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Population Fund and the United  
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**UNFPA – Country programmes and related matters**

**DRAFT**

**United Nations Population Fund**

**Country programme document for Angola**

Proposed indicative UNFPA assistance:	\$25.6 million: \$12.4 million from regular resources and \$13.1 million through co-financing modalities or other resources
Programme period:	5 years (2024-2028)
Cycle of assistance:	Ninth
Category:	Tier I
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2024-2028

## I. Programme rationale

1. A vast and diverse country geographically, Angola is the second largest country in sub-Saharan Africa. According to the United Nations Population Division (2022), Angola's population currently stands at an estimated 35.6 million, with a high proportion of youth (64 per cent below age 25). The country's total fertility rate is 6.2 children per woman, with a much higher rate in rural areas (8.2 children per woman) than in urban areas (5.3 children per woman)<sup>1</sup>. With a current population growth rate of 3.0 per cent, Angola is projected to reach a population of 44.9 million people by 2030 and subsequently double, to a projected 72.3 million people, by 2050; and almost triple by 2063, with a projected population of 91.0 million. To improve the quality of life and socio-economic opportunities of the population, it will be critical for Angola to prioritize evidence-based planning and budgeting to guide delivery of public services such as health, education, employment, housing, water and sanitation, energy and transportation, in line with the International Conference on Population and Development (ICPD) Programme of Action, the 2030 Agenda for Sustainable Development and the African Union Agenda 2063.
2. As highlighted in the United Nations Common Country Analysis (CCA, 2022), Angola has remained relatively peaceful since the civil war that lasted from 1975 to 2002. Following a peaceful presidential transition in 2017, the country embarked on a path of political reforms aimed at curbing corruption and promoting good governance. Angola's political stability is an asset for the conducive business environment required to sustain the targeted private investments needed locally in provinces and municipalities. As part of the continued reconstruction efforts, the country is still investing in infrastructure development as a priority. However, given the evolving demographic prospects, there is an urgent need to simultaneously invest in social infrastructure and systems to build the nation's human capital by investing in health, education, economic empowerment and employability skills of adolescents and youth – so that they become agents of change for positive social transformation and the country can harness its demographic dividend. The country is investing in empowering the girls and tackling learning poverty through loan-based multi-year financing from international financial institutions to boost its human capital.
3. The oil industry continues to be the backbone of the economy, accounting for a third of the country's gross domestic product and 95 per cent of Angola's exports, with limited diversification of the economy. This has an impact on the country's development, as oil price fluctuations and varying oil production levels have an effect on economic growth, inflation, fiscal debt and macroeconomic performance. In turn, the impact on increased income inequality on households further deepens poverty levels. Over 51.2 per cent of the population was considered multidimensionally poor in 2020; this figure increased to 54.0 per cent in 2021, as a result of the socio-economic impact of the COVID-19 pandemic. The uneven distribution of multidimensional poverty stems from unequal access to a range of resources and basic services, such as health, education, nutrition, social welfare and sustainable livelihood opportunities, to mention a few. Rural populations are much poorer (87.8 per cent) than urban populations (35.0 per cent);<sup>2</sup> with a higher incidence of multidimensional poverty in female-headed households (55.2 per cent) versus male-headed households (53.5 per cent). Annual expenditures in the social sectors (7.7 per cent for education and 6.7 per cent for health in 2023) remain below the country's international commitments (15-20 per cent of total budget on education; 15 per cent of total budget on health).
4. Economic growth in recent decades has not translated into a significant reduction of unemployment, with the unemployment rate estimated at 30.5 per cent, characterized by an unequal incidence by sex (31.5 per cent for women and 29.4 per cent for men) and by location (42.1 per cent in urban areas and 14.5 per cent in rural areas). The CCA 2022 notes that young people represent 36.3 per cent of the working age population, but account for 67.1 per cent of the unemployed. Among the working population, the informal sector accounts for 80.2 per cent, with 65.9 per cent in urban areas and 93.6 per cent in rural areas. The informal sector employs 70.4 per cent of men, 89.7 per cent of women; and 92.7 per cent of young people aged 15-24 years. There is an urgent need to formalize the informal sectors of the economy and create decent jobs for the 7.1 million potential workers expected to join the national workforce between 2020 and 2030 from the large youthful population.

