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DRAFT

United Nations Population Fund

Country programme document for Angola

Proposed indicative UNFPA assistance: \$8.7 million: \$5.9 million from regular resources and \$2.8 million through co-financing modalities and/or other resources, including regular resources

Programme period: Three years (2020-2022)

Cycle of assistance: Eighth

Category per decision 2017/23: Red

Proposed indicative assistance (in millions of \$):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	1.6	0.8	2.4
Outcome 2	Adolescents and youth	2.5	1.6	4.1
Outcome 4	Population dynamics	1.4	0.4	1.8
Programme coordination and assistance		0.4	-	0.4
Total		5.9	2.8	8.7

I. Programme rationale

1. Angola's population is projected to reach 30 million by 2019 with nearly two thirds (64 per cent) below the age of 24 years, making it a very youthful population. The total fertility rate is 6.2 births per woman, and the population growth rate is 3.1 per cent. At this growth rate, Angola's population will double in twenty years. The National Development Plan (2020-2022) prioritizes harnessing the demographic dividend, by targeting effective investments in education, health, employment and participation of adolescents and youth.
2. The latest national poverty data indicated that in 2008, 36 per cent of the population lived with \$1 or less per day and Gini index was 42.7. Rising cost of living, high youth unemployment, and high-income inequality remain major challenges, which further disenfranchise the most vulnerable. Addressing social and economic inequalities is essential for attaining national development priorities, catalysed by empowered youth and women, the most left-behind groups, considered accelerators in the United Nations Partnership Framework 2020-2022.
3. Gender-based violence remains a major issue, with about 33 per cent of women aged 15 to 49 experiencing some type of physical or sexual violence. While Law 25/11 against domestic violence, and the national gender policy are in place, implementation gaps limit effectiveness. There is need to revise the law to criminalize violence against women in all contexts, and promote equitable access to quality gender-based violence services. Engaging men and boys, faith-based organizations and other key stakeholders is critical to addressing negative social norms that perpetuate violence.
4. Maternal mortality ratio is 239 deaths per 100,000 live births, with 50 per cent of births occurring without skilled attendance. Challenges with low quality of services during deliveries and weak emergency obstetric care remain, and contribute to obstetric fistula, maternal morbidity and mortality.
5. The adolescent fertility rate is among the highest in the region, with 163 births per 1,000 girls aged 15-19 years, and 239 per 1,000 in rural areas. Contraceptive prevalence rate is 14 per cent, and unmet need for family planning among girls aged 15 to 19 is 43 per cent. Underlying factors include limited knowledge of family planning, reduced availability of commodities, limited access to skilled health professionals, and insufficient domestic resources. The high adolescent pregnancy rate increases the vulnerability of young girls, as pregnancy is often a deterrent to continued education, with literacy rates at 36.5 percent for young women aged 15 to 24 years. High fertility rates, and high levels of adolescent pregnancies, also increase the risk of maternal mortality. Scaling-up quality and access to youth-friendly services and increased state budget for family planning are key to reducing unmet need for family planning and preventable maternal deaths.
6. Angola introduced comprehensive sexuality education in 2018 to support adolescents and youth to develop life skills and abilities to make informed choices about their well-being. Scaling up and monitoring this intervention, including capacity building of teachers and expanding access to quality youth-friendly services will be required.
7. HIV prevalence is 2 per cent with the number of new infections per year remaining constant at 25,000. Among young people aged 15-24 years the rate is 0.9 per cent, and is relatively higher in young women, aged 20-22 years (2.1 per cent), underscoring the need for prioritizing HIV prevention among adolescent girls and young women.
8. Availability and use of disaggregated data to inform policy and decision-making has improved, but additional efforts are needed to identify those furthest behind, persons with disabilities and other key populations, to ensure inclusive socioeconomic development, including sexual and reproductive health and rights. The 2024 population census and the Multiple Indicator and Health Survey will be essential in guiding decision making, programming, and measuring impact in line with national priorities and Sustainable Development Goals.
9. Angola is prone to natural disasters, health emergencies and influx of migrants and refugees. Strengthening government capacity on gender-based violence in emergencies is critical to ensuring that women and girls have access to sexual and reproductive health, including gender-based violence prevention services. Increasing knowledge and integration of the minimum initial services package will contribute to the effectiveness of interventions.

