.

With UNICEF support, from January to December 2018, 355,107 children in humanitarian situation were screened for malnutrition and 74,871 children under the age of 5 years were admitted into treatment programmes. Seventeen thousand, five hundred and eighteen mothers and caregivers were counselled on good infant and young child feeding practices by 178 health workers and 75 community health workers trained and equipped with MUAC tapes and Communication for Development (C4D) brochures by UNICEF.

As of 31 December 2018, UNICEF nutrition programme received 36.4 per cent (US \$727,900) of the US\$ 2 million appeal amount. Under SC149904 from MTSP Outcome 4, the total contribution amount was US\$ 73,804, fully allocated. As of 06 March 2019, US\$ 73,804 was utilized, with zero unspent balance. Under SC189903 from Nutrition Thematic Pool 2018-2021 the total contribution amount was US\$ 205,549, fully allocated. As of 06 March 2019, US\$ 205,385 was utilized, with an unspent balance of US\$ 164.

The prevailing drought led to a nutrition crisis in 2019 in the southern provinces of Angola further exposing children under five to multiple deprivations. Additional funding is urgently needed to support the national response which includes treatment of acute malnutrition, strengthening nutrition systems for emergency preparedness and scaling up multisector stunting prevention interventions while also addressing the life-saving needs of refugee children and women.

## Strategic Context

Angola has made significant progress in reducing under-five children's mortality rates in the years that followed the end of the civil war, witnessing a drastic decline from 145 per 1000 live births in 2001 to 68 per 1000 live births in 2015 (IIMS, 2015-2016). However, child mortality rates remain unacceptably high and per latest estimates from the IIMS 2015-2016, neo-natal deaths are contributing to 35 per cent of all under five deaths.

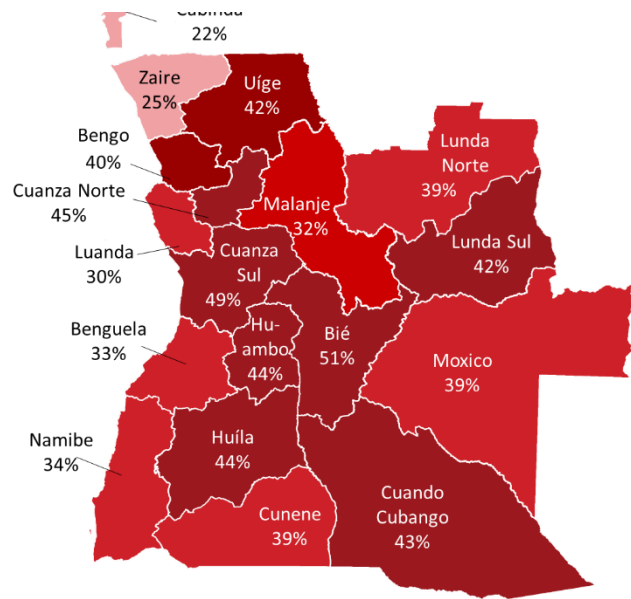
Large disparities persist among the Angola population, particularly on access to basic health services and to clean water and sanitation facilities. Nearly two-thirds (64 per cent) of the total population of 30.4 million in 2018 (Census, 2014) are below the age of 24 with children below the age of 15 representing

48 per cent. In addition, the poorest quintile of the population only receives 3 per cent of all incomes, while the wealthiest quintile receives 59 per cent and this dynamic of poverty is characterized by major rural-urban and regional disparities. Furthermore, three out of four children (74.4 per cent) in Angola under 18 years of age suffer multiple deprivations, three to seven at a time (INE 2018), impeding their physical, psychological and social development, namely adequate access to nutrition, health, child protection, malaria prevention, education, information, housing, water and sanitation.

Under-five mortality rates vary from 98 per 1000 live births in rural areas to 68 per 1000 in urban settings. This situation is exacerbated by cyclical droughts and floods affecting mostly the southern part of the country. From 2011 to 2018, the country has faced severe droughts that destroyed crops resulting in poor harvests and increased food insecurity in much of southern and central Angola.

Despite the lack of recent data on maternal nutrition in Angola, it is well documented<sup>1</sup> that malnutrition in infants and young children is a result of multiple deprivations including nutritional status of the mother, infant and young child feeding practices, quality of health care, hygiene practices, and quality of water and sanitation services.

