



**Executive Board of the  
United Nations Development  
Programme and of the  
United Nations Population Fund**

Distr.: General  
6 October 2008

Original: English

**UNITED NATIONS POPULATION FUND**

**Final country programme document for Angola**

Proposed indicative UNFPA assistance: \$30 million: \$20 million from regular resources and \$10 million through co-financing modalities and/or other, including non-regular, resources

Programme period: Five years (2009-2013)

Cycle of assistance: Sixth

Category per decision 2007/42: A

Proposed indicative assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health and rights	10	4.0	14.0
Population and development	6	4.5	10.5
Gender equality	3	1.5	4.5
Programme coordination and assistance	1	-	1.0
Total	20	10.0	30.0

## **I. Situation analysis**

1. Since the 2002 signing of the peace agreement known as the Luena Memorandum of Understanding, Angola has made progress in its development and reconstruction process. Oil revenues have fuelled unprecedented economic growth. The inflation rate declined from 65 per cent in 2003 to 13 per cent in 2007. Nevertheless, widespread poverty remains a challenge. Sixty-eight per cent of the population lived below the poverty line in 2001, with 28 per cent living in extreme poverty. Poverty rates are highest in rural areas, where war-related disabilities are prevalent. In response to pervasive poverty, the Government is leading a decentralization programme, targeting 68 of the 164 municipalities in the country.

2. The population was 17 million in 2007. The high total fertility rate (6.4 children per woman) and low modern contraceptive prevalence rate (6.2 per cent in 2007) contribute to the high annual population growth rate (2.9 per cent). Fifty-one per cent of the population is under 15. The 2010 census will be the first since 1970.

3. The health sector has inadequate infrastructure and referral systems and a lack of equipment and trained personnel. Only 35 per cent of the population has access to national health services. The percentage of deliveries attended by skilled personnel increased from 25 per cent in 1996 to 47.3 per cent in 2007. The maternal mortality ratio is high (1,400 deaths per 100,000 live births), and infant and under-five mortality rates are among the highest in the world (154 and 260 deaths per 1,000 live births, respectively). More than 51 per cent of girls aged 15-19 have at least one child. Obstetric fistula is a problem. The condom usage rate is low (0.3 per cent), and the HIV prevalence rate rose from 3.4 per cent in 1999 to 3.7 per cent in 2005. Life expectancy at birth is 44.3 years for women and 41.2 years for men.

4. Gender disparities are widespread. Customary laws and traditional practices often deny women and girls rights related to education,

inheritance, decision-making, and sexual and reproductive health. Women's participation in decision-making positions remains low. Currently, 12 per cent of elected parliamentarians are women, compared to 16 per cent in 2003. Weaknesses in the use of gender-analysis tools in national and sectoral planning and programming impede efforts to mainstream gender and achieve gender equality and equity. Although gender-based violence is increasing, reported cases are often not prosecuted. There is a lack of data to plan prevention efforts. Parliament is considering a bill on domestic and family violence.

## **II. Past cooperation and lessons learned**

5. The previous country programme (2005 to 2008) was approved in the amount of \$15.5 million. The programme was implemented in three provinces: Benguela, Huila and Luanda.

6. In the area of population and development, the programme increased government commitment on population issues, including the integration of socio-demographic variables into socioeconomic development planning. As part of the ongoing educational reform, gender, population and development issues are being included in the formal education curriculum.

7. In the area of reproductive health, achievements included: (a) the signing of a memorandum of understanding between United Nations agencies to promote maternal and neonatal health; (b) the review of policies and norms on reproductive health to address youth issues and reproductive health commodity security; (c) evaluations of the logistics information system in 2005 and 2007, resulting in the first strategic plan on reproductive health commodity security (2008-2013); (d) a survey on obstetric fistula and emergency obstetric services; (e) support for the development of a national road map to accelerate reductions in maternal and newborn mortality; (f) increased access to high-quality reproductive health services; and (g) the implementation of joint programmes on HIV/AIDS. The programme also

provided emergency reproductive health care to flood victims.

