Traditional Birth Attendants contribute to Angola’s HIV response

“Traditional Birth Attendants are central figures in the Angolan culture, and one of the most precious resources in the health field,” remarks Laura Marin, Public Health Manager for Doctors with Africa CUAMM (CUAMM) in Cunene, Angola. “The idea to involve them in our projects, mixing traditional African culture with a modern program of health education, came at the end of 2012. Traditional Birth Attendants have a key role in the community; they are respected and influential. This makes them one of the best ways to deliver health education, especially to other women.”

Access to and uptake of antenatal services in Angola is low, with only 33% of women giving birth in health facilities in urban areas and 14% in rural areas.1 Only 17% of pregnant women living with HIV received antiretroviral therapy (ART) to prevent vertical transmission in 2012, resulting in an estimated 5,100 new infections among children—an increase of 41% in new infections among children since 2001.2

1 Reproductive and Sexual Health Report. UNFPA. 2009. Angola

Angola’s National Institute for the Fight against AIDS (INLS) is implementing a National Plan on the Elimination of Vertical HIV Infection, which includes an increase in the number of public health facilities providing pregnant women with prevention of mother-to-child transmission (PMTCT) services as well as Option B+, which enrolls all HIV-positive pregnant women on life-long ART regardless of their CD4 count.3 The country has a limited health infrastructure, including a shortage of health facilities and staff. Therefore, civil society—community leaders such as the Traditional Birth Attendants (TBAs) and organizations such as CUAMM—are critical to improve community access to prevention services.

TBAs, or midwives, are women that have always worked in the community, Laura states. They are considered wise ones that bring life, but are also simple and honest women who do not take advantage of their role in society. Many cannot read or write. Despite this, they communicate well and care deeply about the community’s health. They spread essential knowledge, focusing mainly on reproductive health and on mother and child well-being.

Laura and her colleagues at CUAMM were challenged by the African proverb “when you educate a man, you educate a single person; when you educate a woman, you educate a community.” They began working with 20 TBAs, providing them with training on mother and child health. This included the importance of giving birth in a health facility and the risks of home delivery for both mother and child. The training also addressed the importance of HIV prevention, early diagnosis, and treatment. Information on

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1 Plan for the Elimination of vertical HIV infection. INLS. 2012. Angola

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Traditional Birth Attendants present information to women in Cunene
HIV transmission incorporated the influence of risk factors such as gender-based violence. Together, they developed key messages and decided on how to deliver them most effectively, in ways the public could understand and relate to.

While one could question whether TBAs, whose role was previously to support home births, are working themselves out of their jobs, Laura shares, “The TBAs have enthusiastically accepted the task. They care for their people. They do really want to reach the goal of spreading health knowledge and empowering women and their communities.” Instead of becoming obsolete, TBAs are evolving and filling a need in the country’s health system.

A partnership with the USAID-funded Building Local Capacity for Delivery of HIV Services in Southern Africa Project (BLC) has enabled CUAMM to extend their program to 70 TBAs in the Ombadja Municipality in Cunene.

Laura states that HIV is still a sensitive subject in Angola, and TBAs have learned to spread knowledge without prejudice and listen to people’s concerns and questions. These issues are now incorporated into their monthly meetings, where the TBAs program their activities and coordinate themselves. They are also able to collect useful information and data that can help health workers plan and organize their work in the community and monitor activities.

TBAs serve as links to health facilities, referring pregnant women for antenatal care and providing sensitization sessions in hospital and within communities. In collaboration with health facility staff, they have reached more than 3,237 people with HIV prevention messages. However, Laura states that there is still much work to do to reach additional people particularly in very rural areas. TBAs are better positioned to reach people who have limited access to health facilities, she says. Their connection to communities is giving people an opportunity to learn and make informed choices about their health and the health of their families.

Doctors with Africa CUAMM (CUAMM) has been working in the provinces of Cunene and Uige since 1997 to improve maternal health as well as HIV and AIDS prevention and treatment services at community- and health-facility level.

Cunene Project with funding from USAID Objectives: To improve access to HIV and AIDS prevention and treatment services by enhancing HIV awareness and referral systems between communities and health facilities, and to improve health service delivery by strengthening the Health Information System and Health Unit’s capacity.

Since beginning implementation in May 2012, CUAMM has reached 3,237 people with HIV prevention messages. In addition, 763 people have been tested for HIV.

For more information contact: www.cuamm.org

Launched in 2010, the USAID-funded Building Local Capacity for Delivery of HIV Services in Southern Africa Project (BLC) strengthens government, parastatal, and civil society entities to effectively address the challenges of the HIV and AIDS epidemic.

Throughout the Southern Africa region and with specific activities in six countries, BLC provides technical assistance in organizational development, including leadership, management, and governance in three key program areas: 1) care and support for orphans and vulnerable children; 2) HIV prevention; and 3) community-based care.

In Angola, BLC supports local civil society organizations to deliver improved evidence- and community-based HIV prevention services that promote healthy behaviors among families.