Figure 1: Stunting Prevalence in Angola per Province, IIMS 2015-2016



Cut-off values for public health significance (WHO 2010)

≥ 40%	Very high prevalence
30 – 39%	High prevalence
20 – 29%	Medium prevalence

2015-2016). The proportion of children breastfed within the first hour after birth is higher for those born in health centres (51 per cent) than for those born at home or elsewhere (46 per cent) (IIMS 2015-2016).

The IIMS 2015-2016 reported that nearly 38 per cent of children under 5 in Angola are stunted (that is, too short for their age) (Figure 1), 4.9 per cent are wasted, 19 per cent are underweight, and the age group 6-23 months is most vulnerable to malnutrition.

Micronutrient deficiencies are also pervasive, 65 per cent of tested children (IIMS 2015-2016) suffer some type of anaemia, from which 32 per cent suffer moderate anaemia. Prevalence of anaemia among 6-59 months’ children is mostly caused by malaria, helminthiasis, nutritional deficiencies and infections, and it can affect children’s cognitive development, slow growth and increase morbidity. Anaemia prevalence was found to be higher among children under 24 months of age than among those over two years.

The 2007 National Nutrition Survey (NNS), revealed that more than half of pregnant women are anaemic, almost two-thirds of preschool-age children are vitamin A deficient, 20 per cent of young children are at risk of developing iodine deficiency disorders, and almost half of the population is at risk of inadequate zinc consumption.

Infant and young child feeding practices are poor with less than one-third (38 per cent) of infants being exclusively breastfed up to 6 months of age (IIMS 2015-2016).

<sup>1</sup> The Lancet series, Maternal and Child Nutrition, 2013.

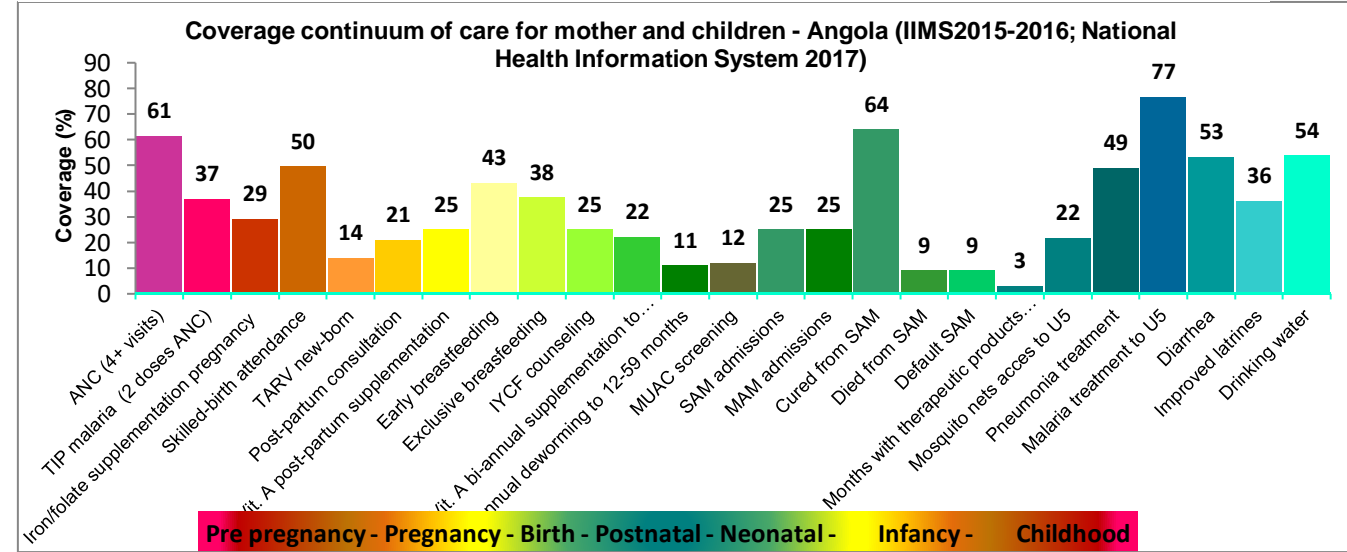
IIMS 2015-2016 data show that only 12.7 per cent of children 6 – 23 months old have access to diversified food (measured by minimum dietary diversity as a daily diet made up of four or more different food groups).

