



**COUNTRY PROGRAMME ACTION PLAN
(2015 -2019)**

BETWEEN

THE GOVERNMENT OF ANGOLA

AND

**THE UNITED NATIONS POPULATION FUND
(UNFPA)**

27 January 2015



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Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
AWP	Annual Work Plan
BCC	Behaviour Change Communication
CBO	Community-Based Organization
CO	Country Office
CP	Country Programme
CP5	Fifth Country Programme
CPAP	Country Programme Action Plan
CPD	Country Programme Document
CSE	Comprehensive sexuality education
CSPRO	Census and Survey Processing System
CTA	Chief Technical Advisor
CTI	Comité Técnico Intersectorial (Intersectoral Technical Committee)
DHS	Demographic Health Survey
EmOC	Emergency Obstetric Care
FACE	Fund Authorization and Certification Expenditures
FP	Family Planning
GBV	Gender Based Violence
GFP	Gender Focal Point
GoA	Government of Angola
GoA	Government of Angola
HIV	Human Immunodeficiency Virus
HTPs	Harmful Traditional Practices
IBEP	Inquérito sobre o Bem Estar da População (Well Fair of Population Survey)
ICPD	International Conference on Population and Development
ICT	Information Communication Technology
IEC	Information, Education, Communication
IMIS	Integrated Management Information System
INE	Instituto Nacional de Estatística (National Institute of Statistics)
JIRO	Juventude Informada Responsável Organizada (Informed, Responsible and Organized Youth)
KAP	Knowledge, Attitudes, Practices
LMIS	Logistics Management Information System
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MED	Ministério da Educação (Ministry of Education)
MINFAMU	Ministério da Família e da Promoção das Mulheres (Ministry of the Family and the Promotion of Women)
MYS	Ministério da Juventude e Desporto (Ministry of Youth and Sports)
MPTD	Ministry of Planning and Territorial Development
MoH/MINSA	Ministério de Saúde (Ministry of Health)
MJD	Ministério da Juventude e Desporto (Ministry of Youth and Sports)
MoU	Memorandum of Understanding
NGO	Non-Governmental Organization
NGP	National Gender Policy
NSS	National Statistical System
OMP	Office Management Plan
P&D	Population and Development



PCA	Programme Coordination Assistance
PFLE	Population and Family-Life Education
PHC	Population and Housing Census
PM&E	Planning, Monitoring and Evaluation
RBAp	Rights-Based Approach
RC	Resident Coordinator
REDATAM	Retrieval of Data for small Areas by Microcomputer
RH&R	Reproductive Health and Rights
RHCS	Reproductive Health Commodity Security
RR	Reproductive Rights
RRF	Results and Resources Framework
SGBV	Sexual and Gender Based Violence
SMS	Short Message Systems
SPSS	Statistical Package for the Social Sciences
SRH	Sexual and reproductive Health
SRO	Sub-Regional Office
STI	Sexually Transmitted Infections
ToT	Training of Trainers
UN	United Nations
UNAIDS	Joint UN Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
UNPAF	United Nations Partnership Framework
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
WHO	World Health Organization



The Framework

In mutual agreement with the content of the Country Programme Action Plan (CPAP) and their responsibilities in the implementation of the Country Programme, the Government of the Republic of Angola (hereinafter referred to as the Government) and the United Nations Population Fund (hereinafter referred to as UNFPA)

- **Furthering** their mutual agreement and cooperation for the implementation of the Programme of Action of the 1994 International Conference on Population and Development (ICPD) and the new framework for population and development emerging from the operational review of the 20 years of ICPD implementation, as well as the recommendations of other related conferences and the achievement of the Millennium Development Goals (MDGs) and the emerging framework for sustainable development goals beyond 2015;
- **Building** upon the experience gained and progress made during the implementation of the sixth Country Programme (CP6), based on the recently approved Country Programme Document (CPD), which is aligned with the United Nations Partnership Framework with Angola (UNPAF) and the National Priorities of the Government, as established in the PND (2013-2017)
- **Entering** into a new period of cooperation;
- **Declaring** that these responsibilities will be fulfilled in a spirit of friendly cooperation;

Have agreed as follows:

I. Basis of Collaboration

The relationship between the Government of Angola and the United Nations Population Fund (UNFPA) is governed by the Standard Basic Agreement (SBAA) signed by the Government of Angola and the United Nations Development Program (UNDP) on February, 18th, 1977 which, *mutatis mutandis*, also holds true for UNFPA.

This Country Programme Action Plan covering the period from 1 January 2015 to 31 December 2019 is to be interpreted and implemented in conformity with these provisions. The CPAP consists of ten (10) parts wherein the situation analysis, past cooperation and lessons learned, proposed programme, partnership strategy; programme management, monitoring and evaluation and commitments of the Government and UNFPA and other provisions are described, and two annexes, namely a CPAP Results and Resources Framework, the CPAP Planning and Tracking Tool and a Monitoring and Evaluation Calendar.



II. Situation Analysis

General context

Emerging from a long period of wars from 1961 to 2002, Angola has experienced very fast economic growth with Gross Domestic Product (GDP) rate greater than 10 per cent from 2000 to 2008¹. After the recession of 2009, the GDP continued to grow at an average annual rate of 4.4 per cent, from 2010 to 2014². In spite of high economic growth rates, the country is affected by unemployment of about 23 per cent, which is most severe among the 15-34 age group (40 per cent).

Social indicators have shown disparities in comparison to the economic growth. Life expectancy is 50 and 53 years old by man and women, respectively. In terms of education the sector has been receiving significant investments in infrastructure over the past years. The enrolment has increased but the education quality is a concern due to the weak human capacity. The gender gap in enrolment is practically closed at the primary school while remains problematic at the secondary school with 15 and 12 per cent for male and female children in school age, respectively. The number of years expected to children to be at the school, is 14.0 and 8.7 for boys and girls, respectively, for the 2000-2012 period.

The infant mortality is still over 100 per thousand live births according a number of international estimates. There has been progress with respect to maternal health, but the maternal mortality rate is still very high as will show in the next section. Income inequality is the major driver of poverty in the country with a Gini coefficient of 0.54. Angola's 2013 HDI value is 0.526—in the low category of human development—positioning the country at 149 out of 187 countries and territories³.

2.1 Reproductive Health and Rights

Maternal mortality remains as one of the major public health problems in Angola with an estimated rate at 450 women deaths per 100,000 live births. About half of the deliveries are made at home without a skilled birth attendant. Those women who decide to have children at the health facility are discharged, on average, six hours after birth. This is the most dangerous period in which the birth complications usually appear. Home visits to the mother and baby during the first week after birth is not in place in the health services routine.

The last research on Emergency Obstetric and Neonatal Care, carried out in 2007, have shown that only 46 health facilities with EmOC services was available in the country and a low proportion of women (15 per cent) use these facilities. These patterns contributes that a high proportion of births occurs under conditions of high obstetric risks, promoting several types of negative reproductive health outcomes like obstetric fistula, stillbirths and unsafe abortions, especially among adolescents.

¹ African Development Bank, February 2010

² International Monetary Fund, 2014

³ Human Development Report, 2014



Haemorrhages, malaria, under nutrition and lack of health services access are the main causes of maternal mortality. The estimated neonatal mortality rate is 42 per 1,000 live births.

The fertility rate is estimated around 6.4 children per woman and the prevalence rate of modern contraceptives is 12 per cent⁴. The adolescent fertility rate is also high (152,1 per 1,000 women at 15-19 years old). The sexual initiation starts around 13 years and 70 per cent of adolescents maintain sexual relations unprotected.

Parents, teachers and health professionals do not seem to accept that teenagers might have become sexually active. Adolescents and young people are often denied access to sexual and reproductive health services, due to the health professionals' approach that family planning is for adults and married couples. The lack of privacy and confidentiality induces many young people to avoid health services. Hence, one reason for the exceptionally high adolescent fertility is the limited availability and access to adequate information and friendly sexual and reproductive health services that respect human rights.

In addition, teachers very often do not have the skills on Comprehensive Sexuality Education (CSE) and no specific policies exist that would allow the integration of sexuality education in school curricula. Consequently, only 44.6 per cent of youth have accurate knowledge about the human immunodeficiency virus (HIV) and only 14.9 per cent know their HIV status. The estimated total HIV prevalence rate is 2.4 per cent, with 0.9 per cent among youth aged 15 to 24 and 1.7 of pregnant women who have received prenatal care.

The National Audit Committee for the Prevention of Maternal and Neonatal Deaths was established in March 2012 by presidential decree, in order to implement the recommendations of the Campaign for Accelerated Reduction of Maternal Mortality in Africa. The guidelines for the National, Provincial and Municipal Committees have been elaborated; however, the committees are not yet functional, they still have to become operational in order to implement the actions to support the maternal and neonatal mortality reduction.

Angola is a party to the Convention on the Elimination of All Forms of Discrimination against Women since 1986 and progress on gender issues has been recorded. More recently, a Law Against Domestic Violence (Law No 25/11 of 14 July) was approved in 2011 and a National Policy for Gender Equality and Equity was approved in 2013 by Presidential Decree No. 222/13.

2.2 Population Dynamics

The last population census was conducted in May 2014 after a 44 year inter-census period. Preliminary results, issued at the end of September 2014, indicate 24.3 million people, which exceed the 22.1 million that was estimated by the Department of Economic and Social Affairs (UN Population Division) in 2012. The annual growth rate for 2010 was estimated at 3.3 per cent and at this level the population would double in just 21 years. The Census 2014 results alert that the growth rate might have been even higher. The fertility trends and -most probably- return migration may be playing a higher role than previously estimated in the Angolan population dynamics.

⁴ State of the World Population, 2014



Angola faces a very high population growth rate that puts pressure on resources, challenges the capacity of expanding social services, specially education and health and creating sufficient jobs for a rapidly growing number of entrants to the labour force year after year.

Moreover, in view that new census data reveal that only seven provinces concentrate more than 70 per cent of the population, these trends combined with consumption patterns, place the issue of sustainability at the centre of medium and long term development scenarios.

Additional demographic features with significant impact on the development and welfare of Angolan population are migration and urbanization. The recent census will facilitate better measurement of these trends, allowing a better and management of migration and urbanization plans. This would be critical to improving living standards and facilitating a path for the social development for the vulnerable and marginalized groups. All these developments would have its starting point in the proper measurement of indicators and setting up a reliable baseline from the census data.

Angola has experienced recurrent droughts and flooding in some of its provinces, affecting a significant portion of its population. The National Preparation, Contingency, Response and Recuperation Plan for Calamities and Disasters, 2014-2019, which includes disaster-preparedness and response measures, is yet to be approved.

III. Past Cooperation and Lessons Learned

During the sixth country programme, approved for 2009- 2013 and extended to 2014, UNFPA provided support at the national and provincial levels.

In the area of sexual and reproductive health, the programme supported the finalization of the National Roadmap for Accelerating the Reduction of Maternal Mortality, 2007-2015, as well as the preparatory activities for launching the Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA) in August 2010.