8. In the area of gender, UNFPA established a partnership with UNDP and the United Nations Development Fund for Women. The partnership contributed to the formulation and approval of a strategic plan on gender and the creation of a draft law on domestic violence.

### III. Proposed programme

9. The Government and UNFPA developed the proposed programme within the context of United Nations reform, following a participatory process involving implementing partners, national counterparts, United Nations organizations and other partners. The programme is aligned with national priorities as defined in: (a) the national poverty reduction strategy; (b) the long-term development strategy, Angola 2025, and the medium-term strategic plan (2009-2013); (c) sectoral policies and programmes; and (d) the United Nations Development Assistance Framework (UNDAF), 2009-2013. It is also rooted in the UNFPA strategic plan, 2008-2011, the Programme of Action of the International Conference on Population and Development, the Millennium Development Goals and the Maputo Plan of Action.

10. Using a culturally sensitive, gender-sensitive and human rights-based approach, the programme seeks to reduce poverty and improve the quality of life of the people of Angola by: (a) increasing access to high-quality reproductive health services and comprehensive HIV prevention services; (b) ensuring sustainable population growth and development; and (c) enhancing gender equity, equality and the empowerment of women. It includes three components: reproductive health and rights; population and development; and gender equality.

#### *Reproductive health and rights component*

11. The outcome for this component is: by 2013, increased utilization of high-quality reproductive health services and comprehensive HIV prevention services in targeted municipalities,

especially for young people, women and vulnerable populations. This component has four outputs.

12. Output 1: HIV prevention is integrated into reproductive health programmes, including family planning, targeting adolescents, young people and women. The programme will: (a) undertake advocacy efforts among political and community leaders to support family planning; (b) integrate HIV prevention strategies into reproductive health services; (c) strengthen the national capacity to scale up family planning services at facility and community levels, including community-based distribution of male and female condoms; (d) support social mobilization for family planning and the prevention of sexually transmitted infections, including HIV/AIDS; (e) strengthen behaviour change communication efforts for young people; (f) promote communication among parents, teachers, young people and adolescents on sexual and reproductive health and rights; and (g) institutionalize and strengthen population and family-life education.

13. Output 2: Improved quality of skilled assistance at birth and essential obstetric and neonatal emergency care in targeted municipalities. In accordance with the road map to reduce maternal, newborn and child morbidity and mortality, the programme will: (a) strengthen the capacity of health-service providers, particularly for skilled birth attendance, emergency obstetric care, post-abortion care, the management and care of fistula, and care for victims of sexual and gender-based violence; (b) strengthen the referral system and data management; and (c) support community mobilization and behaviour change communication to increase demand for reproductive health services and eliminate harmful traditional practices.

14. Output 3: Increased availability of reproductive health information and services, including life skills and peer education, for in-school and out-of-school youth in intervention areas. This output will be achieved by: (a)

integrating adolescent-friendly services into all health centres in selected municipalities; (b) recruiting and training peer educators to mobilize young people to utilize health services; (c) strengthening existing information and counselling centres; (d) training health staff in interpersonal communication skills; and (e) developing and disseminating behaviour change communication materials.

15. Output 4: National technical and institutional capacity is strengthened in order to implement a reproductive health commodity procurement and logistics system. In conformity with the reproductive health commodity security national strategic plan, the programme will: (a) advocate the creation of coordination mechanisms and a budget line for contraceptives; (b) strengthen the technical and managerial capacity of reproductive health commodity logistics managers; (c) rehabilitate commodity warehouses, in close collaboration with others donors; and (d) support male and female condom programming.

#### *Population and development component*

16. The outcome of this component is: by 2013, high-quality data disaggregated by gender is available and used for evidence-based decision-making and development framework formulation and monitoring, at national and subnational levels. This will enable population, reproductive health and gender issues to be better integrated into development policies and programmes, including in emergency preparedness plans. This component has two outputs.