Furthermore, coverage of essential maternal and child health interventions along the continuum of care remains low and is irregular, with large gaps at key junctures in the life journey of children<sup>2</sup>, mostly due to limited availability of qualified human resources for health, geographical barriers to access healthcare facilities and lack of adequate quality and regular information of pregnant women and families regarding positive health behaviours (*Figure 2*).

The nutrition governance agenda is not yet quite developed with major gaps in terms of policy development and evidence generation. Through UNICEF’s technical assistance and advocacy efforts, the nutrition policy agenda is slowly gaining momentum in the country, with the recent creation of a multisectoral nutrition platform and ongoing development of a nutrition policy document with focus on multisectoral approaches for stunting reduction. There is furthermore, a need to develop national strategic guidance addressing nutrition causes in a multisector and convergent approach.

The absence of an investment plan to tackle key nutrition determinants is also reflected on the severe shortage of trained nutritionists from national to municipal level, and scarcity of implementation of high-impact nutrition interventions in both routine health programs and community-based activities.

Figure 2: Gaps in continuum of care for mother and child in Angola



### Humanitarian situation in the country and impact on children and women in 2018

In 2018, the impact of El Niño-triggered drought in Southern Angola continued to be exacerbated by the below-average and erratic rainfall, economic downturn and higher prices for basic commodities, reducing the capacity of the most vulnerable families to meet their nutrition needs and negatively impacting crop development and food security, particularly in the hardest hit provinces of Cunene, Huíla, Namibe and Bié.

<sup>2</sup> National Health Development Plan (PNDS) 2012 – 2025

It is estimated that over 2.3 million people are facing food insecurity among whom, 491,131 are children under the age of five (Government estimates for Huila and Cunene, 2018). Chronic drought, limited access to safe drinking water, and increased food insecurity in the southern provinces of the country have also had a significant impact on the population's health and nutrition, particularly for children under 5 years, overwhelming national response capacities and compounding existing vulnerabilities. Reduced coverage of nutritional screening and referral at community level, low quality of SAM case management and limited stocks of nutrition therapeutic products at national level were other contributing factors. A study in the area of maternal, neonatal and child health conducted with women of rural areas in the province of Huila showed that mother usually give up exclusive breastfeeding because of myths related to this practice. The study also showed that children up to 5 years-old only have one or two meals a day and have an inadequate diet and do not have access to treated water<sup>3</sup>.

On the other hand, instability and potential for violence in the Kasai region of the DRC remained a matter of concern, affecting the Northern province of Lunda Norte. As forecasted in the 2018 Regional Refugee Response Plan, the number of refugees in Angola could potentially rise from the 36,452 currently registered in Lunda Norte to 59,000, further straining access to basic services for both refugees and host community populations and increasing the risk of disease outbreaks.

In August 2018, UNICEF Angola reviewed its Humanitarian Action for Children appeal (HAC) to align targets with the current situation. Despite all the fundraising efforts, 63.4 per cent of the planned requirements remained unfunded, with this gap having an impact on UNICEF's humanitarian response and prevented the implementation of key interventions.

- *Main purpose and expected outcomes of the response*

The main purpose of the nutrition programme in Angola is to contribute to increased access to and use of high-impact nutrition interventions among pregnant and lactating women and boys and girls under five to reduce chronic malnutrition, particularly in the most deprived provinces, including in emergency-prone areas.

At upstream level, UNICEF's interventions are focused on enhancing the nutrition governance for nutrition systems strengthening, through advocacy and technical assistance for policy development, regulatory framework and evidence-based planning, financing and implementation of nutrition programmes.

Along with intensive nutrition-sensitive WASH, health and food security interventions, nutrition-specific interventions, including Integrated Management of Acute Malnutrition (IMAM), Vitamin A supplementation and deworming and the promotion of Maternal, Infant and Young Child Feeding (MIYCF) practices, have been implemented in the four provinces most affected by drought, notably, Huila, Namibe, Cunene and Bie and in the DRC's refugees' settlement in Lunda Norte province.