UNFPA supported the provision of equipment and supplies to more than 15 health centres for the delivery of comprehensive reproductive health services, as well as the establishment of the first obstetric fistula treatment centre in 2010, in Uige Province.

UNFPA also helped to establish HIV counselling and testing activities, which was integrated with family planning services in mobile units at popular markets and churches in Luanda. This initiative was replicated in other provinces, reaching over 100,000 people.

A Strategic Plan for the Youth Sector (2012-2017) was developed during the sixth programme cycle, which incorporated adolescent sexual and reproductive health issues integrated with STI/HIV prevention. The Plan is yet pending formal approval and subsequent implementation.

The sixth programme provided important support to family planning. It covered more than 60 per cent of total family planning commodities consumed in the country. It also gave on-the-job training to 271 service providers in 16 of the 18 provinces on quality family planning services. As result, about 88 per cent of total patients covered under this initiative became new users.



UNFPA provided critical support to enhance gender equality during the 2009-2014 programme. The Law Against Domestic Violence (Law No 25/11 of 14 July) was approved in 2011, including the action plan. An integrated monitoring system was established, supporting the implementation of the law in all 18 provinces. In 2013 the Presidential Decree No. 222/13 approved the National Policy for Gender Equality and Equity, and the action plan was formulated.

Another important achievement was the UNFPA leadership on the preparation a joint United Nations report for the pre-session meeting of the 54th Session of the United Nations Committee on the Elimination of All Forms of Discrimination against Women.

The National Population and Housing Census was conducted in 2014 with strong government commitment and UNFPA support. This was a major achievement, which is going to improve the essential knowledge base needed to conduct evidence-based policy formulation and development planning. In the process, the institutional capacity of the National Institute of Statistics has been developed for data collection and processing.

UNFPA has supported the establishment of a bachelor's degree in geo-demography at the Agostinho Neto University and also supported a Master of Science Degree in Demography for two staff member of the National Institute of Statistics. The advocacy to the need of drafting a national population policy was another achievement of the sixth programme. Given the crucial role that the population dynamics will be playing regarding socio economic development and sustainability, renewed advocacy and technical support is necessary in order to move the agenda toward finalization and adoption of the policy.

Lessons Learned

The programme cycle covering the period 2009-2014 has reached several important achievements, as mentioned above. The key lessons learned which are most relevant to the new programme cycle, which were identified by the end-of-programme evaluation, are described as follows:

- The public health perspective to include the issues of sexual and reproductive health and rights on the national agenda, focusing on decentralization of health services, must be maintained and expanded, which would require strengthened advocacy activities.
- Additional efforts as carry out researches on Maternal and Neonatal Care and reinforce the health providers training are required to ensure proper implementation both of the Roadmap and the Campaign -CARMMA-, including advocacy for the materialization the financial commitments to the reduction of maternal mortality made already by the Government.
- Further expansion of SRH services faces some constraints: limited institutional coverage and human resources, and restricted availability of quality advice and access to reproductive health commodities. The proposed programme would build on: (i) previous programme's successful initiatives based on mobile units and community health programmes; and (ii) building upon the expanding capacity of the government to allocate financial resources to social programmes. Although this increased financial



capacity has not materialized yet in national resource allocation to SRH commodity security.

- Implementing community-based activities with community health workers has demonstrated to be effective and efficient for creating demand and expanding access for reproductive health services, including family planning. This is a strategy that should be further pursued and strengthened through the UNFPA support to the implementation of Community Health Workers National Policy that will be launch in 2015.
- Appropriate and innovative strategies, such as mobile units and peer education activities on reproductive health and rights for working with young people and adolescents, recommended and tested by the UNFPA, needs to be adopted by the Government in the ongoing development of public policies on health, education and youth issues, for subsequent up scaling. The partnership work done with NGOs on these matters should be systematized and utilized as the evidence base for the development of such policies.
- The excellent results of the integrated reproductive health services initiative (family planning and HIV counseling and testing) for adolescents should boost advocacy efforts for its up scaling and consolidation during the new programme cycle.
- The incorporation of parents in adolescent and youth activities is essential. Frequently parents have not enough information and skills to alert their children on the risks they are exposed to, and to strengthen their children resilience and enhance protective and preventive skills and behavior. Promoting communication of parents with teachers-young people-adolescents on sexual and reproductive health and rights will be strengthened.
- The human rights dimension of gender equality and woman rights, both at the level of political leadership as well as in the population at large needs to be strengthened because it is not fully disseminated across the country Simultaneously, greater emphasis is needed to give prompt response and services to attend the GBV survivors' needs and to improve the monitoring as well as the full implementation of approved norms and legislation.
- UNFPA should emphasize the 2014 Census' data analysis to utilize its results to guide decision making as well as policy elaboration processes due to the lack of reliable information and the limited access to official data by general users. It could be achieved by advocacy on REDATAM statistic software adoption.
- Adolescents and young people must receive special attention with regards to the population policy since they represent the majority population portion, as well as effectively incorporating them into human capacity development strategies and poverty reduction strategies through advocacy activities for promote adolescents and youths.
- In the last humanitarian response (2012) UNFPA distributed 3,000 hygienic kits to women and their families. UNFPA needs to consolidate its participation in the contingency plans elaboration, to ensure the inclusion of reproductive health and gender approaches like GBV prevention in these plans.



IV. Proposed Programme

The proposed country programme is aligned with the UNPAF (2015-2019), and the UNFPA Strategic Plan, 2014-2017, and responds to national priorities as articulated in the Long-term Development Strategy for Angola (“Angola 2025”), the National Development Plan, 2013-2017, and the National Health Development Plan, 2012-2025. It aims to generate changes in the lives of women, adolescents, and youth that would help bringing them into the mainstream of the development agenda in Angola. It is also guided by the main outcomes of the ICPD Beyond 2014 Review, as well as the post-2015 global development agenda.

The United Nations Secretary General’s Global Strategy for Women’s and Children’s Health and the Hyogo Framework for Action for disaster risk reduction are also taken into account in the strategies that will guide its implementation. The principles of aid effectiveness, including the centrality of national ownership described in the Paris Declaration on Aid Effectiveness (2005) are essential to the programme.

With respect to UNFPA Strategic Plan, the programme makes contributions to each of the four outcomes. Outcome 1 aims to increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive. The programme emphasises increased priority on adolescents in development policies and programmes including increased availability of comprehensive sexuality education and sexual and reproductive health services, which constitute the essence of Strategic Plan Outcome 2.

It will also make contributions to advance gender equality, women’s and girls’ empowerment, and reproductive rights, within Outcome 3 of the Strategic Plan. Finally, the proposed programme emphasises a thorough analysis of the 2014 Census’ data, in order to strengthen the knowledge base needed to guide national policies and the development planning agenda, integrating the population dynamics and their links with sustainable development, which constitute UNFPA Strategic Plan’s Outcome 4.

In relation to the United Nation System Partnership with the Government of Angola, the UNFPA contribution addresses two areas of the Strategic Partnership: *Area 1 -Human, Social and Equal Development* and *Area 2 -Inclusive Sustainable Economic Development*. Within the UN partnership, it will contribute mostly to UNPAF’s *Result 1.1 Health*, addressing the reduction of maternal and infant mortality and the risk factors affecting adolescent’s health; it will also contribute to *Result 3.1 Inclusive Growth, Economic Diversification, Production and Job Creation* through enhancing gender equality and women’s empowerment, and adolescents and youth’s human development.

The programme will build on the gains achieved during the previous country programme, 2009-2014, providing on the one hand upstream support at the national level, and on the other targeted interventions for the most vulnerable communities in all 18 provinces.

The proposed programme is outlined in the following sections; it is structured in a sequential order, following the outcomes of the UNFPA Strategic Plan that each output would contribute to. Within each Strategic Plan Outcome, the content of the programme will be preceded by



headings which are indicating: i.) The National Priorities that the UNFPA programme will be contributing to; ii.) The UNPAF Outcomes aiming to support each of those national priorities; iii.) The UNFPA Strategic Plan Outcomes; and iv.) The specific country programme outputs to be delivered in the 7th UNFPA Programme Cycle.

4.1 Reproductive Health and Rights

National priorities: (a) reduce maternal mortality, infant and child mortality; (b) rebalance the population distribution through incentives to population mobility; and (c) fully implement the National Policy for Women Equality and Equity, and eliminate gender-based violence.

UNPAF outcome: By 2019, Angola had reduced maternal and child mortality, the mortality rate of its population, the risk factors for the health of adolescents and non-communicable diseases.

UNFPA Strategic Plan Outcome: Reproductive health and rights; Outcome

1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access.

UNFPA Country Programme Outputs for the 7th Programme Cycle:

Output 1.1: *Increased institutional capacity of the Ministry of Health to deliver high-quality integrated family planning, maternal health and STI/HIV prevention services.*

Angola has approved the National Health Development Plan 2012-2025, which is a comprehensive document, incorporating the integration of high quality family planning, maternal health and STI/HIV prevention services at the national level, focusing on pregnant women and young people. It also includes implementing the commitments of the Campaign for Accelerated Reduction of Maternal Mortality in Africa.

Given this advanced policy framework, the efforts will focus on promoting the NHDP 2012-2015 implementation through intensive advocacy aimed to consolidate high level commitment as well as sustained resource allocation, with continued and focused technical support.

UNFPA will provide technical support to: (a) develop a monitoring mechanism for the National Maternal and Neo-Natal Death Prevention Commission in all levels; (b) support to the MoH on Emergency Obstetric and Neonatal Care evaluation, (c) support the MoH to increase demand on reproductive health through SMS Woman project that will disseminate mass information by cellphone; (d) to create/update national sexual and reproductive health service protocols that address, in particular, youth issues within the Angolan cultural context; (e) advocate for the expansion of youth-friendly reproductive health service delivery points with integrated family planning and STI/HIV prevention services in each of the 18 provinces; (f) foster greater focus on young people and pregnant



women in the accelerated HIV/AIDS response by the Government; and (g) advocate for the expansion of the national programme on obstetric fistula treatment.

The MoH will be provided technical support to develop national protocols for the integration of family planning and HIV prevention, and to train health providers in the utilization of these protocols. In a similar manner, health protocols will be developed, incorporating youth issues in order to enhance availability of youth friendly services.

The strategy will aim to strengthen the health system in a way that access to services can be expanded, and SRH services are fully integrated, so that HIV positive women are systematically offered contraceptive choices, at the same time as women attending antenatal services are offered the option of HIV testing, in contexts where health facilities can provide these services, including pre- and post-natal consultations and family planning, as per the Maputo Plan of Action.

Some of the relevant activities considered within this component include the continuation of the successful initiatives launched in the previous cycle, updating them on the basis of the results of evaluations conducted on those experiences: (a) Update the SRH curriculum, integrating HIV/AIDS components into delivery, post-partum and post-abortion care; (b) Expand training of trainers (ToT) for integrated SRH service provision in 8 selected provinces; (c) Train service providers in delivery of integrated SRH/HIV/AIDS services in 8 provinces.