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<sup>1</sup> Multiple Indicator and Health Survey (2015-2016)

<sup>2</sup> <https://www.ine.gov.ao/publicacoes/detalhes/Ng%3D%3D>

5. Angola's universal health coverage (UHC) service coverage index stands at 39 per cent, and the country has one of the highest out-of-pocket health expenditures in the region (37.5 per cent). The modern contraceptive prevalence rate is one of the lowest in the region at 12.5 per cent, and 38 per cent of married women have an unmet need for family planning, with significant age and geographic disparities (43 per cent of married adolescent girls have an unmet need; and 49 per cent unmet need among married women in Malanje province). This is linked to significant gaps in access to sexual reproductive health and rights (SRHR) information and services.
6. Some 35 per cent of Angolan girls aged 15-19 years have been pregnant, with births by adolescents and young women (10-24 years) accounting for 45 per cent of the total births in a given year (approximately 630,000 births). The physical, mental and social impacts of early and unintended pregnancies cannot be underestimated, as adolescents experience higher risks of miscarriage, maternal morbidity and mortality. Among all young people in Angola, 75 per cent complete primary school; and of these, only 15 per cent finish secondary school, with teenage pregnancies being strongly correlated to high school dropout rates and contributing to a loss of subsequent economic opportunities, and perpetuating poverty cycles. Furthermore, low levels of education, negative cultural norms and poor social response systems have been linked to an increase in gender-based violence (GBV).
7. The maternal mortality ratio is 239 deaths per 100,000 live births, with the major causes of death attributed to complications during delivery and the postpartum period, especially among adolescents. This is heightened by the limited quality of care in complex and emergency deliveries and highlights the urgent need to scale up access to high-quality SRHR information and services, including for contraception and comprehensive sexuality education, especially for the populations furthest left behind, as part of the expansion of UHC within a resilient health system.
8. Angola has made good progress on gender equality, with several policy and legislative frameworks developed and implemented, including, among others, the National Policy for Gender Equality and Equity;<sup>3</sup> Law 25/11 Against Violence; the National Strategy on Ending Teenage Pregnancy; and the National Adolescent Health Strategy. Positive developments in the country provide opportunities for reform to reduce the gender gap in political participation, promote women's socio-economic empowerment and curb corruption – which remains a priority of the Government towards addressing inequality and promoting socio-economic transformation. Notwithstanding this progress, Angola experiences challenges in meeting Sustainable Development Goal 5 (SDG-5) on gender equality, particularly regarding the persistence of GBV and harmful practices against women and girls: 41.3 per cent of women aged 15-49 years have experienced emotional, physical or sexual violence by an intimate partner in their lifetime. Early marriage is also persistent, as 30.3 per cent of young women aged 20-24 years reported to have been married before the age of 18. Violence against women is rooted in discriminatory social norms and perceptions about the position and role of women in society and within the family. Consequently, young women and girls are less equipped than boys to take up educational and economic opportunities; this is reflected in their higher participation in underpaid work in the informal sector, such as subsistence farming and domestic work. Targeted investments are needed to ensure women and girls can enjoy their rights and choices, including on agency and bodily autonomy.
9. The United Nations High Commissioner for Refugees (UNHCR) ranks Angola as the second worst country in the region faced with a drought situation in 2022. An estimated 8 million people are affected, including 3.8 million people facing acute food insecurity and deprivation in health, education and living conditions. The prolonged dry season has also severely impacted agricultural activities and given rise to migration of affected communities in search of more favourable conditions in other provinces and neighbouring countries. It is therefore important for the country to invest in resilience building and preparedness to deal with the effects of climate change at the system, institutional, community and household levels.
10. The reclassification of Angola as lower-middle-income country in 2021 by the World Bank led to a decline in official development assistance to the country, notwithstanding the weak performance of the economy. Opportunities for sustainable financing will rely on domestic financing mechanisms through blended finance with the private sector and loans or grants.
11. The country programme evaluation of the current cycle underscored that the eighth country programme (2020-2023) was fully aligned to national priorities and addressed the needs of diverse populations. The programme has been effective in adapting to the COVID-19 pandemic constraints and in providing the

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<sup>3</sup> Approved by the Presidential Decree 22/13

country with timely and crucial support to sustain livelihoods and ensure the continuity of basic services in sexual and reproductive health (SRH). It contributed to developing youth-friendly services in 60 health centres and to improved integrated SRHR information and services and a scaled-up response to the drought emergency in the South of the country to guarantee an integrated package of SRH services. The National Population Policy and Demographic Dividend National Profiles were developed to guide investments for socio-economic development.