Expected outcomes were as follows:

- 275,000 children under 5 years old screened for malnutrition in 28 municipalities in the most drought-affected provinces of Cunene, Huila, Namibe and Bié
- 43,000 children 6 – 59 months old with SAM to be admitted into nutrition treatment programmes

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<sup>3</sup> UNICEF, ADRA and Government of Huila, 2018. Study on Knowledge, Attitudes and Practices in Municipalities of the Huila Province, 2018



- 5,000 caregivers of children 0 – 23 months increase their knowledge and capacity to adopt preventative practices for severe acute malnutrition, improved infant and young child feeding (IYCF), and on good hygiene, water, and sanitation practices

## Results

To achieve the desired outcomes, UNICEF developed a package of health and nutrition services aiming at strengthening the quality of health care provided by service providers and building resilience of local communities through integrated programmes with WASH and food security sectors, particularly in drought-affected areas. As such, UNICEF focused on strengthening the capacities of governmental institutions on overall coordination of the nutrition sector for 1) policy development and accountability mechanisms towards a common results framework; 2) emergency preparedness, response and recovery and 3) modeling of community-based resilience building interventions in drought-affected communities, engaging faith-based organisations for set up of mother support groups for breastfeeding promotion at community level.

Partnerships with provincial governments and strategic engagement with grassroots organisations were instrumental to generate meaningful results for childrens and their families. Key results achieved from January to December 2018 are highlighted in Table 1.

*Table 1: Overall results (January – December 2018)*

UNICEF Angola Results Table	UNICEF Response	
	Target	Total Results (MOH administrative reports, Dec. 2018)
<b>NUTRITION</b>		
# of children under 5 years old screened for malnutrition	275,000	355,107*
# of children with SAM 6 – 59 months old to be admitted into therapeutic treatment programmes	43,000	74,871*
# of health providers trained on severe acute malnutrition (SAM)	200	158
# of community health providers trained on severe acute malnutrition (SAM)	120	75
# of in-patient treatment facilities (UEN) or out-patient treatment programmes (OTP) centres to be revitalized	310	291
# of caregivers of children 0-23 months with access to infant young child feeding (IYCF) counselling	5,000	17,518*

\* By engaging government-paid ADECOS, Mother Support Groups from faith-based organisations and CLTS activists the nutrition programme almost doubled the estimated targets for screening, enrollment into SAM care and caregivers counseling on IYCF practices.

### Output 1: Improved Nutrition Systems Strengthening for results-based programming, monitoring and financing.

UNICEF partnered with key nutrition stakeholders from Government, Civil Society Organisations, Research Institutes and the private sector to set up a Multisector Nutrition Coordination Platform officially launched by the Secretary of State for Public Health in June 2018 and counting with representatives from more than seven ministries, notably, Ministry of Health, Agriculture, Education, Social Action, Fisheries,



Finances and Territorial Administration. The final draft of terms of reference defining the purpose, framework of action and roles and responsibilities of key players is pending approval from the lead-ministry, the Ministry of Health before formal endorsement in the form of a 'decree-law'.

With UNICEF technical assistance, under the leadership of the Ministry of Health, the platform held four meetings during the year resulting in the development of a National Nutrition Policy and a Five-year Stunting Reduction Multisectoral Plan 2019-2023. Both documents were drafted and are currently under review for final endorsement by end of second quarter of 2019.

UNICEF engaged with the President's Office through the Casa Civil to raise awareness about the nutrition situation in Angola, particularly in Southern Provinces and advocate for increased investments. In coordination with partners, UNICEF conducted high-quality analysis of the 2018 and 2019 state budgets, produced and disseminated budget briefs that contributed to improve the overall public knowledge on child budgeting priorities and gaps, and mobilize decision makers for increase of the 2018 State Budget. In 2018, an additional increment of almost US\$ 400 million was allocated to the education and health sectors.

UNICEF developed a costed position paper that served to advocate for increased budget allocation for nutrition sector. As a result of this and other efforts a remarkable allocation in the 2019 state budget of US\$ 3,200,000 to nutrition was made for the first time, a significant increase of 1,427% over the 2018 amount of US\$ 224,000.

### **Output 2: Health staff and community health workers in targeted health facilities have increased knowledge, skills and are provisioned with adequate means to provide quality nutrition care for children under-five children in drought-most affected provinces**

UNICEF contributed to quality of care for children with severe acute malnutrition in 54 inpatient and outpatient treatment facilities by providing on-the-job training and regular quality supervision to 158 health staff and 75 community health workers in drought-most affected provinces. As of December 2018, 74,871 children under five were admitted into treatment in UNICEF supported provinces of Bié, Cunene, Huila and Namibe with a 70% cure rate, 7% death rate, 20% default rate and 2% non-response. These results were achieved through UNICEF provision of nutrition therapeutic supplies and financial and technical support to municipal and provincial health authorities.