During the previous programme over 300 women were successfully treated for obstetric fistula. The new programme will expand these efforts, in order to reach a minimum of 1,000 women successfully treated by the end of the programme.

In terms of humanitarian situations, UNFPA will ensure the clean delivery kits and hygienic kits in accommodation sets as well as to reinforce the government capacity to give basic information, education and communication on reproductive health issues, including family planning to the affected population.

Output 1.2: Strengthened national capacity to supply modern contraceptives, with a particular focus on young people.

The previous programme has made advances in creating mobile units and expanding access to modern contraceptives through community health programmes. To attain Output 1.2, the proposed programme will support the Ministry of Health in: (a) scaling up the mobile units and community health agents programmes focusing on the 15 to 24 year olds - which are initiatives properly tested during the previous programme - and incorporating additional efforts to expand the demand for family planning in the general population; (b) advocating for government resource allocation for the procurement of reproductive health commodities; and (c) providing technical assistance for the establishment of a functional information and supply chain management system, aiming to ensure adequate flow of supplies to provinces, with special attention to forecasting the needs of young people and (d) advocating to include the private sector into logistics technical group.



Strengthened advocacy efforts will emphasize the critical role of birth spacing and reducing the proportion of child birth occurring among girls younger than 18. In addition to the health benefit arguments, the expansion of demand for contraception must be also promoted and strengthened at the policy level with arguments relating to the impact of the demographic dynamic on development. In this sense attention should be called to the challenges associated with very fast population growth rate and its effects on the capacity to rapidly expand education and health service coverage as well as other basic social services and infrastructure.

Technical support will be provided to develop and put in operation an updated national reproductive health commodity security strategy as well as a properly costed plan of action. Implementation of this strategy will start by the first year of programme implementation with an evidence/based concerted advocacy efforts to obtain adequate financial allocations to the procurement of SHR commodities; and the costed plan of action should be available by the second year. In the third year of the programme the SHR commodity security strategy will be consolidated. Similarly, a functional logistic management information system will be established, to accurately forecast and monitor the flow and availability of reproductive health commodities.

Given the relative low contraceptive prevalence, and considering the multiple benefits of family planning as discussed above, an additional strategy component will be to increase demand through health education and community mobilization efforts, by the SMS Woman project, to increase the use of modern contraceptive methods in the general population and particularly among sexually active young people and adolescents.

4.2 Adolescents and Youth

National priorities: (a) reduce maternal mortality, infant and child mortality; (b) rebalance the population distribution through incentives to population mobility; and (c) fully implement the National Policy for Women Equality and Equity, and eliminate gender-based violence.

UNPAF outcome: By 2019, Angola had reduced maternal and child mortality, the mortality rate of its population, the risk factors for the health of adolescents and non-communicable diseases

UNFPA Strategic Plan Outcome: Outcome 2; Adolescents and youth: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health

UNFPA Country Programme Outputs for the 7th Programme Cycle:

Output 2.1: Increased capacity of primary and secondary school teachers and community health workers to implement school and community-based comprehensive sexuality education programmes.

This output will be achieved by: (a) updating and testing the existing sexuality education curricula of teacher training colleges, and primary and secondary schools to ensure that they include family planning and STI/HIV prevention contents; (b) conducting advocacy and



community mobilization for the broader acceptance of integrated sexuality education for in and out-of-school youth, through government-run youth support centres; and (c) advocating for the implementation of the Strategic Plan for the Youth Sector, 2012-2017, which is included in the National Youth Development Plan 2014-2017. This has been issued by the government-led National Youth Forum; it focuses on actions that aim to promote sexual and reproductive health among adolescents and youth.

The strategy to achieve this output will rely on a strengthened partnership between the Ministry of Education (MED), the Ministry of Health (MINSA) and the Ministry of Youth and Sports (MINJUD), which share responsibilities on programmes that have adolescent and young people as beneficiaries. This inter-ministerial partnership is aimed to ensuring a solid cooperation toward the consolidation of a CSE at every educational level in schools and further strengthening out of school programmes.

At least two critical components should be addressed through program efforts: (a) training of teachers and equipping them with communicational skills to provide objective and accurate information on STI/HIV/AIDS prevention, sexuality and reproduction to students, and (b) the development of youth-friendly didactic materials on ASRH to make these subjects easily understood and available throughout the country. Key activities will include: reviewing the current sexuality education curricula and the evaluation of their particular impact on successful family planning and STI/HIV and AIDS prevention.

Advocacy and policy dialogue to spread Youth Associations will continue during the current programme, aiming to expand this initiative to the 18 provinces, with a focus on the most vulnerable youth in terms of providing sexuality education and STI/HIV prevention. Resource centres will be created/reinforced in coordination with the Youth Divisions in the Ministries of Education, Health, Youth and Sports and Women Affairs, to enhance the central government's capacity to respond at the national levels to the youth needs. The most densely populated municipalities will be equipped with at least one youth-support centre with properly trained and skilled staff engaged in implementing out-of-school comprehensive sexuality education and STI/HIV prevention.

The activities may be implemented using a chronogram, gradually extending to cover the 18 provinces as follows: a) Evaluate the existing educational materials and adapting them for the CSE approach, adapting them as appropriate to be used by parents, teachers and young people; b) conduct BCC conferences/workshops for parents, teachers, young people and adolescents; and c) support existing initiatives to develop and monitor an internet webpage to inform and advise young people and adolescents on SRH/HIV prevention, FP and gender issues; all these components aimed at enhancing communication of parent-children, teachers-students inducing and enhancing positive behaviour change among young people.

Advocacy will be conducted for promoting BCC among teachers, CHW, adolescents and youths, school authorities and the community. The planned activities are: i) to develop and disseminate educational materials to inform adolescents and young people on SRH, FP and HIV/AIDS; ii) to train supervisors to promote BCC also among adolescents and young people in the community; and iii) to train peer educators to promote BCC in schools, churches, etc.

The development and dissemination/utilization of BCC materials will be strengthened. In this regards the following activities are considered: a) collect and update all existing BCC



materials; b) establish an inventory of libraries and information centres for the distribution of IEC materials for BCC; c) elaborate, print and distribute IEC/BCC additional materials which need had been identified through inventories and evaluations; d) purchase and distribute BCC manuals to schools youth centres, libraries, churches, etc.

To enhance outreach activities on CSE for out-of-school youth, adolescent-friendly services will be integrated into all health centres in all the densely populated municipalities which would be selected to scale up interventions. The activities planned are: reactivating and expanding ASRH services in all SRH centres; update of the training curriculum for delivering adolescents and youth SRH services; train trainers for delivery of adolescents and youth SRH services; train services providers on delivery of adolescents and youth SRH services; and creating coordinating mechanisms between MINSA, MED and MJD on issues related to ASRH services.

The existing information and counselling centres should be strengthened, as a strategy to expand out-of-school comprehensive sexuality education. The proposed activities are: elaborate a comprehensive listing of existing information and counselling centres, indicating the capacity of each centre (trained staff and education materials available); providing technical support to strengthen the planning and management of activities in the information and counselling centres; integrating existing centres in the community with the centres of the MJD; reorganize information and counselling centres, and retrain technicians and activists linked to those centres; organize regular supervision, monitoring and evaluation visits to the information and counselling centres.

In humanitarian situations UNFPA will support the government to refocus on youth programmes to involve adolescents and youth in the contingency plans activities.

4.3 Gender equality and women's empowerment

National priorities: (a) reduce maternal mortality, infant and child mortality; (b) rebalance the population distribution through incentives to population mobility; and (c) fully implement the National Policy for Women Equality and Equity, and eliminate gender-based violence.

UNPAF outcome: By 2019 Angola had reduced maternal and child mortality, the mortality rate of its population, the risk factors for the health of adolescents and non-communicable diseases

UNFPA Strategic Plan Outcome: Gender equality and women's empowerment;
Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth.

UNFPA Country Programme Outputs for the 7th Programme Cycle:

Output 3.1: Strengthened capacity of the Ministry of the Family and of the Promotion of Women to advance gender equality.



UNFPA support during the current programme will aim to: (a) advocate for the implementation of the National Policy for Gender Equality and Equity, the Law Against Domestic Violence, and the utilization of the integrated monitoring system; and (b) continue to lead the annual inter-agency progress review on implementation of the Convention on the Elimination of All Forms of Discrimination against Women.

The legal base for the advancement of gender equality has been improved significantly during previous programmes. However, the legislation and existing norms have not had a defining impact on cultural and traditional practices and norms. Enforcement of rules must be further emphasized overcoming entrenched practices. A central task of this country programme will be to implement the action plan for gender equality and equity. To this end a functional tracking and report system must be established to monitor the implementation of the National Law Against Domestic Violence and National Policy for Gender Equality and Equity.

This product will be achieved through strategies consisting of: (a) support to MINFAMU in promoting gender equity and equality, strengthening the links with the related sectors creating protocols and instruments to monitor the GBV; (b) support the promotion of the Law against Domestic Violence and the National Policy for Equality and Gender Equity, in education and prevention; (c) support to include activities for education and information for young and adult men on GBV through the media and disseminating messages in national languages; (d) support the inclusion of gender issues in the educational context, in training processes and refreshing teachers e) e) technical support of the Multisectoral Council of Gender; f) monitoring of the Action Plan of the National Policy for Equality and Gender Equity.

Continued advocacy and follow up will be necessary to ensure that adequate mechanisms are established in order to ensure full implementation of these two laws. These laws, constituting the backbone of the gender equality and equity legislation, should be fully enforced; cultural practices detrimental to gender equity must be checked in order to uphold human rights. Generating inter-agency progress reports on the implementation of the Convention on the Elimination of All Forms of Discrimination against Women, a practice from the previous programme cycle, will be maintained during the 7th Programme.

The key activities will be technical support in the context of the UNPAF and United Nations joint programme on gender equality and equity promotion and support for the observation of the CEDAW, Solemn Declaration on Gender Equality in Africa (SODGEA), Beijing +20 and the preparation of national reports and shadow reports. The implementation of the Gender and Women Empowerment Policy in the context of the National Development Plan 2013-2017, as well as the National Health Development Plan 2012-2025, is fundamental for the advancement of gender equity in Angola. Targeted audiences of the advocacy campaign will be policy makers and parliamentarians at national and provincial levels, as well as traditional and religious leaders and women groups.

In addition, UNFPA in collaboration with the Ministry of the Family and of the Promotion of Women at national and provincial level, the Medical Women Association and similar relevant institutions will mobilize support for the drafting and passage of relevant bills and laws that contribute to combating all forms of Violence Against Women (VAW).



As in other programme components, the institutional strengthening and development of human resources are essential strategies to ensure that the state institutions can perform on their areas of competence and deliver on their terms of reference and duties. Technical assistance to develop the tracking and report system will be provided, and training conducted for the state agents responsible of implementing the system. The programme will provide support to national and government institutions which play a role in the enforcement of the National Law Against Domestic Violence and National Policy for Gender Equality and Equity, including training and development of monitoring and reporting mechanisms.

