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UNFPA

UNITED NATIONS POPULATION FUND

Draft country programme document for Angola

Proposed UNFPA assistance: \$15.5 million: \$8.4 million from regular resources and \$7.1 million through co-financing modalities and/or other, including regular, resources

Programme period: 4 years (2005-2008)

Cycle of assistance: Fifth

Category per decision 2000/19: A

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

	Regular resources	Other	Total
Reproductive health	6.0	4.0	10.0
Population and development strategies	1.6	3.1	4.7
Programme coordination and assistance	0.8	-	0.8
Total	8.4	7.1	15.5

I. Situation analysis

1. After more than two decades of civil war, a peace agreement for Angola was signed on 4 April 2002. About 7 per cent of the population died from conflict-related causes, including famine and disease, and over 4 million people were displaced. The entire socio-economic system must now be rebuilt.

2. The last population census was carried out in 1970. The Government plans to conduct a comprehensive population and housing census in 2006/2007. According to United Nations estimates, the population is growing at a rate of 3.2 per cent a year, and is projected to reach 14.5 million in 2005. The total fertility rate is high, at 7.2 children per woman.

3. Life expectancy at birth is low – only 41.5 years for women and 38.8 years for men. The maternal mortality ratio is high, at 1,800 deaths per 100,000 live births, and the infant mortality rate is 150 deaths per 1,000 live births. The under-five child mortality rate – 247 deaths per 1,000 live births – is the third highest in the world. HIV/AIDS prevalence rose from 3.4 per cent in 1999 to 8.6 per cent in 2001. Recent projections indicate that the national seroprevalence rate could reach as high as 18 per cent by 2010.

4. According to the Ministry of Health, approximately 70 per cent of the health infrastructure was destroyed or must be renovated. The provision of reproductive health services is limited to family planning and maternal and child health services. The referral system is ill equipped to handle obstetric complications. Unsafe abortion is the third most common cause of maternal death after haemorrhages and toxemia.

5. The number of deliveries assisted by skilled health personnel increased from 25 per cent to 45 per cent during the last two years. The contraceptive prevalence rate for modern methods is low, at 4.5 per cent. Teenage pregnancies are a serious concern: 27 per cent of teenage girls aged 15-19 have had at least

one child, and 43 per cent have had sexual relations before the age of 15.

6. Gender disparities are widespread. The literacy rate for women is 54 per cent, compared to 82 per cent for men. The percentage of girls enrolled in school is less than boys at all levels and more so at higher levels. Women account for only 16 per cent of elected parliamentarians.

7. Poverty is pervasive. One in four Angolans lives on less than \$0.75 per day. The inflation rate was estimated at 65 per cent in 2003. The urban unemployment rate is 46 per cent. Only 44 per cent of children attend primary school; 34 per cent of children under the age of 11 have never attended school. Only 35 per cent of Angolans have access to health services provided by the national health system.

II. Past cooperation and lessons learned

8. The previous country programme for Angola (1997-2000) was approved for \$15 million: \$9.6 million from regular resources and \$5.4 million from other sources. Initially, the programme was extended because of the war. It was later extended through 2004, to harmonize it with the other United Nations Development Group (UNDG) agencies.

9. In the area of population and development strategies, the programme contributed to greater commitment from the Government on population issues. The intersectoral technical committee consolidated its position as the central coordinating body for the population programme. As a result of the previous programme, gender, population and development issues are now integrated into the formal education curriculum as part of the educational reform programme.

10. In the area of reproductive health, the most important achievement was the increased availability and accessibility of high-quality reproductive health services in Benguela, Huila and Luanda, the three provinces covered by the programme. The programme also provided

emergency reproductive health assistance to internally displaced persons and contributed to the development of a national reproductive health strategy. In the province of Luanda, the programme developed a successful strategy to provide adolescents with reproductive health information and services. This strategy was replicated in the provinces of Benguela and Huila. In the area of gender, the programme contributed to the formulation and approval of a strategic plan on gender issues.

11. The fourth country programme also contributed to the development of the national reproductive health policy and helped update reproductive health norms and standards in 1999. In 2003, the policy was revised to include an adolescent reproductive health component. The programme also contributed to the development of the national strategic plan on HIV/AIDS.

12. One of the lessons learned was the need to decentralize programme activities to the provincial level in order to respond to the needs of each province. The programme explored alternative channels to provide reproductive health services and information, education and communication activities. Non-governmental organizations (NGOs) have been more involved in new initiatives.