In 29 municipalities of Huila, Cunene, Namibe, Bié and Lunda Norte, UNICEF equipped with middle upper arm circumference (MUAC) and C4D brochures and trained the 75 community health workers to conduct active case finding using MUAC for nutrition screening, detection and referral to health services.

Community and facility-based screening conducted from January to December reached more than 355,100 children under five, and results from Huila and Cunene provinces, are pointing out that the nutrition situation is serious, with proxy-Acute Malnutrition prevalence of 9.8 per cent and proxy-Severe Acute Malnutrition of 3.7 per cent (figure 3).

Under the DRC refugees' response, 6,198 refugee children living in Lóvua settlement and in Dundo communities were screened for malnutrition, a total of 19 were admitted for SAM treatment, and 309 treated for MAM from January until the end of December. UNICEF provided 500 boxes of ready-to-use food supplement for the treatment of all refugee children with MAM.

Training on SAM for 20 health staff from Lunda Norte and Lunda Sul provinces, including three participants from Lovua municipality took place in July 2018. This training aimed to strengthen the capacity of health workers to provide regular treatment for children under 5 with SAM, which was especially important in Lovua as it also benefitted refugee children and host communities.

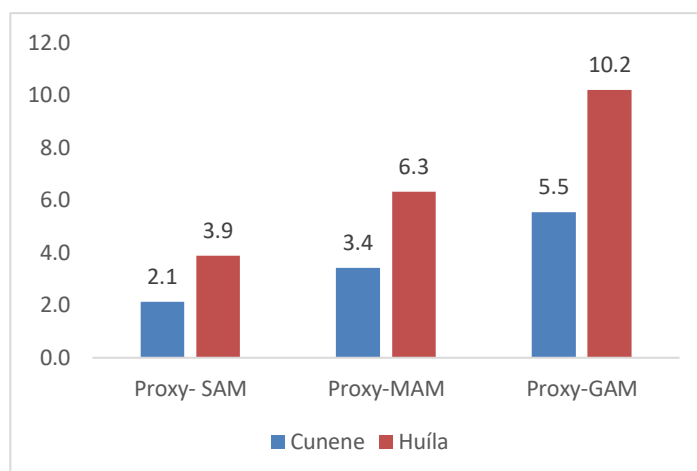
### **Output 3: Mothers and caregivers in targeted communities have increased knowledge, skills and are supported and counselled to practice age-appropriate breastfeeding, improve child complementary feeding practices, children's diet diversity and preventive health and WASH practices and increase demand for quality health and nutrition services.**

UNICEF established a joint pilot programme with the Provincial Government of Huila, FAO and local NGOs, to strengthen the resilience of local communities affected by droughts, with a focus on minority ethnic groups including nomadic populations, in three municipalities. The pilot promotes access to integrated basic public services including health, education, WASH, civil registration and agricultural support, through a multi-sector approach to service provision with a strong community engagement component.

In collaboration with FAO, six Farmers' Field Schools<sup>4</sup> (FFS) were implemented integrating key messages on food diversification and food emergency stocks for drought/floods preparedness and response in communities whose populations embark on seasonal migration determined by drought or otherwise. Twenty-seven FFS Master Trainers were trained to promote key behaviours in nutrition, hygiene and birth registration while addressing children's chronic nutrition issues by promoting agricultural production of local nutritious food reaching a population of 3,794 caregivers.

UNICEF trained 350 women of faith-based organisations and women groups of rural villages of the Huila Province. These leaders are promoting family competencies in the areas health, nutrition and hygiene during weekly meetings in their churches potentially reaching 3,600 thousand families. A total of 355,107 children (as of December 2018) were screened for malnutrition, with a 9% prevalence of Global Acute

Figure 3: Screening results using MUAC, January to December 2018



<sup>4</sup> The farmer field school is a season long, non-formal training program for selected farmers within a locality, usually a village. The FFS was developed by specialists from the Food and Agriculture Organization of the United Nations (FAO) at the end of the 1980s in Asia and Africa and is currently being implemented in Angola.