Output 3.2: Strengthened capacity of government health units to provide treatment to gender-based violence survivors.

The 7th Country Programme will achieve this output by providing technical support to: (a) develop protocols for the treatment of GBV; and (b) integrate gender-based violence treatment protocols into pre-service and in-service training of health personnel.

The GBV treatment protocols should be widely available and fully integrated into pre-service and in-service training of health care providers. The strategy is to provide technical assistance to design the protocols and prepare the supporting curricula for conducting the training of service providers and enhancing the capacity of human resource development institutions so these protocols and pre-service and in-service training of health personnel are widely applied.

The achievement of this output will require a strong advocacy strategy that would legitimize and support the full implementation of national and international instruments and policies on gender.

UNFPA will cooperate with government institutions and NGOs to be identified, in supporting activities aimed to educate members of the community on their fundamental human rights in line with existing laws that protect the rights of women and the girl child. Technical support will be provided for the review of existing laws on GBV to ensure compliance with human right provisions, while the capacity of members of the judiciary (judges and lawyers) and law enforcement agents (uniformed personnel) will be further developed to adequately interpret international legislation and apply national laws. Women Development centres and similar institutions/organizations will be identified (CSOs and FBOs) and their capacity built to serve as reporting channels between the community and law enforcement agencies. Reporting tools for GBV cases and programme activities will be adapted/reviewed for use in monitoring and evaluation.

The programme will provide support to national and government institutions which play a role to raise awareness on all forms of gender based violence-rape, FGC, widowhood rites, wife inheritance, property inheritance, trafficking in persons and their consequences on maternal mortality, girl child education and women's empowerment.

In emergency situations, UNFPA will strengthening the government capacity on prevent GBV in accommodation sets trough preparedness training agenda to reinforce the key professionals capacity to work with the affected population in these accommodation sets.



4.4 Population dynamics

National priorities: Conduct the first national population and housing census since independence in order to set up the basis for a strong statistical system that will support evidence-based policy formulation as well as the monitoring and evaluation mechanisms necessary to assess results and continually improve efficacy and efficiency of policies and programmes in order to raise the quality of life of the Angolan people.

UNPAF outcome: Citizens actively participate by 2019 in public life and institutions, while public institutions and organizations are modernised to give efficient and easily accessible quality services based on criteria of good governance. National Statistics System strengthened to contribute towards planning, implementation and monitoring, based on statistical evidence.

UNFPA Strategic Plan Outcome: Population Dynamics; Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality.

UNFPA Country Programme Outputs for the 7th Programme Cycle:

Output 4.1: Strengthened national capacity for the production, analysis and dissemination of reliable disaggregated data on population and development issues for evidence-based policy planning.

The achievement to the Population Dynamics outcome within the Angola Country Programme will consolidate national efforts for the production and use of high-quality data and information to enable population, reproductive health and gender issues to be better integrated into development policies and programmes. The highlight of this country programme output is the support for successful completion of the data processing, release of results and in-depth analysis of the National Population and Housing Census of 2014. In this sense, especial attention should be given to the revision and adjustment of demographic estimates and trends.

The census data constitute a prime data source, which will close a huge information gap that has been affecting the country for a few decades. The census data will allow establishing a strong evidence base for development planning, good governance, accountability and effective decentralization. It will generate improvements in the data quality of household surveys, and will facilitate integrating population, reproductive health and gender research into policies and MDG-based development frameworks.

The achievement of this output will require intensive technical support for the extensive analysis and utilization of the new census data, so development planning would fully benefit from the potential offered by the census with regards to strengthening the evidence base for policy decision making and socio economic development planning.



This output will be achieved through: (a) advocating for the establishment of short-term training in demography and statistics for the staff of the National Institute of Statistics as well as staff of the statistical units of key sectoral ministries, and in the geo-demography programme of the Agostinho Neto University; (b) providing technical support for the analysis of the 2014 Population and Housing Census, focusing on gender situation analysis, poverty mapping, age structural changes, and maternal deaths; and (c) advocating and providing support to finalize the drafting of the National Population Policy.

To consolidate institutional and human resource capacity building, it would be necessary to promote high level training abroad for a selected group of national professionals, through institutional agreements with high level academic institutions for analysis and utilization of research findings in the design of public policies and socio-economic planning. These institutional agreements should be established during the 7th Country Programme.

The output shall be reached through three sets of coordinated strategies:

1. Release of micro data census in a friendly format.

- (a) Locally training national technicians in census data processing using CPro, REDATAM and other statistic software to stimulate broad utilization of the data, including at the micro data level, and facilitate international exchanges;
- (b) Locally training national technicians on data analysis using SPSS or compatible data processors;
- (c) Provide technical support for the design of INE website and the Census 2014 webpage for making aggregated data available, for example through “Census Info” software, thus making possible to produce known or comparative social indicators using the Census 2014 as well as any other data sources produced by INE.
- (d) Provide technical support for the design of software allowing extracting and/or processing micro data.
- (e) To establish a research agenda using census data with definition of thematic priorities with situational analysis. This would address, on one side, basic demographic trends to confirm whether mortality, fertility levels, displaced population, migration flows and population growth rates need to be re-evaluated. On the other side, extensively and intensively analysing (level, trends and differentials) such aspects as socio-economic characteristics, territorial and gender inequalities, youth issues, reproductive health and mortality with emphases on maternal mortality. These analyses will contribute significantly to improve decision making and quality planning of basic social service provision and infrastructure development.

2. Capacity building on data analysis and utilization of population dynamics for development planning

It is essential to enhance the technical and operational capacity of the national statistical system, in particular the INE to extensively and intensively analyse, and utilize the micro data. The programme should achieve better capacity to: i) Explore Census 2014 data to generate indicators for M&E of programmes in general and in particular to follow up progress and the plausibility of Angola to integrate the middle income group countries and graduate out of the



least developed country category. ii) Meet demands related to designing of development plans that targets socioeconomic, gender, and ethnics inequalities. iii) Identify eventual demographic trends that may lead to age structural changes, which would generate demographic and social conditions with great potential for accelerating economic growth and enhancing development opportunities.

Key activities to be implemented in this regard are: (i) encourage exchange activities between INE and the Agostinho Neto University, in order to optimize current resources for capacity building, as well as contacts and information sharing with foreign institutions with the capacities to train professionals at MSc and PhD level, with minimal or no language barriers. South- South cooperation should be considered; (ii) support the Agostinho Neto University in the development of the undergraduate course in Geo-Demography oriented to qualify INE and other technical staff from line ministries and national institutions as well as identify young and promissory qualified researchers in population studies; (iii) support further qualification of the current staff at Agostinho Neto University by strengthening South-South cooperation inside Africa and outside with Portuguese and Spanish speaking countries; (iv) build technical and operational capacity of national, provincial and municipal leaders in population and development; this would be implemented through the following core activities:

- Support participation of leaders in international conferences on population and development;
- Support the realization of conferences on population and development at communal, municipal and national levels;
- Support the elaboration of articles and monographs on population and development issues;
- Advocate for the creation of a network of parliamentarians on population and development;
- Assist in the elaboration of a training manual on integration of population and development issues, and
- Train provincial and sectoral technicians in integration of population issues into MDG-based development frameworks.

(v) establish medium and long term policies of capacity building in order to create (or consolidate) national research centres - preferably inside INE or the national university - leading research in population and sustainable development studies in harmony with the Sustainable Development Goals.

3. Promote complementary and alternative data sources

- Planning another demographic and health survey to be conducted no later than 2018-19 or alternatively enhancing the MICS project by including modules on SRH including contraceptive utilization, sexual and gender-based violence, fistula and HIV testing.
- This will be implemented through the following main activities: (i) Document country experiences in integrating such specific modules in DHS; (ii) Sensitize key stakeholders on the incorporation of HIV testing and the modules on contraception, young adults, fistula, and domestic violence and gender-based violence (GBV) in the forthcoming DHS and/or MICS, and; (iii) Support the Government/INE in the execution of the DHS project.



- Promote the improvement of vital registration system, setting priorities starting with: (a) deaths and corresponding causes, to M&E maternal mortality and related HIV/AIDS and GBV causes of death; (b) improving the coverage and completeness of birth registration.

In emergency situations, UNFPA will participate on evaluation teams to adequate the response capacity using the Census data.

V. Partnership Strategy

5.1 General Context

The key instruments that will be used to guide strategic directions in the partnership are at the global level the guiding principles defined in the ICPD Programme of Action and follow up beyond 2014, as well as the new Global Development Agenda Beyond 2015 emerging from the consensus on Sustainable Development Goals beyond 2015. The partnership guidance at the national level is established by the strategy and common goals agreed upon in the UNDAF.

Consistent with its corporate commitment as established in the UNFPA Strategic Plan, UNFPA emphasizes partnerships as a core strategy for operationalizing the Country Programme support, thereby leveraging and maximizing the use of resources. In this line, over the years UNFPA has built strategic partnerships and alliances with government, NGOs, civil society, UN agencies, multi and bilateral organisations and other development agencies towards national capacity building.

In addition, UNFPA will build strategic alliances and partnerships with various networks including faith-based and community leaders, media, youth, traditional communicators, parliamentarians and community-based women associations. The country programme partnership strategy takes into account the three UNDAF outcomes, and the four UNFPA CPAP outcomes. The implementation of the proposed programme will build on and expand these partnerships to engage a wider network of stakeholders at various levels.

5.2 Interagency Partnerships

Within the implementation of UNPAF, UNFPA will collaborate with UN agencies to further establish complementarities and synergy by mobilising and jointly allocating resources, providing technical assistance, building alliances and setting up mechanisms for monitoring the implementation of the UNPAF. Partnership with UN agencies will be based on joint programmes in specific areas already agreed upon in the UNPAF. They include maternal and child health, gender and HIV&AIDS, data for development and humanitarian response. UNFPA will also collaborate with other UN agencies in the assessment of the capacities of potential implementing partners as part of the harmonised cash transfer (HACT) micro assessment. The results of the micro assessment will serve as a basis for selecting the IPs for the implementation of the 7th country programme.

5.3 Government Partnerships

At the national level, the main government partners will be: Government of Republic of Angola, (Ministry of Planning and Territorial Development, Ministry of Health, Ministry of



Education, Ministry of the Family and Promotion of Women, Ministry of Youth and Sports, and the National Institute of Statistics). UNFPA will put a strong emphasis on South-South cooperation to build national capacity, facilitate the exchange of expertise, knowledge and lessons learned and for enhancing the effectiveness of programme implementation.

5.4 Academic Partnerships

UNFPA will reinforce the partnership with Agostinho Neto University to increase the government team's capacity on population issues and to create knowledge among teachers and Angolan researchers to elaborate policy briefing to advocacy activities.

5.5 Civil Society Organizations Partnerships

UNFPA will also reinforce the partnership with CSO to improve services quality on reproductive health and rights, adolescent and youth and gender issues.