17. Output 1: Improved availability of, access to and use of up-to-date and reliable socio-demographic data, disaggregated by age and sex, at national, sectoral and decentralized levels. UNFPA will support government participation in the 2010 round of censuses to increase the availability of data for planning, ensure accountability, aid in the decentralization process and improve the quality of data for household surveys. The programme will: (a) strengthen the technical

and operational capacity of the national statistical system, in particular the National Institute of Statistics, in data collection, processing, analysis and utilization, and in census planning and management; (b) support advocacy and resource mobilization and facilitate the provision of technical assistance for the census; (c) promote census-based poverty mapping to target resources and interventions; (d) support operational research on the linkages between population, the environment and development for evidence-based advocacy and policy dialogue; (e) advocate the inclusion of modules on sexual and gender-based violence, fistula and HIV testing in demographic and health surveys; and (f) strengthen the national capacity to use integrated management information systems to monitor Millennium Development Goals and the poverty reduction strategy, and for emergency preparedness.

18. Output 2: The technical and institutional capacity of targeted national institutions, non-governmental organizations (NGOs), youth networks and implementing partners at national, provincial and municipal levels is strengthened to incorporate population issues in development policies and programmes, including in emergency situations. Strategies will include: (a) building the technical and operational capacity of national, provincial and municipal leaders in population and development; (b) facilitating strategic planning processes to incorporate population, reproductive health and gender issues in development frameworks, including emergency preparedness plans; and (c) strengthening the capacity of youth in development management, advocacy and leadership.

#### *Gender equality component*

19. The outcome of this component is: by 2013, a favourable environment for gender equality and equity and for the elimination of sexual and gender-based violence is created. The component has two outputs.

20. Output 1: Increased participation of government institutions, women's associations and relevant networks to support and advocate the integration of gender concerns into national and sectoral policy frameworks, in order to achieve progress towards gender equality and women's empowerment at national and decentralized levels. This will be achieved by supporting: (a) the development and implementation of a national gender policy; (b) the development of gender analysis tools for national and sectoral planning and capacity-building for their application; (c) the capacity of public institutions and NGOs in gender mainstreaming, gender-responsive budgeting and rights-based approaches to programming in all sectors and at all levels; (d) the capacity of the network of Angolan women ministers and parliamentarians and of NGOs to protect the rights of women and girls by formulating and enacting gender-sensitive policies and legislation; and (e) women's involvement and participation in political processes.

21. Output 2: Increased engagement of communities, the media, men, youth and women's networks in preventing and combating sexual and gender-based violence. This will be achieved by: (a) supporting the implementation of the national action plan for preventing sexual and gender-based violence and treating the victims of such violence; (b) advocating the enactment of the draft bill on domestic and family violence and the promotion and protection of women's and girls' rights and women's empowerment; (c) capacity-building for judges, magistrates, prosecutors, lawyers and the police on handling the emotional and psychological dimensions of gender-based violence; (d) strengthening the capacity of NGOs and community-based organizations to provide health, psychosocial and legal services to victims of sexual and gender-based violence; (e) supporting community education to prevent sexual and gender-based violence and harmful traditional practices; (f) supporting grass-roots initiatives on sexual and gender-based violence and harmful traditional practices; (g)

strengthening the capacity of the Angolan Association of Women Lawyers to advocate the reinforcement and periodic review of existing legislation, and enforcing procedures to ensure that offenders are punished in line with existing laws; and (h) conducting research on gender-based violence.

#### **IV. Programme management, monitoring and evaluation**

22. Government ministries will execute the programme at the central level, while provincial governments and municipalities and international and national NGOs will execute it at decentralized levels. The Ministry of Planning will coordinate the programme. The intersectoral technical committee and the provincial population committees will be in charge of the technical coordination of the programme.