Malnutrition and 25 nutrition education sessions conducted at community level. This was achieved with UNICEF support to pilot a comprehensive package of nutrition and nutrition-sensitive health, agriculture and WASH interventions. UNICEF also established 10 infant and young child feeding support groups, trained 25 Master Trainers of FAO-supported farmers' field schools on dietary diversity and 42 CLTS activists on malnutrition screening in 13 drought-affected municipalities of Bié, Huila and Cunene provinces.

In Lunda Norte, 751 sessions of mothers' counselling on appropriate feeding practices, WASH, and exclusive breastfeeding were organised, reaching 5,348 people, and 14 community kitchens were run with 2,651 participants.

## Financial Analysis

UNICEF Angola is grateful to the donors of the Thematic Pool Fund and those who fund UNICEF's global core resources for the contributions that have been received in Nutrition. UNICEF Angola required US \$2,000,000 to meet the humanitarian needs for nutrition of women and children in the country in 2018. This was only partially met (US \$727,900), with a 63.6 per cent funding gap.

The prevailing drought has led to perpetuation in 2019, of the nutrition crisis in the southern provinces of Angola further exposing children under five years of age to multiple deprivations. Additional funding is urgently needed to support the national response which includes treatment of acute malnutrition, strengthening nutrition systems for emergency preparedness and scaling up multisector stunting prevention interventions while also addressing the life-saving needs of refugee children and women.

Under SC149904 from MTSP Outcome 4, the total contribution amount of US\$ 73,804 was fully allocated. As of 06 March 2019, US\$ 73,804 was utilized, with zero unspent balance. Under SC189903 from the Nutrition Thematic Pool 2018-2021, the total contribution amount of US\$ 205,549 was fully allocated. As of 06 March 2019, US\$ 205,385 was utilized, with an unspent balance of US\$ 164 (Table 2).

*Table 2: Thematic Contributions Received in 2018 (in USD)*

Donor	Grant	Total Contribution Amount (in US \$ million)	Total Funds Utilized (in US \$ million)	Total Funds Utilized (%)
Global - Nutrition THEMATIC FUND	SC149904	73,804	73,804	100
Global - Nutrition THEMATIC FUND	SC189903	205,549	205,385	100
<b>Total</b>		<b>279,353</b>	<b>279,353</b>	<b>100</b>

## Monitoring and Evaluation

The monitoring and evaluation system implemented is aligned with UNICEF's global framework, comprising the following:

- Annual and mid-year workplan reviews with partners: Sectoral annual and mid-year reviews were carried out with health and nutrition partners to review major achievements during implementation

of the annual workplans, identify and address key bottlenecks and provide concrete priorities for the remaining year based on the lessons learnt.

- Sector Coordination meetings: Sectoral coordination meetings were organized on a regular basis, such as coordination meetings chaired by provincial governors of Huila, Cunene and Bie.
- Quarterly field monitoring visits for program quality assurance: quarterly field visits were conducted to the nutrition teams at provincial level, to analyse the implementation of activities in the different municipalities and to plan the next steps. Meetings with municipalities were held in quarter basis, to support them on implementation of nutrition activities, work with them on data management and ensure that the work to achieve the expected results is being conducted. Programme indicators were set from the onset of the programme and tracked throughout the year. Based on a study on Knowledge, Attitudes and Practices, a baseline was defined and would serve a reference for the next interventions, with special focus on aspects related to practices in relation to exclusive breastfeeding, water treatment, adequate diet for children.

## Future Workplan

One of the lessons learned from last year's programme implementation was the need for a clear coordination and accountability mechanism of the nutrition sector at national/ subnational level, strengthening of the Nutrition Unit in Ministry of Health a priority, data collection to support programme monitoring and evaluation to be intensified and enhanced capacity building at municipal, provincial and central levels to meet demand for improved quality of SAM care are key priorities.