III. Proposed programme

13. The proposed programme is based on the recommendations of the previous country programme assessment, the common country assessment (CCA) and the outcomes of national workshops with government and NGO counterparts. The programme was formulated to strengthen the capacity of the country to achieve the goals and objectives of the Programme of Action of the International Conference on Population and Development (ICPD) and the Millennium Development Goals (MDGs), and to meet the key challenges defined in the CCA document.

14. The proposed programme is designed to promote post-war recovery and to support human rights. Key issues addressed in the poverty reduction strategy paper and aspects of the first MDG report were integrated into the proposed programme. The programme is also aligned with the United Nations Development Assistance Framework (UNDAF) that was recently adopted by the United Nations country team in Angola.

15. The programme was developed using a human rights approach. It will focus on rebuilding social services and will seek to reduce the need for emergency reproductive health interventions. The programme will give special consideration to the reproductive health needs of internally displaced persons.

16. The goal of the proposed programme is to contribute to the process of reconstruction and poverty reduction and to improve the quality of life of the people of Angola by: (a) promoting reproductive health and rights and by improving access to reproductive health information and services; (b) reducing the incidence of HIV/AIDS and maternal mortality; (c) reducing gender disparities and inequality between men and women; and (d) balancing demographic growth and resources. The proposed programme will draw on lessons learned, reinforce the decentralization of programme execution and improve programme coordination.

17. The proposed programme will have two components: population and development strategies, and reproductive health. Advocacy and gender will be cross-cutting issues.

Population and development strategies component

18. The two expected outcomes of the population and development strategies component are: (a) improved awareness of and increased policy dialogue on the relationships between population growth and development and on the integration of population and gender variables into national policy formulation,

planning and programming; and (b) the creation of an enabling environment for population and gender issues in order to achieve improved socio-economic status for women, to prevent gender-based violence and to promote women's rights.

19. Output 1: Strengthened capacity of the Government and NGOs at national and provincial levels to formulate, implement and manage programmes, including the national gender strategy and the national reproductive health strategy, and to integrate population and gender variables into all levels of programming. This output will be achieved by: (a) increasing policy dialogue and strengthening the technical capacity of government departments and offices responsible for formulating policies and for monitoring and coordinating programme activities at national and provincial levels; and (b) supporting training and technical assistance to strengthen the capacity for programme implementation at the provincial level.

20. Output 2: Improved availability of updated sociodemographic data, disaggregated by sex, and reliable sociocultural and gender-sensitive information. This output will be achieved by: (a) supporting data collection through the population and housing census, demographic and reproductive health surveys and sociocultural research; (b) developing a database to monitor sociodemographic and economic indicators, including those associated with the MDGs and the ICPD Programme of Action; (c) strengthening the national technical capacity to collect, analyse and utilize population data and vital statistics, and to undertake sociocultural research and studies; and (d) improving the dissemination of data for policy formulation and programme use.

21. Output 3: Strengthened institutional and NGO capacity in advocacy for population, gender and development, reproductive health, the prevention of gender-based violence, and the promotion of women's rights. This output will be achieved by: (a) developing a multimedia communications strategy focusing

on behaviour change in population, gender and development; (b) supporting government institutions, NGOs, women ministers and parliamentarians to advocate women's rights, the reduction of gender-based violence, the rights of people living with HIV/AIDS and the protection of the environment; (c) involving men in reproductive health and reproductive rights; and (d) reinforcing the relationship between reproductive health services and the legal system, particularly with the police and with NGOs that counsel victims of violence.

Reproductive health component

22. The outcome of the reproductive health component is the increased use of: (a) integrated, high-quality reproductive health services, including family planning, emergency obstetric care, the treatment and prevention of sexually transmitted infections (STIs) and the prevention of HIV; and (b) reproductive health information and services for men, women and young people in the intervention areas.

23. Output 1: Increased availability of high-quality, integrated reproductive health services, including family planning, antenatal and post-natal care, skilled assistance at delivery, the prevention and treatment of STIs, the prevention of HIV, emergency obstetric care, and behaviour change communication and counselling for adolescents and victims of sexual violence. This output will be achieved by: (a) improving the provision of reproductive health services in at least 14 municipalities in selected provinces covered under the previous programme and eight municipalities in two other provinces (Huambo and Malange); (b) quality assurance activities that focus on improved technical and diagnostic skills of staff; and (c) strengthened capacity to implement the national reproductive health strategy at central and provincial levels by promoting better understanding of national policies, developing provincial reproductive health strategies and providing management training.

24. Output 2: Increased availability of reproductive health information and services for youth and adolescents in the intervention areas.