5.6 Private Sector Partnerships

UNFPA will seek to expand the partnership with the private sector, specially the mobile phone companies, to use SMS technology for recording and monitoring vital statistics (births and deaths) and to disseminate reproductive health information at large scale (through UNFPA funded "SMS Mulher"/"SMS Women" project).

VI. Programme Management

6.1 Execution/Implementation Arrangements

National execution will be the preferred modality for the implementation of the programme. However, direct execution by UNFPA will be used as and when required. The programme will be implemented through strengthened HACT modalities. UNVs, consultants and national experts will help to strengthen capacity in programme management, operations, coordination, implementation, monitoring and evaluation.

Implementing agencies will prepare and submit Annual Work Plans (AWPs) for approval by UNFPA. The LOUs will form the agreement between UNFPA and implementing agencies. All cash transfers to an Implementing Partner are based on the Annual Work Plans (AWPs) agreed between an Implementing Partner and UNFPA.

The 7th Country Programme will be implemented by a number of government ministries, departments and agencies, Non-Governmental, community based, and civil society organizations. The criteria for selecting implementing agencies will be based on verification of good management systems, sound financial management as well as institutional and technical capacities. The previous experience in implementing related activities as well as comparative advantages and the potential to contribute to the country programme will be carefully reviewed.



6.2 Coordination

As stated in the previous section on the proposed programme, the UNPAF has identified three strategic areas, which correspond to the national priorities of the PDN 2013-2017, each of them containing two or more expected results:

1. Human, Social and Equitable Development;
2. State of Law and National Cohesion;
3. Inclusive and Sustainable Development.

In line with UN Country Team coordination arrangements, the responsibility for the results laid out in the UNPAF will be shared by the UN Agencies, each responsible for its contributions towards the results in the three strategic areas. In order to facilitate coordination between the partners while ensuring coherence in the joint programme, for each strategic area there will be at least one representative of the UN agency (ies), appointed as organiser(s) for each area. This group will meet two times a year - in the middle of the year and before the annual review meeting of the UNPAF to monitor progress. In a complementary manner, a coordination group will be established to overlook the implementation progress of the UNFPA CPAP and its contribution to UN Partnership programme.

Regarding the UNPAF results, the internal UN inter-agency groups will ensure technical and operational coordination. The groups will be chaired on a rotating basis by the agencies involved. The coordination committee for UNFPA CPAP will include representatives of the technical partners. Some areas will establish specific arrangements for coordination, incorporating the United Nations and the Government, as well as representatives of other sectors, such as the United Nations Joint Team on AIDS and the group of Partners for Health. Specific terms of reference for the supervision and monitoring committees will be defined at the beginning of the implementation cycle.

Overall national coordination (NCA) for international assistance rests with Ministry of Planning and Territorial Development (MPTD). Hence, the MPTD will overall provide oversight and programme coordination. It will also participate in the monitoring mechanisms for the UNFPA CPAP through the United Nations Partnership Framework 2015-2019. The MPTD together with the UN System will define the membership of the National Coordination Committee, its agenda and the periodicity of meetings.

6.3 Human Resources

The UNFPA-Angola Country Office consists of a UNFPA Representative, an International Programme Officer, and International Operations Manager, an Assistant Representative; three National Programme Officers and support staff. In order to strengthen the management and efficiency of programme delivery the UNFPA Country Team will conduct at the beginning of each year a Programme Management Workshop simultaneously with the annual planning meetings with participation of all implementing partners and government counterparts. The UNFPA Regional Office in South Africa as well as UNFPA headquarters will also provide technical support as and when needed.



6.4 Resource Mobilization

UNFPA will support Government efforts to secure additional resources for the implementation of the Country Programme, as stated in the previous section. In this context, UNFPA and Government will jointly develop a resource mobilization plan to serve as a resource mobilization tool. The Government counterpart contribution to the implementation of the programme is expected as UNFPA fills the gap on Government priority programmes.

UNFPA will approach the Government of Angola, the private sector and development partners for potential co-financing of the programme. UNFPA will promote joint programmes in key areas of the programme, based on common areas identified in the United Nations Partnerships Framework. The programme will promote South-South cooperation to further enhance national capacity.

6.5 Cash Transfer Modalities

Cash transfers for activities detailed in the AWP may be made by UNFPA using the following modalities: (i) Cash transferred directly to the Implementing Partner, (ii) Reimbursement after activities have been completed; (iii) direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner; (iv) direct UNFPA implementation or payments to vendors or third parties for obligations incurred by UNFPA in support of activities agreed with Implementing Partners.

Direct cash transfers shall be requested and released for programme implementation periods not exceeding 3 (three) months. Reimbursement of previously authorised expenditures shall be requested and released quarterly or after the completion of activities.

UNFPA shall not be obligated to reimburse expenditures made by Implementing Partners over and above the authorised amounts. Following the completion of any activity, any balance of funds shall be reprogrammed by mutual agreement between the Implementing Partner and UNFPA, or refunded.

Cash transfer modalities, the size and frequency of disbursements, and the scope and frequency of assurance activities may depend on the findings of the micro assessment of the capacity of the Implementing Partners to be conducted within the framework of HACT by the UN Programmes and Funds.

Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may be revised in the course of programme implementation based on the findings of programme monitoring, expenditure monitoring and reporting as well as on-site financial reviews, and audits.



VII. Monitoring and Evaluation

The 7th Programme Cycle will be monitored and evaluated by the UNFPA Monitoring and Evaluation team, guided by the principles of Results-Based Management (RBM) and systematically using a Human Rights-Based Approach (HRBA) to programming. The programme will be aligned with the National Development Plan (2013-2017) and UNPAF results framework.

Monitoring should distinguish progress and performance. UNFPA will conduct both situation monitoring activities (monitoring of progress towards achieving the national goals, which the UNFPA programme contributes to) as well as performance monitoring activities (monitoring and evaluation of the UNFPA programme implementation activities). The situation monitoring activities depends on the monitoring protocols or collect data mechanisms. It also depends on national studies or surveys included into CPAP M&A calendar. If necessary, UNFPA may contribute with the design of those studies or surveys.

Results based on quarterly reports and the correct completion of the Fund Authorization and Certificate of Expenditures (FACE) form are the basis for quarterly disbursements of program funds to the IP. These documents will be the main tools for monitoring the progress in project implementation. These quarterly progress reports should include also field visits results and other project reports.

Implementing Partners will cooperate with UNFPA for monitoring all programme activities and will facilitate access to all relevant financial records and personnel responsible for financial management. To that effect, implementing partners agree to the following:

- Periodic on-site reviews and spot checks of their financial records by UNFPA or its representatives accordingly UNFPA standards;
- Periodic reviews and programmatic monitoring of activities following UNFPA's standards and recommendations;
- Special or scheduled audits: UNFPA, in collaboration with other UN agencies (where this is desirable and in consultation with the CNG) establish an annual audit plan, giving priority to IPs audits receiving assistance with large amounts of funds and those whose financial management capacity needs strengthening.

To facilitate assurance activities, implementing partners and UNFPA may agree to use a programme monitoring and financial control tool allowing data sharing and analysis.

Annual planning meetings will be conducted to develop annual work plans. Quarterly and annual monitoring visits by outcome area will be institutionalized in the 7th Country Programme. Findings from these monitoring visits will be documented and reviewed during the technical working group meetings and annual reviews. The findings will also help to improve programme performance and to inform future programme planning. Quarterly progress reports will be used as basis for the annual review of the programme implementation.

The country programme will be reviewed annually and mid-way to assess progress towards achieving expected results and also to make recommendations to improve programme



performance. A final evaluation will be conducted in the fourth year of the programme to assess achievements and expected results and lessons learned which will be used to guide the formulation of the next country programme.

Annual audits of the government implementing partners and non-government implementing partners will be conducted in accordance with an annual audit plan prepared by UNFPA Headquarters on the basis of established criteria. UNFPA will select an audit firm to conduct annual audits of all implementing partners in line with UNFPA new policies. Periodic monitoring of the implementation of audit recommendations will contribute to improved programme financial management.

Assessments and audits of all Implementing Partners will be conducted in accordance with the policies and procedures of UNFPA.

VIII. Commitments of the UNFPA

UNFPA will commit an amount of US\$ 12.6 million from regular resources covering the period 2015-2019, subject to the availability of funds, to implement the activities stated in the CPAP. UNFPA will also support the Government to mobilize an additional US\$ 7.7 million for the programme cycle through co-financing modalities and/or other sources, subject to donor interest, to meet financial requirements for the realization of the CPAP in line with the resource mobilisation strategy. The release of such funds will be in accordance with the agreed cash transfer modalities. Regular and Other resource funds are exclusive of eventual funding received in response to emergency appeals.

In case of direct cash transfer or reimbursement, UNFPA shall notify the Implementing Partner of the amount approved by UNFPA and shall disburse funds to the Implementing Partner in accordance with UNFPA's established schedule.

In case of direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner; or to vendors or third parties for obligations incurred by UNFPA in support of activities agreed with Implementing Partners, UNFPA shall proceed with the payment within the established payment schedule.

UNFPA shall not have any direct liability under the contractual arrangements concluded between the Implementing Partner and a third party vendor.

Where more than one United Nations Agency provides cash to the same Implementing Partner, programme monitoring, financial monitoring and auditing will be undertaken jointly or coordinated with those United Nations Agencies.



IX. Commitments of the Government

The Government of the Republic of Angola is committed to support the implementation of the 7th Country Programme. In this context the Government will partner with UNFPA supporting resource mobilisation efforts to meet additional financial needs of the country programme as identified in the course of programme implementation. In addition, Government is committed to provide its counterpart contribution for the implementation of the programme covering the period 2015-2019.

The Government is committed to organize periodic programme reviews, planning meetings and other relevant meetings as appropriate and to facilitate coordination as well as the participation of donors, UN agencies, civil society including NGOs.

Within the framework of the implementation of the standard basic agreement, the Government will honour all its commitments, including utilization of resources in accordance with the provisions for utilization of cash received.

A standard Fund Authorization and Certificate of Expenditures (FACE) report, reflecting the activity lines of the Annual Work Plan (AWP), will be used by Implementing Partners to request the release of funds, or to secure the agreement that UNFPA will reimburse or directly pay for planned expenditure. The Implementing Partners will use the FACE to report on the utilization of cash received. The Implementing Partner shall identify the designated official(s) authorized to provide the account details, request and certify the use of cash. The FACE will be certified by the designated official(s) of the Implementing Partner.

Cash transferred to Implementing Partners should be spent for the purpose of activities as agreed in the AWP's only.

Cash received by the Government and national NGO Implementing Partners shall be used in accordance with established national regulations, policies and procedures consistent with international standards, in particular ensuring that cash is expended for activities as agreed in the AWP's, and ensuring that reports on the full utilization of all cash received quarterly are submitted to UNFPA within ten days as of the end of the quarter. Annual reports shall be submitted at the end of each year. Where any of the national regulations, policies and procedures are not consistent with international standards, UNFPA's regulations, policies and procedures will apply.