23. UNFPA and the Government will plan, monitor and evaluate the programme using results-based management and human rights-based approaches, in line with United Nations Evaluation Group norms and standards. The programme calls for annual programme reviews, as well as midterm and end-cycle evaluations, in accordance with the UNDAF. The programme will utilize data from sociocultural studies, management information systems, surveys, evaluations and censuses, using indicators agreed upon by the Government, the United Nations system and other partners.

24. The UNFPA country office in Angola consists of a representative, an assistant representative, three national programme officers, an international operations manager and a number of support staff. The office will recruit additional national and international staff as needed. The UNFPA regional and subregional offices in Africa will provide programme and technical support.

**RESULTS AND RESOURCES FRAMEWORK FOR ANGOLA**

<p><b>National priorities:</b> (a) fighting poverty and promoting sustainable improvements in health, targeting vulnerable groups and the poor; and (b) improving living conditions through demographic trends and through the participation of the population in development and reconstruction</p> <p><b>UNDAF outcomes:</b> (a) increased and equitable access to high-quality, integrated social services at national and subnational levels, emphasizing the Millennium Development Goals ; and (b) strengthened national response to HIV/AIDS for universal access to prevention, treatment, care and support and decreasing stigma and discrimination</p>				
<b>Programme component</b>	<b>Country programme outcomes, indicators, baselines and targets</b>	<b>Country programme outputs, indicators, baselines and targets</b>	<b>Partners</b>	<b>Indicative resources by programme component</b>
Reproductive health and rights	<p><u>Outcome:</u> By 2013, increased utilization of high-quality reproductive health services and comprehensive HIV prevention services in targeted municipalities, especially for young people, women and vulnerable populations</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>• % of births assisted by skilled personnel</li> <li>• Modern contraceptive prevalence rate</li> <li>• % of females and males aged 15-24 using condoms</li> <li>• Sexually transmitted infections and HIV prevalence rates among youth and pregnant women</li> <li>• Maternal mortality ratio and no. of neonatal deaths</li> </ul>	<p><u>Output 1:</u> HIV prevention is integrated into reproductive health programmes, including family planning, targeting adolescents, young people and women</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• % of women receiving prenatal care, post-natal care and family planning services who are voluntarily screened for HIV</li> <li>• No. of health facilities integrating HIV prevention into reproductive health services</li> <li>• No. of women and youth screened for sexually transmitted infections and HIV</li> <li>• No. of supported health facilities offering HIV prevention services, including regular condom supplies</li> </ul> <p><u>Output 2:</u> Improved quality of skilled assistance at birth and essential obstetric and neonatal emergency care in targeted municipalities</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• No. of structures offering reproductive health services, including prenatal care, post-natal care and family planning</li> <li>• No. of women benefiting from reproductive health services</li> <li>• No. of obstetric fistulas diagnosed and repaired</li> </ul> <p><u>Output 3:</u> Increased availability of reproductive health information and services, including life skills and peer education, for in-school and out-of-school youth in intervention areas</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• No. of youth-friendly reproductive health service delivery points</li> <li>• % of youth benefiting from youth and adolescent reproductive health services</li> <li>• No. of primary schools providing life-skills education and sex education</li> <li>• % of adolescents and youth familiar with at least two reproductive health messages</li> </ul> <p><u>Output 4:</u> National technical and institutional capacity is strengthened in order to implement a reproductive health commodity procurement and logistics system</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• National reproductive health commodity security strategy validated, approved and fully implemented</li> <li>• No. of functional provincial warehouses</li> <li>• % of national counterparts involved in reproductive health commodity security using logistics management tools</li> </ul>	<p>Ministry of Health; relevant institutions at national and subnational levels</p> <p>Community-based organizations; Private institutions</p> <p>United Nations organizations</p> <p>United States Agency for International Development</p>	<p>\$14 million (\$10 million from regular resources and \$4 million from other resources)</p>