This output will be achieved by: (a) integrating adolescent-friendly services into all health units in selected municipalities; (b) strengthening existing information and counselling centres; (c) training health staff in interpersonal communication skills; and (d) providing behaviour change communication materials.

25. Output 3: Increased availability of information on specific reproductive health issues, such as family planning, the prevention of STIs and HIV/AIDS, the promotion of gender equity and equality, family life education and gender-based violence, in order to increase the demand for services.

This output will be achieved by implementing a behaviour change communication strategy for reproductive health. The strategy will be based on a sociocultural analysis and on mobilization efforts targeting civil society, NGOs and the private sector. Information on HIV/AIDS will be conveyed via the mass media and informal communication channels. Advocacy efforts will focus on religious leaders, influential community members and traditional leaders.

26. The programme intervention areas will include the three provinces covered under the previous programme (Luanda, Benguela and Huila), as well as two additional provinces (Huambo and Malange). The additional provinces were selected on the basis of population criteria and reproductive health needs, especially those of displaced persons and refugees. UNFPA will build partnerships to improve access to high-quality reproductive health services in these provinces, which have been the most affected by war. In collaboration with various development partners, the Government intends to renovate and build health facilities. UNFPA will provide reproductive health commodities in some of the facilities.

IV. Programme management, monitoring and evaluation

27. Relevant government ministries, municipalities, and international and national NGOs will execute the programme at both central and provincial levels. The Ministry of Planning will coordinate the programme. The programme will forge partnerships with United Nations agencies and national networks to secure additional government and donor funds.

28. The planning, monitoring and evaluation of the programme will utilize results-based management. The programme will obtain data from sociocultural research findings, management information systems and an annual rapid appraisal of selected indicators. Targets will be established in consultation with the Government and other counterparts, within the context of the MDGs. The programme will assess a subset of these indicators during a collaborative annual review process involving counterparts and United Nations country team members. This review will form the basis for revising work plans and for determining which strategies are the most cost effective.

29. Additional monitoring mechanisms will include annual component project reports, field visits by UNFPA staff and project implementers, and joint monitoring with United Nations agencies. A resource mobilization strategy targeting the Government, donors and the private sector will be developed in line with an advocacy action plan and the 2004 office management plan.

30. The UNFPA country office in Angola consists of a Representative, an Assistant Representative, a national programme officer, an operations manager, a programme assistant and administrative support staff. Programme funds will be earmarked for one national programme officer post and four administrative support posts, within the framework of the approved country office typology. National project personnel may also be recruited to strengthen project implementation. The UNFPA Country Technical Services Team in Harare, Zimbabwe, will provide technical support.

RESULTS AND RESOURCES FRAMEWORK FOR ANGOLA

National priorities: (a) national reconstruction; (b) poverty reduction; and (c) improved quality of life UNDAF outcome: greater promotion of pro-poor growth, human rights, good governance and decentralization in accordance with international norms by strengthening national capacities at all levels, empowering citizens and increasing their participation in decision-making processes				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Role of partners	Indicative resources by programme component
Population and development strategies	<p><u>Outcomes:</u></p> <p>(a) improved awareness of and increased policy dialogue on the relationships between population growth and development and on the integration of population and gender variables into national policy formulation, planning and programming; and</p> <p>(b) the creation of an enabling environment for population and gender issues in order to achieve improved socio-economic status for women, to prevent gender-based violence and to promote women's rights</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> Population and gender issues are taken into account in planning and programming related to social and economic development Social and demographic information is updated and disaggregated by sex and region, and made available for users <p><u>Baseline:</u> Census data; 2004 UNDAF</p>	<p><u>Output 1:</u> Strengthened capacity of the Government and NGOs at national and provincial levels to formulate, implement and manage programmes, including the national gender strategy and the national reproductive health strategy, and to integrate population and gender variables into all levels of programming</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Increased technical capacity and participation of national staff in the formulation, implementation and evaluation of development programmes and projects Increased number of male and female planning officials trained in the application of gender-sensitive data and gender analysis Established database on accurate, gender-sensitive information <p><u>Output 2:</u> Improved availability of updated sociodemographic data, disaggregated by sex, and reliable sociocultural and gender-sensitive information</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Number of national staff trained in population data collection, analysis and utilization, including vital statistics and sociocultural research Increased number of institutions that systematically use sociodemographic information to monitor and evaluate development programmes and project activities Population and housing census carried out by 2007 Established sociodemographic database <p><u>Baseline:</u> Census data; 2004 UNDAF</p>	<ul style="list-style-type: none"> Ministry of Planning UNDP; United Nations Children's Fund (UNICEF) <ul style="list-style-type: none"> Ministry of Planning UNDP; UNICEF 	<p>Regular resources: \$0.45 million</p> <p>Other resources: \$0.3 million</p> <p>Regular resources: \$0.6 million</p> <p>Other resources: \$2.2 million</p>