12. The country programme evaluation also highlighted the following lessons learned: (a) strengthening SRH services and rights is key to sustaining programme contribution and results in the post-COVID-19 pandemic context; (b) ensuring synergies between upstream and downstream interventions is key, with the latter focusing on the populations left furthest behind and generating evidence for upstream work; (c) strengthening the gender-transformative and social norms-change approach is important to catalyse the sustainable change needed within the Angolan context, with critical roles by men and boys, community, traditional and religious leaders; and increasing support to key and vulnerable populations, in collaboration with national institutions and civil society organizations (CSOs), is key for addressing limitations in reaching the most vulnerable, particularly persons with disabilities.
13. UNFPA actively supported the development process of the CCA and the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2024-2028. In line with the whole-of-system approach to national development, UNFPA will exercise its comparative advantages to contribute to delivering joint results, focusing on: (a) integrated SRHR for family planning, comprehensive maternal health and prevention of sexually transmitted infections (STIs) and HIV; (b) adolescent and youth development/empowerment to support harnessing of the demographic dividend; (c) GBV prevention and integrated responses within the context of the development and humanitarian continuum, including through integration of the Minimum Initial Service Package for SRH into the National Contingency Plan and new partnerships with the National Police and the Integrated Public Security Centre, for interventions at scale; and (e) strengthening the national statistical system.

## II. Programme priorities and partnerships

14. The new country programme was developed in consultation with the Government and key stakeholders, including CSOs, the United Nations system, multilaterals, bilateral organizations and other development partners, the private sector, as well as youth and women's groups. It contributes to the priorities of the National Development Plan: (a) promoting human capital development; (b) reducing social inequality; (c) eradicating hunger and extreme poverty; (d) promoting gender equality; and (e) ensuring sustainable and inclusive economic diversification. Anchored in the UNSDCF through its four priority areas – People and Peace (effective and accountable institutions); and Prosperity and Planet (inclusive and sustainable economic diversification) – the programme will support efforts to realize national commitments for accelerating progress towards achieving the ICPD Programme of Action and contribute to the achievement of SDGs 1, 3, 4, 5, 10, 13, 16 and 17, as well as aspirations of the African Union Agenda 2063.
15. The programme contributes to achieving universal access to SRHR and accelerating achievement of the three transformative results of UNFPA: (a) ending unmet need for family planning; (b) ending preventable maternal deaths; and (c) ending gender-based violence and harmful practices; with key attention to ending sexual transmission to HIV.
16. The programme will focus on reducing the unmet need for family planning, particularly among adolescents and young girls, which has the potential to positively affect the other transformative results by: (a) strengthening the health system, including scaling up interventions in the context of UHC to improve availability, accessibility and utilization of high-quality and rights-based SRH care services; and (b) investing in demand-side interventions, particularly those targeting social and gender norms to promote gender equality and empowerment of women, girls and young people. The vision of the new country programme is that women, adolescents and youth have improved access to high-quality SRHR information and services, integrated within UHC social equity programmes, including prevention and response to gender-based violence, by 2028. The programme will seek to reduce the unmet need for family planning from 38 per cent to 20.8 per cent and increase the modern contraceptive prevalence rate from 12.5 per cent to 27.8 per cent by 2028. This will support the country in preventing unintended pregnancies and unsafe abortions, thereby

contributing to a reduction in maternal mortality and helping to fulfil the potential of the youthful population as part of the productive workforce of the country.

17. In order to accelerate progress towards the transformative results, the programme will focus on four interconnected outputs – quality of care and services; gender and social norms; population change and data; and adolescents and youth – geared towards: (a) strengthening demand for integrated SRHR services among adolescents and young people to address early marriage and teen pregnancy and enhance HIV prevention; (b) providing counselling and services for current contraception users to reduce discontinuation rates; (c) strengthening the resilience and capacity of the health system to deliver quality, human rights-based, integrated SRHR information and services; (d) empowering adolescent girls and young women, communities and institutions to address discriminatory gender and social norms and harmful practices that prevent young people from fulfilling their potential; (e) scaling-up evidence-based advocacy and policy dialogue to increase domestic resource allocation for the sustainability of the SRH programme; and (f) strengthening data systems to better inform policies and programming on SRHR, including GBV, with a focus on those left furthest behind, including adolescents and youth.
18. The country programme will deploy the following accelerators: (a) promoting human rights-based and gender-transformative approaches to facilitate more effective and equitable responses to address barriers to achieving the transformative results by engaging men, communities, CSOs and traditional and religious leaders to address harmful gender/social norms; (b) scaling up innovations in SRH service delivery, GBV and data quality systems; (c) strengthening strategic partnerships, South-South and triangular cooperation to identify opportunities for innovative and domestic financing; (d) focusing on ‘leaving no one behind’ targeting those left furthest behind, including those in remote areas; and (e) mainstreaming resilience and adaptation in programme implementation, including collaboration through the UNSDCF.
19. The programme will scale up partnerships with the Government, at central, provincial and municipal levels, with CSOs, the United Nations system, multilaterals, bilateral cooperation and the private sector to achieve its overall goal and outputs, including in emergencies. Existing strategic partnerships will be strengthened with the ministries of education, health, youth, gender and transport and with TV Zimbo, as well as with key donor Governments and multilateral development banks. The programme will further explore opportunities with the private sector in tripartite partnerships with government institutions. Strategic initiatives will be pursued to reach adolescents and youth through innovative online platforms, such as SMS Jovem,<sup>4</sup> Oi Kambas,<sup>5</sup> Safe Delivery App,<sup>6</sup> and Kobo Collect.<sup>7</sup>