10. UNFPA will build on cooperation with sister agencies, the Delivering as One and Common Chapter commitments, and will continue to lead in data for development interventions, universal access to family planning, adolescent sexual and reproductive health, and gender-based violence.

11. The seventh country programme contributed to (a) reduction in maternal mortality, including development of national plans and protocols to reduce maternal and newborn mortality, and promote adolescent health; (b) increased availability of integrated sexual and reproductive health services, with 709 health facilities offering integrated family planning and HIV prevention services; information and services on prevention of gender-based violence, HIV, and unwanted pregnancies provided to 33,000 adolescent girls; minimum initial services package provided to 10,000 refugees; access to sexual and reproductive health information for 6,500 young women and 7,300 dignity kits; (c) strengthened enabling environment for adolescent health through multi-sectoral coordination mechanism for the national adolescent sexual reproductive health programme and drafting of the Youth State Policy; advocacy for the review of the Law 25/11 on Domestic Violence and update of the National Policy for Gender Equality and Equity; (d) completion of the Demographic Dividend Study; completion of four national population studies based on 2014 Census data and support to national SDGs baseline report.

12. Key lessons include: (a) sustained partnership with the National Statistical Office facilitated the production of quality data aligned with the Sustainable Development Goals; (b) regular capacity-building is required to address high staff turnover among partners; (c) mainstreaming gender into sexual reproductive health programmes yields improved programme results; (d) institutionalization of comprehensive sexuality education is critical for HIV prevention and addressing unmet need for family planning; (e) use of technology enables scaling up of programmes; (f) south-south initiatives and exposure to regional fora is essential for adapting good practices and improving strategic programming.

II. Programme priorities and partnerships

13. The country programme for 2020-2022 was prepared with the Government of Angola, United Nations agencies, civil society organizations, and youth, among others. It is aligned with the National Development Plan (2018-2022), and contributes to Sustainable Development Goals 3 and 5, as well as the 2063 African Union Agenda. The country programme is guided by UNFPA's vision to end preventable maternal deaths, unmet need for family planning, and gender-based violence and all harmful practices.

14. In partnership with the Government of Angola, UNFPA will implement innovative and strategic interventions with a focus on upstream work including policy dialogue, advocacy, evidence generation and capacity building. For service delivery interventions, UNFPA will mobilize other resources. The programme will equip young people with sexual and reproductive health information, education, decision-making skills and youth friendly health services. UNFPA will strengthen capacities of institutions at the national level in Luanda, Benguela, Huila and Cunene provinces to provide comprehensive prevention and response to gender-based violence. Strengthening national capacities for generating and using disaggregated data, including on inequality and vulnerability, will also be a priority.

A. Outcome 1: Sexual and reproductive health

15. *Output 1. National and provincial institutions have strengthened capacity to provide access to information and integrated sexual and reproductive health services as well as reproductive rights for young people and marginalized populations, including in humanitarian settings.* The programmes will: (a) build institutional capacity to deliver high-quality, adolescent-friendly and integrated sexual and reproductive health services; (b) advocate for appropriate budget allocations for integrated sexual and reproductive health and rights, prevention of HIV, and gender-based violence, particularly targeting marginalized populations and disadvantaged youth; (c) build capacity of health workers and civil protection committees for effective delivery of minimum initial service package delivery in humanitarian settings with the engagement of young people; (d) support existing maternal death surveillance and response systems; (e) provide treatment for women and girls living with fistula; (f) support the dissemination of the reproductive health strategy.

16. *Output 2: Sexual Reproductive Health supply chain management and delivery systems improved to address unmet sexual and reproductive health needs of young and marginalized people.* The programme will: (a) support the training of health personnel for efficient and sustainable supply chain system for essential sexual reproductive health commodities; (b) support the implementation and monitoring of the Family Planning 2020 initiative; (c) strengthen capacity of health workers to provide appropriate adolescent Sexual and Reproductive Health Services including family planning; (d) scale-up integrated Sexual Reproductive Health and Rights combined efforts at the national level with a focus on marginalized populations; (e) provide reproductive health and dignity kits for those affected by humanitarian crises.