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Role of partners	Indicative resources by programme component
		<p><u>Output 3:</u> Strengthened institutional and NGO capacity in advocacy for population, gender and development, reproductive health, the prevention of gender-based violence, and the promotion of women's rights</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • By the end of 2008, legislation on population, gender, women's rights and the protection of people living with HIV/AIDS is reviewed • Number of NGO and government staff trained and working as advocates on population, gender and development issues • Percentage of policy makers, including ministers, parliamentarians and opinion leaders at the community level, who discuss gender concerns and support women's rights • Number of television programmes and print media that support gender equality and promote positive images of women 	<ul style="list-style-type: none"> • UNDP; United Nations Development Fund for Women • Ministry of Family and Promotion of Women • Local affiliate of the International Planned Parenthood Federation (ANGOBFA) 	<p>Regular resources: \$0.55 million</p> <p>Other resources: \$0.6 million</p>
<p>UNDAF outcome: to strengthen the national capacity for development and delivery of services and to sustain processes of social empowerment aimed at: (a) reducing mortality among under-5 children and women, and reducing morbidity caused by prioritized diseases; (b) contributing to the universal access of children to high-quality primary education; and (c) controlling the spread of HIV/AIDS</p>				
Reproductive health	<p><u>Outcome:</u> Increased use of: (a) integrated, high-quality reproductive health services, including family planning, emergency obstetric care, the treatment and prevention of STIs and the prevention of HIV; and (b) reproductive health information and services for men, women and young people in the intervention areas</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • By 2008, an increase in the contraceptive prevalence rate for modern methods from 4.5% to 7% 	<p><u>Output 1:</u> Increased availability of high-quality, integrated reproductive health services, including family planning, antenatal and post-natal care, skilled assistance at delivery, prevention and treatment of STIs, the prevention of HIV, emergency obstetric care, and behaviour change communication and counselling skills for adolescents and victims of sexual violence</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • By the end of 2008, 40% of the existing health facilities offer at least three reproductive health services • By the end of 2008, all health units in the selected municipalities offer at least one modern method of family planning according to service norms and procedures • By the end of 2008, at least 50% of the obstetrical or post-abortion complications are treated 	<ul style="list-style-type: none"> • World Health Organization; UNICEF; Joint United Nations Programme on HIV/AIDS • Ministry of Health 	<p>Regular resources: \$4 million</p> <p>Other resources: \$2 million</p>

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Role of partners	Indicative resources by programme component
Reproductive health (continued)	<ul style="list-style-type: none"> • By 2008, reduced unmet need for family planning from 90% to 70% • By 2008, increase from 1% to 5% in the number of adolescent reproductive health service delivery points • By the end of 2008, increase in skilled attendants at delivery points • By 2008, a 20% increase in the use of adolescent reproductive health delivery points • STI prevalence rate decreased from 13% to 10% <p><u>Baseline:</u> Statistics from the Ministry of Health and NGOs</p>	<p><u>Output 2:</u> Increased availability of reproductive health information and services for youth and adolescents in the intervention areas</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • By the end of 2008, 30% of adolescents and youth in the provinces of Benguela, Huila and Luanda are able to deliver at least two messages related to reproductive health and gender issues • By the end of 2008, at least 40% of the service delivery points attendants in reproductive health are for adolescents • By the end of 2008, at least 50% of primary schools teach population and family life education <p><u>Output 3:</u> Increased availability of information on specific reproductive health issues, such as family planning, the prevention of STIs and HIV/AIDS, the promotion of gender equity and equality, family life education and gender-based violence, in order to increase the demand for services</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • By the end of 2008, at least 90% of the population, including women, men and youth, have acquired knowledge on family planning, STIs and HIV/AIDS • By the end of 2008, at least 40% of all parents are able to deliver three messages related to family-life education <p><u>Baseline:</u> Statistics from the Ministry of Health and NGOs</p>	<ul style="list-style-type: none"> • UNICEF • Ministry of Youth and Sports • National NGOs • UNICEF; UNDP • Ministry of Education 	<p>Regular resources: \$1 million</p> <p>Other resources: \$1 million</p> <p>Regular resources: \$1 million</p> <p>Other resources: \$1 million</p> <p>Total for programme coordination and assistance: \$0.8 million from regular resources</p>