In the case of international NGOs and IGO, the funds received by the IP must be used in accordance with international standards, in particular ensuring that cash is expended for activities as agreed in the AWP's, and ensuring that reports on the full utilization of all received cash are submitted to UNFPA within six months after receipt of the funds.

To facilitate scheduled and special audits, each Implementing Partner receiving cash from UNFPA will provide UNFPA or its representative with timely access to:

- All financial records which establish the transactional record of the cash transfers provided by UNFPA;



- All relevant documentation and personnel associated with the functioning of the Implementing Partner’s internal control structure through which the cash transfers have passed.
- The findings of each audit will be reported to the Implementing Partner and UNFPA. Each Implementing Partner will furthermore receive and review the audit report issued by the auditors;
- Provide a timely statement of the acceptance or rejection of any audit recommendation to UNFPA and to the “Instituição Superior de Auditoria”, were this institution was identified to conduct the audit;
- Undertake timely actions to address the accepted audit recommendations;
- Report on the actions taken to implement accepted recommendations to UNFPA and to the “Instituição Superior de Auditoria”, were this institution was identified to conduct the audit, on a quarterly basis.

X. Other Provisions

The present CPAP, from the date of its signature, replaces all previously signed CPAP. The present CPAP and its annexes can be modified with the mutual consent of both parties. No disposition of the present CPAP shall in any way be construed to waive the protection of the UNDG Agency accorded by the contents and substance of the United Nations Convention on Privileges and Immunities to which the Government of the Republic of Angola is signatory.

IN WITNESS THEREOF the undersigned, being duly authorized, have signed this Country Programme Action Plan in Luanda, Angola.

For the Government of Angola
Job Graça
Minister of Planning

Signature

Date

For UNFPA
Florbela Fernandes
Resident Representative

Signature

Date



Annexes - CPAP, Angola 2015-2019



Annex 1 - Resources and Results Framework

National priorities: *a)* reduce maternal mortality and infant and child mortality; *b)* rebalance the population distribution through incentives to population mobility; *c)* fully implement the National Policy for Women Equality and Equity, and to eliminate or drastically reduce gender based violence.

UNPAF outcome: By 2019, Angola reduced maternal and child mortality rates, the mortality rate of its population, the risk factors for the adolescent health and non-communicable diseases. Indicator 1: Number of polices/national plans updated/produced with support of the UN to promote and strengthen health in line with the nine priority programmes of the National Health Development Plan, 2012-2025 (Baseline:4; Target: 9) *Indicator 2:* Number of the staff of the government and civil society trained in health matters (sexual and reproductive health, including Family Planning, HIV/AIDS) (*Baseline:* not available; *Target:* 1,000 individuals trained in sexual and reproductive health, HIV/AIDS by 2019).

UNFPA Strategic Plan Outcomes	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
<p>Outcome 1: Sexual and reproductive health (Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender responsive and meet human rights standards for quality of care and equity in access)</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • Proportion of births attended by skilled birth personnel. <i>Baseline: 49; Target: 70</i> • Proportion of births delivered in a health institution. <i>Baseline: 42; Target: 65</i> • Modern contraceptive 	<p>Output 1: Increased institutional capacity of the Ministry of Health to deliver high-quality integrated family planning, maternal health and STI/HIV prevention services, with a particular focus on adolescent girls.</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Number of national sexual and reproductive health protocols developed that address youth issues in particular. <i>Baseline: 5; Target: 10</i> • Number of health facilities with integrated family planning and HIV prevention service, as per national protocols. <i>Baseline: 0; Target: 18</i> • Number of women successfully treated for obstetric fistula <i>Baseline: 383; Target: 1,000</i> 	<p>Ministry of Health; WHO, UNICEF; Provincial Governments</p>	<p>\$12.0 million (\$7.0 million from regular resources and \$5.0 million from other resources)</p>
	<p>Output 2: Strengthened national capacity to supply modern contraceptives with a particular focus on young people.</p>	<ul style="list-style-type: none"> • Existence of an updated national reproductive health commodity security strategy and corresponding costed plan of action, <i>Baseline: No; Target: Yes</i> • Existence of a functional logistic management information system for forecast and monitor reproductive health commodities. <i>Baseline: No; Target: Yes</i> 		



<p>prevalence rate Baseline:13; Target: 45</p>				
<p>Adolescents and youth (Increased priority on adolescents, especially on very young adolescents girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health) <u>Outcome indicator:</u> • Comprehensive sexuality education integrated into the curriculum of teacher training schools. <i>Baseline: No; Target: Yes</i></p>	<p><u>Output 1:</u> Increased capacity of primary and secondary school teachers and community health workers to implement school and community-based comprehensive sexuality education programmes.</p>	<p><u>Output indicators:</u> • Existence of a comprehensive sexuality education curriculum that is aligned with international standards <i>Baseline: No; Target: Yes</i> • Number of most densely populated municipalities with at least one youth-support centre with skilled staff implementing out-of-school comprehensive sexuality education <i>Baseline: 2; Target: 36</i> • Number of youths (15-24 age), divided by sex, reached in the youth friendly RH services. <i>Baseline:0; Target: 10,000</i></p>	<p>Ministry of Health, Ministry of Youth, Culture and Sports; Ministry of Education; United Nations Educational, Scientific and Cultural Organization, and United Nations Children’s Fund</p>	<p>\$2.0 million (\$1.3 million from regular resources and \$0.7 million from other resources)</p>
<p>Gender equality and women’s empowerment (Advanced gender equality, women’s and girls’ empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescent and youth) <u>Outcome indicator:</u> • Percentage of identified</p>	<p><u>Output 1:</u> Strengthened national capacity of Ministry of the Family and of the Promotion of Women to advance gender equality.</p>	<p><u>Output indicators:</u> • Existence of a functional tracking and report system to monitor the implementation of the Law Against Domestic Violence and National Policy for Gender Equality and Equity <i>Baseline: No; Target: yes</i> • Number of UNFPA led-interagency progress report on progress in implementing the Convention on the Elimination of All Forms of Discrimination against Women. <i>Baseline: 0; Target: 5</i></p>	<p>Ministry of the Family and Women Promotion, Ministry of Health, Ministry of Justice; National Statistical Institute, Ministry of Interior, United Nations Children’s Fund, UN-Women; United</p>	<p>\$2.5 million (\$1.5 million from regular resources and \$1.0 million from other resources)</p>



<p>survivors of gender-based violence who receive support services as per national protocol <i>Baseline: 0 Target 50</i></p>	<p><u>Output 2:</u> Strengthened capacity of the government health units to provide treatment to gender-based violence survivors</p>	<ul style="list-style-type: none"> • Gender-based violence treatment protocols available and integrated into pre and in-service training of health service providers. <i>Baseline: no. Target: yes</i> 	<p>Nations Development Programme</p>	
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National priority: Conduct the first national population and housing census since independence, in order to set up the basis for a strong statistical system that will support evidence-based policy formulation, as well as the monitoring and the evaluation mechanisms necessary to assess results and continually improve efficacy and efficiency of policies and programs in order to raise the quality of life of the Angolan people.

United Nations Partnership Framework outcome: By 2019, citizens actively participate in public life and institutions and public institutions and organizations are modernize to give efficient easily accessed quality services based on criteria of good governance. *Indicator 1:* National Statistics System strengthened to contribute towards planning, implementation and monitoring, based on statistical evidence (*Baseline:* National Statistical Development Strategy in progress; *Target:* National Statistical Strategy implemented to ensure the supply of updated and reliable data for decision making at the central, provincial and local level)

<p>Outcome 4: Population Dynamics (Strengthened national polices and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality) <u>Outcome indicator:</u> Census data collected, processed and analysed, results published and disseminated. <i>Baseline: No Target: Yes</i> <i>Number of national government institutions that practice evidence-based planning and policy development</i> <i>Baseline: 0; Target: 3</i></p>	<p><u>Output 1:</u> Strengthened national capacity for production analysis and dissemination of reliable disaggregated data on population and development issues that allow for mapping demographic disparities and socio-economic inequalities</p>	<p><u>Output Indicators</u></p> <ul style="list-style-type: none"> • Number of selected government institutions with skilled staff and tools to collect, analyse and disseminate socio-economic and demographic data. <i>Baseline: 1; Target: 4</i> • Existence of a socio-economic, geographic and demographic information system for gender situation analysis, maternal death analysis, poverty mapping and assessment of age structural changes. <i>Baseline: No Target: Yes</i> • Number of national government institutions that practice evidence-based planning and policy development with 2014 Census data <i>Baseline: 0; Target: 3</i> • Number of census monographs generated and disseminated based on the 2014 Census <i>Baseline: 0; Target: 4</i> 	<p>National Statistics Institute; Ministry of Health; Ministry of Planning; Ministry of the Family and Women Promotion, Agostinho Neto University; United Nations Development Programme; United Nations Children’s Fund</p>	<p>\$3.0 million (\$2.0 million from regular resources and \$1.0 million from other resources)</p> <hr/> <p>Programme coordination and assistance: \$0.4 million from regular resources</p>
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Annex 2 – Monitoring and Evaluation Work plan and Calendar, Angola-CPAP, 2015-2019

		2015	2016	2017	2018	2019
M & Activities		<ul style="list-style-type: none"> - Population and Housing Census Extensive Analysis - Indicator Data Base Estimated for Census Data as Baseline indicator System - Rapid Evaluation for Obstetric Fistula Assessment in 18 provinces - Assessment of the management logistic system for SRH Commodity Security 	<ul style="list-style-type: none"> - In Depth Analysis National Population Census - Thematic Analysis of the National Population Census - Population Situation Analysis for the whole country. - Policy Implication Brief prepared as results of the Population Situation Analysis - Preparations of the National and Provincial Population Projections covering the period 2015-2030 	<ul style="list-style-type: none"> - Multiple Indicator Cluster Survey (MICS) or alternatively DHS - Operational Research to guide the Mid-Term Country Programme Evaluation <p style="margin-left: 20px;">Update of the Indicators data base on the basis of results from the National and Provincial Population Projections</p>	<ul style="list-style-type: none"> - Income and Expenditure Household Survey 	<ul style="list-style-type: none"> - Operational Research to establish achievements and Gaps leading to the Final Country Programme Evaluation
	Data Collection Activities					