B. Outcome 2: Adolescents and youth

17. *Output 1: Young people, especially teenagers and young women have knowledge and skills to make informed decisions about reproductive health and reproductive rights and to participate fully in development and humanitarian actions.* UNFPA will: (a) engage with parliamentarians, civil society organizations, religious leaders, youth networks and the media to advocate for the implementation of laws, policies and programmes that promote adolescent sexual and reproductive health and rights, as well as increased investments in youth participation, economic empowerment and employability; (b) support South-South cooperation on adolescent sexual reproductive health; (c) provide technical assistance for youth leadership and engagement in the development arena; (d) facilitate youth dialogue and national consultations to counter negative social norms that drive gender inequality and gender-based violence; (e) facilitate the development of information, communication and innovative solutions to reach, engage and empower adolescents and young people in promoting sexual and reproductive health and rights; (f) ensure implementation and monitoring of age and culturally appropriate comprehensive sexuality education in schools.

18. *Output 2: Strengthened capacities of institutions at the national level and in selected provinces to provide comprehensive and integrated gender-based violence prevention and response services and empower communities.* UNFPA interventions will: (a) advocate for review of the National Domestic Violence Law; (b) strengthen government capacity on gender-based violence in emergency prevention and response; (c) build capacity of faith-based entities and community leaders on addressing the negative social norms driving gender inequality and gender-based violence; (d) enhance the inter-agency coordination mechanisms on gender and youth; (e) strengthen sector capacity on gender-based violence essential services package; (f) scale-up male engagement in sexual reproductive health and rights and gender-based violence prevention initiatives.

C. Outcome 4: Population dynamics

19. *Output 1: Government institutions at both national and provincial levels are better able to generate and use disaggregated data to inform policies and programmes that address developmental inequalities, including in humanitarian settings.* UNFPA interventions will: (a) advocate for approval and implementation of the national population policy; (b) promote integration of demographic dividend results into national planning instruments; (c) provide technical support for the preparation of the 2024 population and housing census; (d) promote South-South initiatives on Data for Development; (e) intensify support for collection, dissemination and use of youth-related data, including Multiple Indicator and Health Survey.

III. Programme and risk management

20. This country programme 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 as prescribed in the UNFPA Programme and Operations Policies and Procedures, and in the internal control framework.

21. UNFPA office will ensure the availability of human resource capacity to achieve programme results. Current staff composition comprises 17 core and 3 non-core positions. Technical assistance from the UNFPA regional office, headquarters, and external sources will be sought as needed.

22. UNFPA Angola will implement the joint programming framework and the Business Operations Strategy as part of the Delivering as One modality. The Ministries of Health,

Youth and Sports, Social Affairs, Family and Promotion of Women, and the National Institute of Statistics, Economy and Planning, National Civil Protection, research institutions, and selected civic organizations will be the main implementing partners. Results-based management and accountability principles will be applied, along with the harmonized approach to cash transfers. Innovative partnerships will be explored based on strategic relevance, ability to produce high-quality results and appropriate risk analysis. National execution will be the preferred implementation modality.

23. The resource mobilization, partnership and communication plan will be reviewed periodically to reflect current realities and ensure accountability. The Government of Angola has increased budgetary allocation to health and education in 2019, and key development partners have identified adolescent pregnancy as a priority area for programming. UNFPA resources will therefore complement national investment in adolescent health and well-being.

24. Potential risks that may impact programme implementation include budget ceiling reduction and limited resource mobilization opportunities. As a mitigation measure, the programme will broaden partnerships, optimize available opportunities and advocate for increased state budgetary allocations across key sectors.

25. Angola recently experienced humanitarian crises including El Nino and the influx of refugees. UNFPA continues to collaborate to enhance resilience and improve emergency preparedness and response. Persistent capacity gaps and high staff turnover especially at municipal levels, may affect programme delivery and ownership in emergencies. Emergency preparedness and staff retention through capacity building will be prioritized.

IV. Monitoring and evaluation

26. Relevant government institutions and UNFPA will monitor and evaluate the country programme, guided by the revised UNFPA 2019 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 final country programme evaluation.