**A. Output 1. By 2028, strengthened capacity of systems, institutions and communities to provide high-quality, comprehensive sexual and reproductive health information and services to address inequalities in access to SRH services, gender-based violence and harmful practices, including in humanitarian settings**

20. This output will be achieved by improving the availability, access to and utilization of high-quality integrated SRHR information and services and accessibility to high-quality reproductive commodities to ‘the last mile’, addressing the needs of those left furthest behind (rural women and girls, people with disabilities, and the community of albinos, among others), based on data and analysis. It will directly contribute to achieving the UNSDCF results by strengthening health and social protection systems and supporting the operationalization of the comprehensive package of integrated SRHR information and services and UHC, strengthening integrated responses to GBV and harmful practices, including mental health and psychosocial support, and improving the capacity, competence and availability of the health workforce.
21. The programme will: (a) promote evidence-based advocacy for situating SRHR in UHC and improving integrated provision of SRH services, including HIV prevention, family planning, maternal health, STI case management, sexual and gender-based violence (SGBV), and integration of antenatal, postnatal and child health services; (b) scale up support for pre-service midwifery and nursing schools to strengthen family

<sup>4</sup> Developed by UNFPA jointly with UNICEF and the Ministry of Youth and Sports.

<sup>5</sup> A smartphone app created by UNFPA working with line ministries (Ministry of Health; Ministry of Youth and Sports; Ministry of Education; Ministry of Social Action, Family and Women’s Promotion; Ministry of Economy and Planning) that provides a safe and accessible space aiming at educating young people about integrated SRHR.

<sup>6</sup> Provides clinical training to health professionals to guarantee safer births – by UNFPA and the Maternity Foundation.

<sup>7</sup> Open-source Android app for collecting survey data and real-time access, analysis and reporting, established in partnership with World Vision.

planning information and services in targeted municipalities; (c) provide technical assistance to adopt and scale up high-impact family planning practices for implementation of the voluntary ICPD25 and FP2030 commitments; (c) scale-up evidence-based advocacy for increased financing of SRHR services, including through investment cases; (d) scale up capacity building of the health workforce, including at community and municipal levels, and support deployment, including for emergency obstetric and neonatal care, midwifery and rights-based family planning; (e) provide technical assistance to strengthen resilient supply chains to reach ‘the last mile’; (f) scale up outreach services and community based distribution of family planning services, including expanding method mix; (g) revitalise the reproductive health and logistics technical group for improved stock and supply chain management and proactive procurement and distribution of commodities; (h) provide reproductive health services and dignity kits for populations affected by humanitarian crises, particularly the most vulnerable; and (i) expand partnerships and innovations<sup>8</sup> to improve access to SRHR, including maternal telehealth, self-care and midwifery.

**B. Output 2. By 2028, strengthened mechanisms and capacities of multisectoral actors and institutions, at national, provincial and municipal levels, to address discriminatory gender and social norms to advance gender equality and women’s decision-making**

22. This output will be achieved by addressing discriminatory gender and social norms that fuel GBV and harmful practices against women and girls and prevent them from accessing high-quality SRHR services. This includes fostering an enabling policy and legal environment, promoting positive health-seeking behaviours that strengthen women and girls’ bodily autonomy, and engaging communities to promote positive gender and social norms. The programme will support: (a) strengthening policy, legal and accountability frameworks to address GBV and harmful practices, with a focus on social protection mechanisms to ensure integrated multisectoral response to GBV; (b) advocacy for the establishment of a parliamentarian network on population and development that supports prioritization of SRHR and GBV issues; (c) technical support to strengthen national intersectoral/ministerial coordination mechanisms on gender and youth; (d) generate evidence at national and municipal levels to map prevailing gender norms and cultural practices to inform public policy and community interventions; (e) support coordination of a multisectoral and multi-stakeholder approach to GBV response, data and case management that is evidence-based; (f) engage communities, traditional leaders, young men and boys to promote positive masculinities so they become agents of change on SRHR, family planning, HIV, GBV prevention and women and girls’ empowerment; (g) mobilize women’s community networks and youth-led organizations to challenge harmful practices and social norms to reduce SGBV; and (h) technical support to establish one-stop centres for integrated GBV responses.