		2015	2016	2017	2018	2019
Monitoring System		<ul style="list-style-type: none"> - Integrated data base for the Indicators of the Country Programme - Quarterly Monitoring Reports and Assessment of progress toward outputs as established in the Country Programme - Semi-Annual Monitoring Reports and Assessment of progress by Country Programme Component Area - Annual Report and Progress Assessment of Country Programme Outputs and advances towards Outcomes 	<ul style="list-style-type: none"> - Integrated Country Programme Management Information System digitalized using a REDATAM system compiled and set up to be utilized as computerized monitoring system for the country programme indicators. - Quarterly Monitoring Reports and Assessment of progress toward outputs as established in the Country Programme - Semi-Annual Monitoring Reports and Assessment of progress by Country Programme Component Area - Annual Report and Progress Assessment of Country Programme Outputs and advance towards Programme Outcomes by Component 	<ul style="list-style-type: none"> - Integrated P-IMIS updated on the basis of information collected on programme implementation and on scheduled data collection and indicator update - Quarterly Monitoring Reports and Assessment of progress toward outputs as established in the Country Programme - Semi-Annual Monitoring Reports and Assessment of progress by Country Programme Component Area - Annual Report and Progress Assessment of Country Programme Outputs and advance towards Programme Outcomes by Component 	<ul style="list-style-type: none"> - Reassessment of the Baseline Data, updating as Mid-Programme Data Base and incorporating results of the mid-term operational research - Updating P-IMIS on the basis of MICS/DHS results - Quarterly Monitoring Reports and Assessment of progress toward outputs as established in the Country Programme - Semi-Annual Monitoring Reports and Assessment of progress by Country Programme Component Area - Annual Report and Progress Assessment of Country Programme Outputs and advance towards Programme Outcomes by Component 	<ul style="list-style-type: none"> - Integrated P-IMIS updated on the basis of information collected on programme implementation and on scheduled data collection and indicator update - Quarterly Monitoring Reports and Assessment of progress toward outputs as established in the Country Programme - Semi-Annual Monitoring Reports and Assessment of progress by Country Programme Component Area - Annual Report and Progress Assessment of Country Programme Outputs and advance towards Programme Outcomes by Component
						<ul style="list-style-type: none"> - Integrated P-IMIS updated on the basis of information collected on programme implementation and on scheduled data collection and indicator update - Quarterly Monitoring Reports and Assessment of progress toward outputs as established in the Country Programme - Semi-Annual Monitoring Reports and Assessment of progress by Country Programme Component Area - Report and Progress Assessment of Country Programme Outputs and advance towards Programme Outcomes by Component



		2015	2016	2017	2018	2019
	Systematic Evaluation Plan of the CP and UNPAF	Systematic Evaluation of the National Population and Housing Census Results	- Systematic Evaluation of Progress of Demonstrative Projects designed for up scaling interventions	- Mid-Term Programme Evaluation Exercise Prepared and Commissioned and Mid-Term 1 Programme Evaluation Report Prepared and discussed with IP and Government	- Systematic Evaluation of Progress with Respect to Demonstrative Projects expected to initiate up scaling by the second half of the Country Programme implementation -	- Systematic Evaluation of Demonstrative Projects to be upscale, and of progress achieved in the up scaling of interventions - Final Programme Evaluation Exercise and Final Programme Evaluation Report Prepared
	Systematic Programme Reviews	<ul style="list-style-type: none"> - Quarterly Review of Progress by Country Programme Component - Semi-Annual Review of progress by Country Programme Component Area - Annual Review of progress by CP Component Area - Annual Review of the UNPAF 	<ul style="list-style-type: none"> - Quarterly Review of Progress by Country Programme Component - Semi-Annual Review of progress by Country Programme Component Area - Annual Review of progress by CP Component Area - Annual Review of the UNPAF 	<ul style="list-style-type: none"> - Quarterly Review of Progress by Country Programme Component - Mid-Term Programme Analysis of Advances, review and assessment of monitoring strategy and indicators used. - Annual Review of progress by CP Component Area - Annual Review of the UNPAF 	<ul style="list-style-type: none"> - Quarterly Review of Progress by Country Programme Component - Semi-Annual Review of progress by Country Programme Component Area - Annual Review of progress by CP Component Area - Annual Review of the UNPAF 	<ul style="list-style-type: none"> - Quarterly Review of Progress by Country Programme Component - Semi-Annual Review of progress by Country Programme Component Area - Annual Review of progress by CP Component Area - Annual Review of the UNPAF



		2015	2016	2017	2018	2019
Country Programme M & E	Programme Implementation Support Strategic Activities	<ul style="list-style-type: none"> - Programme site visit and in-site supervisory support observation of activities. - Quarterly reports of supporting supervisory visits, discussion of finding with IP and Government - Quarterly Review Meetings with IP management and Government, review and discussion on CP strategies - Semi-annual Meeting of Programme Oversight Committee 	<ul style="list-style-type: none"> - Programme site visit and in-site supervisory support observation of activities. - Quarterly reports of supporting supervisory visits, discussion of finding with IP and Government - Quarterly Review Meetings with IP management and Government, review and discussion on CP strategies - Semi-annual Meeting of Programme Oversight Committee 	<ul style="list-style-type: none"> - Programme site visit and in-site supervisory support observation of activities. - Quarterly reports of supporting supervisory visits, discussion of finding with IP and Government - Quarterly Review Meetings with IP management and Government, review and discussion on CP strategies - Special Programme Oversight Committee Meeting conducted to review finding of the Mid-Term Programme Evaluation Report 	<ul style="list-style-type: none"> - Programme site visit and in-site supervisory support observation of activities. - Quarterly reports of supporting supervisory visits, discussion of finding with IP and Government - Quarterly Review Meetings with IP management and Government, review and discussion on CP strategies - Semi-annual Meeting of Programme Oversight Committee 	<ul style="list-style-type: none"> - Programme site visit and in-site supervisory support observation of activities. - Quarterly reports of supporting supervisory visits, discussion of finding with IP and Government - Quarterly Review Meetings with IP management and Government, review and discussion on CP strategies - Special Programme Oversight Committee Meeting conducted to review finding of the End-of- Programme, Final Evaluation Report
	Landmarks for M&E Planning		By the end of the Second Year of Implementation the Country Programme Technical Committee Starts preparations of the Mid-Term Country Programme Evaluation, to be conducted during the third year			<ul style="list-style-type: none"> - Design work plan for final evaluation of the CP: prepare TORs, identify national consultants and international consultants, and compile all programme Documents as required



	2015	2016	2017	2018	2019
National Capacity Building for Programme M&E	<ul style="list-style-type: none"> - Design of all M&E tools, discussion of the tools within CP Technical Committee and with IP and Gvt. - Design standard reporting format and basic requirements for monitoring and supportive supervision. - Continuous and ongoing training of IP on RBM and the norms for financial management and reporting – in conjunction with one of the semi-annual programme reviews - Inter-agency activities organized by the CP thematic M&E Group. 	<ul style="list-style-type: none"> - Continuous and ongoing training of IP on RBM and the norms for financial management and reporting – in conjunction with one of the semi-annual programme reviews - Inter-agency activities organized by the CP thematic M&E Group. - Evaluation and revising of format for each of the reporting tools at the Inter-agency Thematic M&E Group. 	<ul style="list-style-type: none"> - Continuous and ongoing training of IP on RBM and the norms for financial management and reporting – in conjunction with one of the semi-annual programme reviews - Inter-agency activities organized by the CP thematic M&E Group. - Evaluation and revising of format for each of the reporting tools at the Inter-agency Thematic M&E Group. 	<ul style="list-style-type: none"> - Continuous and ongoing training of IP on RBM and the norms for financial management and reporting – in conjunction with one of the semi-annual programme reviews - Inter-agency activities organized by the CP thematic M&E Group. - Evaluation and revising of format for each of the reporting tools at the Inter-agency Thematic M&E Group. 	<ul style="list-style-type: none"> - Inter-agency workshop with IP to review the strategy for the Final Evaluation, discussion with IPs on their role during data collection for Final Evaluation. - Analysis of the P-IMIS and the indicators compiled; discussion on the use of indicators to improve programme implementation and reporting for M&E - Evaluation and revising of format for each of the reporting tools at the Inter-agency Thematic M&E Group.
National Capacity Development on the Utilization of M&E data for guiding policy formulation and programme design and implementation	<ul style="list-style-type: none"> - Analysis of methodology for utilizing monitoring and evaluation data for National Reports on MDGs Progress. - Analysis of methodology for using M&E data for Poverty Reduction Strategy Progress Reports. - M&E data for Reports on the Angola Mid Term Development Plan 	<ul style="list-style-type: none"> - Integration of M&D in the MDG Progress Report - Integration of M&D in the Poverty Reduction Strategy Progress Report - Integration of M&D in the Angola Mid-Term National Development Plan Progress Report 	<ul style="list-style-type: none"> - Integration of M&D in the MDG Progress Report - Integration of M&D in the Poverty Reduction Strategy Progress Report - Integration of M&D in the Angola Mid-Term National Development Plan Progress Report 	<ul style="list-style-type: none"> - Integration of M&D in the MDG Progress Report - Integration of M&D in the Poverty Reduction Strategy Progress Report - Integration of M&D in the Angola Mid-Term National Development Plan Progress Report - Updating Situation Analysis and “Gap” analysis for the CP Final Evaluation - Preparing Final Evaluation of the UNPAF 	<ul style="list-style-type: none"> - Integration of M&D in the MDG Progress Report - Integration of M&D in the Poverty Reduction Strategy Progress Report - Integration of M&D in the Angola Mid-Term National Development Plan Progress Report - Critical analysis of data for the CP final Evaluation - Critical analysis of data for the UNPAF final Evaluation



	2015	2016	2017	2018	2019
M&E work plan for IPs and National Counterparts	<ul style="list-style-type: none"> - IPs Monitoring Reports for Programme Implementation Substantive Areas and Financial Reports. - Incorporation of output indicators into Progress Reports on MDGs, highlighting contribution of CP to MDG progress - Incorporation of output indicators into Progress Reports on PRSP, highlighting contribution of CP to PRSP progress. - Incorporation of output indicators into Progress Reports on Mid Term Development Plan, highlighting contribution of CP to Mid Term Development Plan progress. - IMIS System for health management incorporating program indicators - IMIS System for commodity security utilized for health management - CP indicators integrated in HIV/AIDS Sentinel System 	<ul style="list-style-type: none"> - IMIS System for health management incorporating program indicators - IMIS System for commodity security utilized for health management system - CP indicators integrated in HIV/AIDS Sentinel System - CensusInfo System developed and available on line for utilization by IP and Programme Management 	<ul style="list-style-type: none"> - IMIS System for health management incorporating program indicators - IMIS System for commodity security utilized for health management system - CP indicators integrated in HIV/AIDS Sentinel System - CensusInfo System fully utilized for monitoring and for evaluation of progress in achieving the CP outputs. - Systematic incorporation of monitoring and evaluation results into CensusInfo data base 	<ul style="list-style-type: none"> - IMIS System for health management incorporating program indicators - IMIS System for commodity security utilized for health management system - CP indicators integrated in HIV/AIDS Sentinel System - CensusInfo System fully utilized for monitoring and for evaluation of progress in achieving the CP outputs. - Systematic incorporation of monitoring and evaluation results into CensusInfo data base 	<ul style="list-style-type: none"> - IMIS System for health management incorporating program indicators - IMIS System for commodity security utilized for health management system - CP indicators integrated in HIV/AIDS Sentinel System - CensusInfo System fully utilized for monitoring and for evaluation of progress in achieving the CP outputs. - Systematic incorporation of monitoring and evaluation results into CensusInfo data base