<p><b>National priorities:</b> (a) improving living conditions through demographic trends and through through the participation of the population in development and reconstruction; (b) ensuring that the Government reduces poverty, targeting the most vulnerable groups by redistributing national wealth; promoting social inclusion; and reintegrating excluded populations; (c) promoting the development of youth through their integration and participation in political, social, economic and cultural processes; and (d) promoting gender equality, equal opportunities, rights and responsibilities for women and men in social, political and economic life</p> <p><b>UNDAF outcome:</b> institutional capacity is developed to improve evidence-based planning, policymaking, accountability by governance structures, and the legal environment, addressing the needs of the poor and vulnerable by strengthening community engagement, civic participation, national reconciliation and the empowerment of women</p>				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	<p><b>Outcome:</b> By 2013, high-quality data disaggregated by gender is available and used for evidence-based decision-making and development framework formulation and monitoring, at national and subnational levels</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>• Existence of census-based poverty maps</li> <li>• Modules on sexual and gender-based violence, fistula and HIV testing included in demographic and reproductive health surveys</li> <li>• No. of studies on population, environment and development undertaken</li> </ul>	<p><b>Output 1:</b> Improved availability of, access to and use of up-to-date and reliable socio-demographic data, disaggregated by age and sex, at national, sectoral and decentralized levels</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• No. of technical staff who have received census-related training</li> <li>• Census project document revised and updated</li> <li>• Resource mobilization strategy for the census is prepared and implemented</li> <li>• Existence of high-quality data from the population and housing census</li> <li>• Integrated socioeconomic database training and development conducted</li> </ul> <p><b>Output 2:</b> The technical and institutional capacity of targeted national institutions, NGOs, youth networks and implementing partners at national, provincial and municipal levels is strengthened to incorporate population issues in development policies and programmes, including in emergency situations</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• No. of national institutions, NGOs and youth networks with personnel trained to integrate population issues into development frameworks and emergency response plans</li> <li>• No. and type of sectoral plans, programmes and projects supported that integrate population, reproductive health, gender, and sexual and gender-based violence issues</li> <li>• Level of government funding mobilized to support the sixth country programme</li> </ul>	<p>Ministry of Planning; National Institute of Statistics; Relevant national institutions at central, provincial and municipal levels</p> <p>Academic institutions; NGOs</p> <p>African Development Bank; Bilateral and multilateral donors; United Nations system</p>	\$10.5 million (\$6 million from regular resources and \$4.5 million from other resources)
Gender equality	<p><b>Outcome:</b> By 2013, a favourable environment for gender equality and equity and for the elimination of sexual and gender-based violence is created</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>• % of women in positions of authority and in decision-making in institutions at all levels</li> <li>• No. and type of policies and action plans that address gender and integrate efforts to prevent and respond to sexual and gender-based violence</li> </ul>	<p><b>Output 1:</b> Increased participation of government institutions, women's associations and networks to support and advocate the integration of gender concerns into national and sectoral policy frameworks, in order to achieve progress towards gender equality and women's empowerment at national and decentralized levels</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• % of sector gender focal points, women's associations and networks that participate in policy formulation and programme development at national and local levels</li> <li>• % of planners at national and subnational levels trained in and applying their skills in gender analysis and gender budgeting</li> <li>• % of national and subnational institutions sensitized on gender issues that promote gender equality and women's rights in organizational procedures and practices</li> </ul> <p><b>Output 2:</b> Increased engagement of communities, the media, men, youth and women's networks in preventing and combating sexual and gender-based violence</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Community-based networks, traditional leaders, men, women and youth groups in selected provinces contributing to prevention and response efforts</li> <li>• Availability and use of health, psychosocial and legal support services for victims</li> <li>• No. of grass-root efforts in each province aimed at preventing sexual and gender-based violence and harmful traditional practices</li> <li>• Increase in no. of sexual and gender-based violence and sexual offence cases judged per year and convictions of perpetrators of sexual and gender-based violence</li> </ul>	<p>Relevant ministries, including the Ministries of Education; Information; and Justice</p> <p>Media; NGOs</p> <p>United Nations system</p>	<p>\$4.5 million (\$3 million from regular resources and \$1.5 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$1 million from regular resources</p>