**C. Output 3. By 2028, strengthened data systems and evidence, at national, provincial and municipal levels, that take into account population changes and other megatrends (including climate change), in development policies and programmes, especially those related to sexual and reproductive health and reproductive rights**

23. This output takes into account the need to have robust data and evidence to inform policy and programmes at national and municipal levels, including identifying the populations furthest left behind and the implications of megatrends on the development trajectory of the country. The programme will support: (a) strengthening of innovative data systems to improve data quality, analytical capability and demographic intelligence that informs integrated SRHR programming and decision-making at national, provincial and municipal levels; (b) technical assistance for the development of geospatial analysis of the SRHR service coverage, based on the database of the National Institute of Statistics and defined user satisfaction indices; (c) strengthening national capacities in high-quality sectoral data collection and use of census/surveys and innovative data generation to complement official data; (d) technical assistance to improve demographic intelligence for identifying and addressing inequalities, reaching those furthest left behind and monitoring progress on implementation of the SDGs and the ICPD Programme of Action; (e) technical support to establish a health management information system and a logistics management information system to generate high-quality data on family planning for decision-making processes, and end-to-end visibility; (f)

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<sup>8</sup> Including innovation scale-up efforts related to adapting the AI Chatbot in SMS Jovem, Oi Kambas for people with disabilities, online training in SRHR for young people using the E-Lounge platform, the Safe Delivery app, real-time data with KoboCollect.

technical support for the operationalization of the Statistics Portal Against Violence and the Gender Observatory, operated jointly by the Government, the United Nations system and CSOs; (g) leverage strategic partnerships with academia to provide research, data and analysis for upstream work on evidence-based decision-making, social innovation, advocacy and policy dialogue; and (h) generation of up-to-date information on high-quality basic and comprehensive emergency obstetric and newborn care across the country by conducting a comprehensive emergency obstetric and newborn care needs assessment.

**D. Output 4. By 2028, strengthened skills and opportunities for adolescents and youth to ensure bodily autonomy, leadership and participation and to build human capital in development and humanitarian contexts**

24. This output will focus on improving adolescent and youth-responsive integrated SRH services, integrating family planning into SRH services and beyond the health sector; and empowering and building the agency, knowledge and skills of adolescents and youth. This will enable them to exercise their SRHR, especially bodily autonomy, and equip them to exercise leadership, participation, innovation and accountability within development and humanitarian settings, helping to unlock their potential as agents of change for positive social transformation. The programme will: (a) support the operationalization and monitoring of age-appropriate and culturally sensitive comprehensive sexuality education, including menstrual health management in school and out-of-school settings; (b) equip adolescent and young girls with education and skills in health, leadership and economic empowerment to prevent school dropout, adolescent pregnancy, unsafe abortion, sexual violence, STIs and HIV, child marriage; (c) innovate with a mix of upstream and downstream interventions to empower adolescents and youth with information on rights, choices and SRHR/HIV/GBV services, promoting innovation, digitization and technology; (d) scale up evidence-based advocacy and policy dialogue to support implementation of laws, policies and programmes that promote young women's agency and bodily autonomy, including the Strategy to Address Early Pregnancy, and increased investments in youth participation, economic empowerment and employability; (e) support capacity building of traditional and community leaders in social innovation to strengthen SRHR and youth empowerment; (f) strengthen the capacity of youth-led organizations to participate in decision-making, particularly on issues that affect their health, and well-being, including SRHR and SGBV prevention; and (g) leverage partnerships to improve access to and use of integrated SRHR information and services as well as integrated GBV responses.

### **III. Programme and risk management**

25. The Ministry of Economy and Planning is responsible for the overall coordination of the UNSDCF, and UNFPA will align management of the country programme to the UNSDCF coordination mechanism. The programme will collaborate with a wide range of traditional and non-traditional partners, including but not limited to the ministries of health; youth and sports; education; social action, family and women's promotion; economy and Planning; and transport; as well as the National Institute of Statistics, the National Directorate of Public Health, the National Commission for Civil Protection, academia, research institutions and CSOs. Results-based management and accountability principles will be applied, along with the harmonized approach to cash transfers that leverages inter-agency cooperation for risk mitigation and cost-effectiveness. Innovative partnerships will be explored based on strategic relevance, ability to produce high-quality results and appropriate risk analysis. The country programme will be implemented within the management and accountability structure of joint workplans, to be signed by the United Nations and implementing partners. Prior to the selection, implementing partners will undergo a protection from sexual exploitation and abuse assessment by the United Nations inter-agency steering committee. Both UNFPA and partners will implement the country programme.
26. UNFPA will implement the business operations strategy and collaborate with the United Nations country team and United Nations organizations through joint programmes, where feasible, and leverage resources, in line with the 'delivering as one' approach and the UNSDCF. The programme will strengthen South-South and triangular cooperation and partnerships to leverage financing and exchange knowledge. The office structure will be strengthened to ensure availability of its human resource capacity to deliver on the country programme priorities. National experts and consultants will be recruited, if required, to complement effective programme delivery, and the country office will secure technical programmatic and operational support from

the UNFPA regional office, headquarters and other country offices, as required. An integrated partnership, resource mobilization and communications plan has been developed and will be reviewed periodically to reflect current realities and ensure accountability. The country office will scale up efforts to identify opportunities for innovative financing.