Annex 3- Planning Matrix for Monitoring and Evaluation

Reproductive Health and Rights

SP outcome 1:	Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access.															
UNDAF outcome 1:	By 2019, Angola had reduced maternal and child mortality, the mortality rate of its population, the risk factors for the health of adolescents and non-communicable diseases.															
CPD output 1.1:	Increased institutional capacity of the Ministry of Health to deliver high-quality integrated family planning, maternal health and STI/HIV prevention services.															
CPD Indicators & baselines	Targets and achievements										MoV	M&E activities	Frequency	Unit	Resources	Monitoring risks
	2015		2016		2017		2018		2019							
	Baseline	Target	Achiev.	Target	Achiev.	Target	Achiev.	Target	Achiev.	Target						
Number of national sexual and reproductive health protocols developed that address youth issues in particular.	5	6 ⁵		8 ⁶		9		10		10	Protocols	Analysis of RH Dept. reports & attending technical meetings	Quarterly	RH unit point	N A	Changes in the Angola context related to adolescent and youths priorities
Number of health facilities with integrated family planning and HIV prevention service, as per national protocols.	0	7		7		11		15		18	RH Dept. Reports	Oversight field visits & technical meetings	Quarterly	RH unit	Travel budget for field visits	Delay in information sharing between health units at municipal level
Number of women successfully treated for obstetric fistula	383	483		633		833		1083		1,383	OF reports	Technical meetings and side visits	Annually	RH unit	Travel budget to Uíge province	Delay in information sharing between health units at municipal level

⁵ Adolescents' Health Strategy elaborated and approved and tools for Maternal and Neonatal Deaths Audits validated

⁶ Package of Youth friendly services protocol elaborated and approved and Integration of FP and HIV prevention protocol elaborated and approved



Reproductive Health and Rights

SP outcome 1:	Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access.															
UNDAF outcome 1:	By 2019, Angola had reduced maternal and child mortality, the mortality rate of its population, the risk factors for the health of adolescents and non-communicable diseases.															
CPD output 1. 2:	Strengthened national capacity to supply modern contraceptives, with a particular focus on young people.															
CPD Indicators & baselines	2015		2016		2017		2018		2019		MoV	M&E activities	Frequency	Unit	Resources	Monitoring risks
	Baseline	Target	Achiev.	Target	Achiev.	Target	Achiev.	Target	Achiev.	Target						
Existence of an updated national reproductive health commodity security strategy and corresponding costed plan of action.	No	Gaps detected ⁷		* ⁸		* ⁹		* ¹⁰		Yes	Strategy updated and costed plan of action	MINSAs reports	Annual	RH unit point	NA	GoA team technical capacity and their positive motivation
Existence of a functional logistic management information system for forecast and monitor reproductive health information.	No	* ¹¹		* ¹²		* ¹³		* ¹⁴		Yes	Management info system reports	MINSAs reports	Annual	RH unit point	NA	GoA team technical capacity and their positive motivation

⁷ Review and detect gaps in the currently national reproductive health commodity security strategy
⁸ National reproductive health commodity security strategy updated
⁹ Discuss and advocate to elaborate the corresponding costed plan of action
¹⁰ National reproductive health commodity security strategy costed plan of action approved
¹¹ Contract a consultant to identify the gaps on the reproductive health information system
¹² Framework for the adequate reproductive health information system discussed and approved
¹³ Pilot phase of the system in place
¹⁴ A functional logistic management information system for reproductive health fully implemented



Adolescents and Youths

SP outcome 2:	Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health															
UNDAF outcome 1:	By 2019, Angola had reduced maternal and child mortality, the mortality rate of its population, the risk factors for the health of adolescents and non-communicable diseases.															
CPD output 2:	Increased capacity of primary and secondary school teachers and community health workers to implement school and community-based comprehensive sexuality education programmes.															
CPD Indicators & baselines	Targets and achievements										MoV	M&E activities	Frequency	Unit	Resources	Monitoring risks
	2015		2016		2017		2018		2019							
	Baseline	Target	Achiev.	Target	Achiev.	Target	Achiev.	Target	Achiev.	Target						
Existence of a comprehensive sexuality education curriculum that is aligned with international standards	No	*15		*16		*17		*18		Yes	ToR of consultancy Consultant reports Annual reports	1. Summarizing the reports 2. Technical meetings	Annual	RH focal point	Resources to contract and maintain a consultant	GoA team technical capacity and their positive motivation
Number of most densely populated municipalities with at least one youth-support centre with skilled staff implementing out-of-school comprehensive sexuality education	2	4		7		8		12		5	Youth-support Centre reports MINJUD activities reports	Supervision field visits Technical meetings	Annual	RH focal point	Travel and accommodation for field visits	GoA team technical capacity and their positive motivation Youth participation and motivation
Number of youth aged 15-25 years attended at YFS disaggregated by sex	0	2.000		4.000		6.000		8.000		10.000	YFS report	Health units and report analysis	Annual	SRH focal point	NA	GoA team technical capacity and

¹⁵ Contract a consultant to support the review of the current curriculum; Research international standards and systematize these information

¹⁶ Establish a technical group to update the curriculum

¹⁷ Updated curriculum in pilot test phase

¹⁸ Updated curriculum in validated



Angola- UNFPA, Country Programme Action Plan 2015-2019



																				motivation Youth participation and motivation
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Gender Equality and Women’s Empowerment

SP outcome 3:	Advanced gender equality, women’s and girls’ empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth.																
UNDAF outcome 1:	By 2019, Angola had reduced maternal and child mortality, the mortality rate of its population, the risk factors for the health of adolescents and non-communicable diseases.																
CPD output 3.1 :	Strengthened national capacity of Ministry of the Family and of the Promotion of Women to advance gender equality.																
CPD Indicators & baselines	Targets and achievements										MoV	M&E activities	Frequency	Unit	Resources	Monitoring risks	
	2015		2016		2017		2018		2019								
	Baseline	Target	Achiev.	Target	Achiev.	Target	Achiev.	Target	Achiev.	Target							
Existence of a functional tracking and report system to monitor the implementation of the Law Against Domestic Violence and National Policy for Gender Equality and Equity	No	*19		*20		*21			*22		Yes	MIFAMU Annual Reports	Design and test of M&E forms to collect GBV cases and set up of GBV M&E system	Monthly	Gender NPO	Gender WP	Involve ment of all parts of the GBV integrat ed system
Number of UNFPA led-interagency progress report on progress in implementing the Convention on the Elimination of All Forms of Discrimination against Women. Baseline: 0; Target: 5	0	1		2		3			4		5	MIFAMU annual Reports	Compile gender data and info for the CEDAW and CSW report	Annual	Gender NPO	Gender WP	Quality of gender data
Output 3.2:	Strengthened capacity of government health units to provide treatment to gender-based violence survivors.																
CPD Indicators & baselines	2015		2016		2017		2018		2019		MoV	M&E activities	Frequency	Unit	Resources	Monitoring risks	
	Baseline	Target	Achiev.	Target	Achiev.	Target	Achiev.	Target	Achiev.	Target							
Gender-based violence treatment protocols available and integrated into pre and in-service training of health service providers.	No	*23		*24		*25			*26		Yes	Protocols	Advocacy meetings reports		Gender NPO	Gender WP	

¹⁹ Two advocacy and technical capacity activities held (Conference and Study Tour)

²⁰ Three pilot centers established

²¹ Scaling up to 3 sites

²² Number of GBV cases

²³ Advocacy to integrate the MINFAMU and MINSAs activities through Maternal and Neonatal Deaths Audit Committee

²⁴ Number and types of protocols defined

²⁵ Number of protocols discussed and drafted

²⁶ Number of protocols produced and approved



Population Dynamics

SP outcome 4:	Strengthened national policies and international development agenda through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health rights, and HIV and gender equality.															
UNDAF outcome 1:	Citizens actively participate by 2019 in public life and institutions, while public institutions and organizations are modernized to give efficient and easily accessible quality services based on criteria of good governance. National Statistics System strengthened to contribute towards planning, implementation and monitoring, based on statistical evidence															
CPD output 4.1 :	Strengthened national capacity for the production, analysis and dissemination of reliable disaggregated data on population and development issues for evidence-based policy planning.															
CPD Indicators & baselines	Targets and achievements										MoV	M&E activities	Frequency	Unit	Resources	Monitoring risks
	2015		2016		2017		2018		2019							
	Baseline	Target	Achiev.	Target	Achiev.	Target	Achiev.	Target	Achiev.	Target						
Number of selected government institutions with skilled staff and tools to collect, analyze and disseminate socio-economic and demographic data.	1	4 institutions assessed		1 central institution covered		3 institutions strengthened		4 ²⁷		4	Sectors Reports Publications	Capacity assessment	First Year	P&D focal point	P&D WP	Difficult access of secondary data from Census and Surveys
Existence of a socio-economic, geographic and demographic info system for gender situation analysis, maternal death analysis, poverty mapping and assessment of age structural changes.	No	3 ²⁸		REDATAM implemented ²⁹		6 provinces and 10 staff ³⁰		idem		Yes	INE Annual Reports	Training on REDATAM	Once a Year	P&D Focal Point	PD Annual Plan	Limited access of IMIS by users
Number of national government institutions that practice evidence-based planning and policy development with 2014 Census data Baseline: 0; Target: 3	0	2 ³¹		12 ³²		Policy briefs ³³		* ³⁴		3	INE Annual Reports	Training on REDATAM	Once a Year	P&D Focal Point	PD Annual Plan	Limited access of IMIS by users

²⁷ Institutions receiving technical support

²⁸ 2 Advocacy sessions and 1 Study tour for IMIS

²⁹ # of database sets converted into REDATAM

³⁰ 6 Provinces adopted IMIS; 10 staff trained in REDATAM

³¹ Two Institutions identified and strengthened for thematic analysis based on the 2014 PHC

³² 12 thematic areas analysis held based on the 2014 PHC

³³ 4 Thematic policy briefs elaborated

³⁴ Demographic Dividend held



Population Dynamics – continuation

SP outcome 4:	Strengthened national policies and international development agenda through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health rights, and HIV and gender equality.															
UNDAF outcome 1:	Citizens actively participate by 2019 in public life and institutions, while public institutions and organizations are modernized to give efficient and easily accessible quality services based on criteria of good governance. National Statistics System strengthened to contribute towards planning, implementation and monitoring, based on statistical evidence.															
CPD output 4.1 :	Strengthened national capacity for the production, analysis and dissemination of reliable disaggregated data on population and development issues for evidence-based policy planning.															
CPD Indicators & baselines	Targets and achievements										MoV	M&E activities	Frequency	Unit	Resources	Monitoring risks
	2015		2016		2017		2018		2019							
	Baseline	Target	Achiev.	Target	Achiev.	Target	Achiev.	Target	Achiev.	Target						
Number of census monographs generated and disseminated based on the 2014 Census Baseline: 0; Target: 4	0	4 monographs selected	1 ³⁵		2		3		4		INE Reports	Quality Check	Every Year	P&D Focal Point	PD Annual Plan	Access of secondary data from Census and Surveys

³⁵ 1 monographs available and providing relevant information. This target is the same for the next years (2017,2018 and 2019)