While moving towards the new UNICEF Country Programme 2020 – 2022, UNICEF Angola will continue pursuing a strong nutrition agenda focused on enhanced nutrition governance for better resilience to emergencies, multi-sectoral/integrated and convergent programming, and robust monitoring and evaluation, with an emphasis on maternal and child nutrition and care, equity, and gender sensitive programming. Efforts will be pursued towards resource mobilization to ensure the following interventions:

### *Nutrition Systems Strengthening:*

- Nutrition in Emergencies (NiE) Training will be held in quarter 1 2019 to build the capacity of national and subnational staff to respond to such emergencies and development of annual operational plans for routine and emergency nutrition interventions
- Advocacy for government's endorsement of strategic policy documents (National Nutrition Policy, National Nutrition Strategic Plan, Code for Marketing of Breastmilk Substitutes), and higher-level coordination of nutrition sector
- Updated national protocols, guidance and tools for integrated management of acute malnutrition printed and availed to service delivery points

### *Development and implementation of multi-sectoral/integrated and convergent programmes:*

- Scale-up of Baby-Friendly Hospital Initiative (BFHI) and increased number of health staff trained to provide support to mothers for early and exclusive breastfeeding up to 6 months
- Scale-up creation of Mother support groups (MSG) and food demonstrations at community level for Infant and Young Child Feeding counselling and support

- Reactivate inter-agency partnership with FAO for increased integration of nutrition and food diversification into the curriculum of the Farmers' Field Schools' (FFS) for households' resilience building in emergency prone provinces
- Increased coverage of Vitamin A bi-annual supplementation of children 6-59 months nationwide by integrating it with the polio campaign to be implemented nationwide in June 2019
- Humanitarian intervention for Integrated Management of Acute Malnutrition program effectively implemented in 4 drought-affected provinces (Huila, Namibe, Bié and Cunene) and in the DRC refugees' response in Lovua municipality, Lunda Norte province
- Modeling of multisector project to Improve children's diet diversity to prevent stunting in 9 out of 23 districts in Bié and Huila provinces, focusing on the first 1,000 days of life (from pregnancy to 23 months), integrating linkages with Health, WASH and C4D programmes

#### *Strengthened information management:*

- Bottleneck analysis (BNA) of routine vitamin A supplementation, deworming and iron/folic acid supplementation conducted
- National Iodine nutrition status established, and key results shared with relevant stakeholders

## Annex 1: Stories from the field

In rural villages, women leaders from faith-based organizations promote good health and nutrition practices

Every Wednesday, Helena Capembo walks 10 km to the church, situated in the village Viti Vivalle, in Huila Province, in the Southern region of Angola. Helena is 50 years-old, a teacher by profession and leads the Baptist Women's Society, a church group that meets regularly and discusses faith related topics, organizes initiatives with the church and its members to support their community.



*Meeting of women in the church of the village Vivalle on positive practices in the areas of health, nutrition and hygiene. Photo: © UNICEF/2018/Ines White*

In the region affected by the El Nino phenomenon, water has been scarce, which brings challenges for these women and their families. Despite all the difficulties, women try to attend the meetings. "It gives us a sense of belonging and make us stronger to face our challenges".

Since April 2018, Helena has been supporting her peers with another approach: teaching them on how to adopt positive health and nutrition practices.

A formative study on maternal, new-born and child health conducted in rural areas of Huila in 2017 confirmed that the most important reference for women are their mothers and that churches are important

channels for messages related to maternal and child health and nutrition. The study was informed by interventions such as the one with the groups of women of faith-based organizations.

Helena was one of the 350 women religious leaders trained by UNICEF with the support of the Federal Republic of Germany. They are now reaching over 3,600 families in three municipalities of Huila Province. The trainings were based on a methodology developed by the Government of Angola jointly with the community. They are now sharing what they learned with other women, promoting positive practices on health, nutrition and hygiene. The dialogue between mothers is an effective way to raise awareness on how to prevent some of the major diseases that affect children, as well as to support early child development, promoting early stimulation and play.

In every meeting the group decides jointly which topic should be discussed, whether it is exclusive breastfeeding, essential hygiene practices or the danger of open defecation.

These peer groups help to foster positive health behaviours among mothers and use the most traditional and effective form of communication in rural settings, face-to-face communication and community gatherings. The peer-to-peer approach embedded in well-established structures such as regular meetings of church groups helps to sustain the approach far beyond the initial trainings.

## Expression of Thanks

UNICEF Angola wishes to express its most sincere appreciation to the UNICEF Natcoms that work tirelessly to replenish the pool of thematic funds. On behalf of the children in Angola, UNICEF would like to extend its gratitude for the generous support to improvement of the nutrition outcome area and contributes to the continuous achievement of the results described in this report.

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