27. Programme risks include: (a) sociocultural norms that undermine gender inequality and positive change; (b) decreasing fiscal space from oil revenues, leading to reduced domestic financing for accelerated investments in key social sectors; (c) limited space by civil society and communities to demand accountability and good governance; (d) occurrence of unexpected humanitarian situations due to climate change; and (e) persistent institutional capacity gaps and high government staff turnover, especially at municipal levels, which affect programme delivery and ownership in emergencies.
28. To mitigate these risks, the programme will: (a) engage men, communities, CSOs, local leaders and youth-led and women led organizations<sup>9</sup> in social innovation on integrated SRHR; (b) promote positive masculinity; (c) broaden partnerships, optimize available opportunities and advocate for increased state budgetary allocations across key sectors; (d) develop and implement an integrated partnership, resource mobilization and communications plan, including innovative financing mechanisms; (e) strengthen the capacity of CSOs and communities to demand accountability for rights and results; and (f) continue to collaborate within the United Nations system to enhance resilience and improve emergency preparedness and response including capacity building.
29. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

#### IV. Monitoring and evaluation

30. Relevant government institutions and UNFPA will monitor and evaluate the country programme, guided by the UNFPA Evaluation Policy, principles of results-based management and defined accountability frameworks. Key assurance activities will be undertaken annually to guarantee effective monitoring of country programme implementation, including joint annual reviews, joint monitoring visits, strategic planning meetings, assessments and the country programme evaluation. The programme will support thematic evaluations, documentation of good practices and joint assessments. It will also support voluntary national reviews and universal periodic reviews as contributions to tracking progress on the SDGs, the ICPD Programme of Action and the African Union Agenda 2063.
31. UNFPA will align the monitoring and evaluation of the country programme with the UNSDCF monitoring plan and coordination mechanism, which gives priority to joint programmes. UNFPA is committed to monitoring progress jointly as part of development effectiveness and accountability under the ‘delivering as one’ approach. The plan will include the monitoring of programme, operational and financial performance through regular meetings, field visits, quarterly reporting, annual programme reviews and assurance activities, such as spot checks and audits, when applicable. Results-based monitoring tools will be used to track and report on programme results. The programme will strengthen the capacity of staff and partners on result-based management and data collection to inform reporting.
32. In collaboration with other United Nations organizations and development partners, the programme will support the implementation of the 2024 Population and Housing Census, the 2023 Multiple Indicator and Health Survey, and the updated Municipal Health Information System as sources of data and evidence in monitoring the country programme, the UNSCDF and the SDGs. UNFPA will support the United Nations country team processes by engaging in UNSDCF outcome and result groups as well as the United Nations joint system for reporting in UNInfo. UNFPA will support monitoring and tracking of the SDGs with relevant entities, strengthening national and subnational monitoring and evaluation capacities and systems and providing leadership in joint UN working groups.

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<sup>9</sup> Including Mwana Pwo, Eu Sou Trans, AIA-Arquivo de Identidade Angolano, 4As-Associação de Apoio de Albinos de Angola.

## RESULTS AND RESOURCES FRAMEWORK FOR ANGOLA CPD (2024-2028)

<b>NATIONAL PRIORITY:</b> Promote the development of human capital; Reduce social inequality, eradicate hunger and extreme poverty, promoting gender equality; Ensure sustainable and inclusive economic diversification, led by the private sector.				
<b>UNSDCF OUTCOME(S)</b> 1: By 2028 more people, particularly women, youth and the most vulnerable, equitably use and access quality social and productive services provided by effective institutions. 3: By 2028 more people, especially women, young people and the most vulnerable participate in and benefit from economic a more inclusive, diversified and sustainable economic growth.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 1. By 2025, the reduction of unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>UNSDCF Outcome indicator(s) and related UNFPA Strategic Plan Outcome indicator(s):</u> <ul style="list-style-type: none"> <li>Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods <i>Baseline: 13.7% (2016); Target: 35% (2028)</i></li> <li>Maternal mortality ratio reduced <i>Baseline: 239 per 100,000 live births (2016); Target: 199 per 100,000 (2028)</i></li> </ul>	Output 1. By 2028, strengthened capacity of systems, institutions and communities to provide high-quality, comprehensive sexual and reproductive health information and services to address inequalities in access to SRH services, gender-based violence and harmful practices, including in humanitarian settings.	<ul style="list-style-type: none"> <li>Number of public health facilities in focus provinces providing high-quality adolescent- and youth-friendly integrated sexual and reproductive health services <i>Baseline: 120 (2023); Target: 300 (2028)</i></li> <li>Number of health personnel trained in high-quality service delivery, SRH services, psychosocial support, including case management, psychosocial first aid, PSEAH <i>Baseline: 137 (2022); Target: 440 (2028)</i></li> <li>Percentage of service delivery points in focus provinces with functional logistics management information system <i>Baseline: 20% (2022); Target: 75% (2028)</i></li> <li>Percentage of designated health facilities (maternities/hospitals/health centres) in focus provinces that provide basic and comprehensive obstetric and neonatal care <i>Baselines: 50% (basic); 10% (comprehensive) (2020); Targets: 85% (basic); 40% (comprehensive) (2028)</i></li> </ul>	Ministries of Health; Youth and Sports, Education; Social Action, Family and Women's Promotion; Economy and Planning; Transport; Interior, National Institute of Statistics, National Directorate of Public Health, National Commission for Civil Protection, National Youth Council, National Institute of Specialized Education, academia and research institutions, selected CSOs (CAJ, World Vision, Mwana Pwo, AfriYAN, CICA, ANASO), UNAIDS, UNDP, UNHCR, UNICEF, WHO; USAID, UN system; World Bank, Netherlands Embassy.	\$9.1 million (\$4.0 million from regular resources and \$5.1 million from other resources)
<u>UNSDCF Outcome indicator(s)</u> <ul style="list-style-type: none"> <li>The country has developed relevant policies, strategies and initiatives with quality technical support from the United Nations <i>Baseline: Yes (2022); Target: Yes (2028)</i></li> </ul> <u>Related UNFPA Strategic Plan Outcome indicator(s):</u> <ul style="list-style-type: none"> <li>Proportion of women and girls aged 15 to 49 years who suffered physical, sexual or psychological violence by their partner</li> </ul>	Output 2. By 2028, strengthened mechanisms and capacities of multisectoral actors and institutions, at national, provincial and municipal levels, to address discriminatory gender and social norms to advance gender equality and women's decision-making.	<ul style="list-style-type: none"> <li>Inter-agency coordination mechanism for gender and youth established and fully functional <i>Baseline: No (2022); Target: Yes (2028)</i></li> <li>Number of communities and leaders (traditional/religious) in the 73 targeted municipalities engaged in social norms change <i>Baseline: 0 (2022); Target: 196 (2028)</i></li> <li>Gender equality observatory established and functional <i>Baseline: No (2022); Target: Yes (2028)</i></li> <li>Gender equality observatory established and functional <i>Baseline: No (2022); Target: Yes (2028)</i></li> <li>Number of policy documents and laws, in which content is reviewed and assessed for gender responsiveness <i>Baseline: 0 (2022); Target: 3 (2028)</i></li> </ul>	Ministries of Health; Youth and Sports; Education; Social Action, Family and Women's Promotion; Economy and Planning; Transport; Interior, National Institute of Statistics, National Directorate of Public Health, National Commission for Civil Protection, National Youth Council, National Institute of Specialized Education; academia and research institutions, CAJ, World Vision, Mwana Pwo, AfriYAN, CICA, ANASO), UN system; World Bank, Netherlands Embassy.	\$5.2 million (\$2.8 million from regular resources and \$2.4 million from other resources)

<i>Baseline: 41% (2016); Target: 20% (2028)</i> <ul style="list-style-type: none"> <li>Gender inequality index <i>Baseline: 0.537 (2022); Target: 0.3 (2028)</i></li> </ul>		<ul style="list-style-type: none"> <li>Number of qualitative studies on integrated SRHR needs and access to GBV services by women and girls with disabilities <i>Baseline: 0 (2022); Target: 2 (2028)</i></li> <li>Number of women and girls, including persons with disabilities, subjected to violence who received essential services <i>Baseline: 1,800 (2022); Target: 10,000 (2028)</i></li> </ul>		
<b>NATIONAL PRIORITY:</b> Promote the development of human capital. Reduce social inequality, eradicate hunger and extreme poverty, promoting gender equality. Ensure sustainable and inclusive economic diversification, led by the private sector.				
<b>UNSDCF OUTCOME:</b> 3: By 2028 more people, especially women, young people and the most vulnerable participate in and benefit from economic a more inclusive, diversified and sustainable economic growth. 4: By 2028 more people, especially women, youth and the most vulnerable, benefit from sustainable management of the environment and natural resources and are resilient to disasters and climate change				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> <b>Outcome 1:</b> By 2025, the reduction of unmet need for family planning has accelerated; <b>Outcome 2:</b> By 2025, the reduction of preventable maternal deaths has accelerated; <b>Outcome 3:</b> By 2025, the reduction in gender-based violence and harmful practices has accelerated				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>UNSDCF Outcome 3 indicators:</u> <ul style="list-style-type: none"> <li>The country has developed relevant policies, strategies and initiatives with quality technical support from the UN <i>Baseline: Yes (2022); Target: Yes (2028)</i></li> </ul>	Output 3. By 2028, strengthened data systems and evidence at both national, provincial and municipal levels that take into account population change/dynamics and other megatrends (including climate change), in development policies and programmes, especially those related to sexual and reproductive health and reproductive rights.	<ul style="list-style-type: none"> <li>Number of national planning instruments that integrate recommendations from the demographic dividend study <i>Baseline: 1 (2020); Target: 3 (2028)</i></li> <li>Assessment study carried out on emergency obstetric and neonatal care in health facilities <i>Baseline: No (2022); Target: Yes (2028)</i></li> <li>Number of high quality technical assistance missions provided to the National Institute of Statistics as part of the census undertaking with the support of UNFPA <i>Baseline: 2 (2023); Target: 5 (2026)</i></li> <li>Number of capacity-building initiatives with the national counterpart undertaken for the analysis, dissemination and use of census data and products <i>Baseline: 0 (2021); Target: 6 (2028)</i></li> <li>Country programme independent evaluation conducted <i>Baseline: No (2022); Target: Yes (2026)</i></li> </ul>	Ministries of Health; Youth and Sports; Education; Social Action, Family and Women's Promotion; Economy and Planning; Transport; Interior, National Institute of Statistics, National Directorate of Public Health, National Civil Protection, National Youth Council, National Institute of Specialized Education, Academia and research institutions, CAJ, World Vision, Mwana Pwo, AfriYAN, CICA, ANASO), UN system; World Bank, Netherlands Embassy	\$2.8 million (\$0.9 million from regular resources and \$1.9 million from other resources)
<u>UNSDCF Outcome 4 indicators:</u> <ul style="list-style-type: none"> <li>Number of provincial governments that adopt and implement local disaster risk reduction strategies in line with national disaster risk reduction strategy <i>Baseline: 7 (2022); Target: 18 (2028)</i></li> </ul>				
<u>Related UNFPA Strategic Plan Outcome indicator(s):</u> <ul style="list-style-type: none"> <li>The country has conducted at least one population and housing census during the last 10 years <i>Baseline: Yes (2014); Target: Yes (2024)</i></li> </ul>				

<p><u>UNSDCF Outcome indicators:</u></p> <ul style="list-style-type: none"><li>● The country has developed relevant policies, strategies and initiatives with quality technical support from the UN <i>Baseline: Yes (2022); Target: Yes (2028)</i></li></ul> <p><u>Related UNFPA Strategic Plan Outcome indicator(s):</u></p> <ul style="list-style-type: none"><li>● Proportion of women aged 20-24 years who were married or in a union before age 18 <i>Baseline:30% (2016); Target: 15% (2028)</i></li></ul>	<p>Output 4. By 2028, strengthened skills and opportunities for adolescents and youth to ensure bodily autonomy, leadership and participation and to build human capital in development and humanitarian contexts.</p>	<ul style="list-style-type: none"><li>● Percentage of schools in selected municipalities that provide comprehensive sexuality education <i>Baseline: 30% (2023); Target: 75% (2028)</i></li><li>● Number of multi-stakeholder coordination mechanisms fully operational for integrated SRHR at national and provincial levels <i>Baseline: 2 (2022); Target: 18 (2028)</i></li><li>● Number of adolescents and youth in focus municipalities reached by integrated SRHR services, including comprehensive sexuality education in school and out-of-school settings <i>Baseline: 0 (2022); Target:500,000 (2028)</i></li><li>● Number of youth-led organizations and networks effectively engaged for the participation of young people in policy dialogue and programming <i>Baseline: 3 (2023); Target:6 (2028)</i></li><li>● Number of new users of family planning among adolescent and young girls aged 15-24 years <i>Baseline: 0 (2023); Target:1 million (2028)</i></li><li>● Number of joint initiatives developed with the United Nations, partners and national counterparts <i>Baseline: 3 (2022); Target: 6 (2028)</i></li></ul>	<p>Ministries of Health; Youth and Sports; Education; Social Action, Family and Women’s Promotion; Economy and Planning; Transport; Interior, National Institute of Statistics, National Directorate of Public Health, National Civil Protection, National Youth Council, National Institute of Specialized Education, Academia and research institutions, 6 selected CSOs (CAJ, World Vision, Mwana Pwo, AfriYAN, CICA, ANASO), UN system; World Bank, Netherlands Embassy.</p>	<p>\$7.0 million (\$3.2 million from regular resources and \$3.8 million from other resources)</p>
<p>Programme coordination and assistance</p>				<p>\$1.5 million from regular resources</p>