27. The country office will support monitoring and tracking of the Sustainable Development Goals, with relevant entities, and strengthening national and subnational monitoring and evaluation capacities and systems. UNFPA will provide leadership in joint UN working groups and will closely monitor the implementation of the United Nations Partnership Assistance Framework, and the implementation of the Angola National Development Plan.

Results and resources framework for Angola (2020-2022)

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p>National Priority: Axis 1: “Human Development and well-being”; Axis 2: “Inclusive and Sustainable Economic Development” Axis 3: “Infrastructure necessary for Development”; Axis 5: “Harmonious Development of the Territory”; and Axis 6: “Ensuring Stability and Integrity Territorial Organization of Angola and Strengthening its Role in International and Regional context.”</p> <p>UNPAF Outcome 1: By 2022, population in Angola, particularly the most vulnerable, with greater access to quality-integrated social and productive services and a diversified economy generating dignified employment and income, aimed at reducing poverty.</p> <p>Indicator: Maternal mortality ratio, <i>Baseline:</i> 239/100,000; <i>Target:</i> 199/100,000; Proportion of births attended by skilled health personnel, <i>Baseline:</i> 50%; <i>Target:</i> 60%.</p> <p>UNPAF Outcome 3: By 2022, the vulnerable population is resilient to climate change and disaster risk with sustainable and inclusive production; and the territory, cities, natural resources and environment are planned and managed in an integrated, sustainable, resilient and inclusive way.</p>				
<p>Outcome 1: Sexual and reproductive health</p> <p><u>Outcome Indicator(s):</u></p> <ul style="list-style-type: none"> Maternal Mortality Ratio <i>Baseline:</i> 239/100,000; <i>Target:</i> 199/100,000 Proportion of births attended by skilled health personnel <i>Baseline:</i> 50%; <i>Target:</i> 60% Contraceptive Prevalence Rate <i>Baseline:</i>14%; <i>Target:</i> 38% Number of health service providers and managers trained on the minimum initial service package with support from UNFPA <i>Baseline:</i> 30; <i>Target:</i> 100 	<p><u>Output 1:</u> National and provincial institutions have strengthened capacity to provide access to information and integrated sexual and reproductive health services and reproductive rights for young people and marginalized populations, including in humanitarian settings.</p>	<ul style="list-style-type: none"> Number of public health facilities in focus provinces providing quality adolescent-friendly integrated sexual and reproductive health services <i>Baseline:</i> 8; <i>Target:</i> 15 Percentage of central municipalities in focus provinces providing basic and comprehensive emergency obstetric care <i>Baseline:</i> (BEmoc): 50%; <i>Target:</i> 85% <i>Baseline:</i> (CEOC): 10%; <i>Target:</i> 30% Number of women and girls living with fistula receiving treatment with UNFPA support <i>Baseline:</i> 1,000; <i>Target:</i> 3,000 Number of identified people in emergencies provided with minimum initial services package for humanitarian response with UNFPA support <i>Baseline:</i> 10,000; <i>Target:</i> 95,000 	<p>Ministries of Health; Youth and Sports; UNICEF; UNHCR; WHO; Centre for Youth Support; USAID; Civil Protection; Red Cross.</p>	<p>\$2.4 million (\$1.6 million from regular resources and \$0.8 million from other resources)</p>
	<p><u>Output 2:</u> Sexual reproductive health supply chain management and delivery systems improved to address unmet sexual and reproductive health needs of young and marginalized people.</p>	<ul style="list-style-type: none"> Percentage of additional users of family planning for adolescent girls aged 15-19 years in focus provinces <i>Baseline:</i> 9%; <i>Target:</i> 16% Percentage of service delivery points in focus provinces with functional Logistics Management Information System <i>Baseline:</i> 20%; <i>Target:</i> 60% 		
<p>National Priority: Axis “1” Human development and well-being.</p> <p>UNPAF Outcome: By 2022, adolescents, young people, women and the most vulnerable prioritized in sectorial policies and programs, mainly in the social, economic, cultural and environmental spheres, including in humanitarian contexts.</p> <p>Indicator: Adolescent fertility rate, <i>Baseline:</i> 163/1000; <i>Target:</i> 132/1000; Proportion of women and girls aged 15 to 49 years who suffered physical, sexual or psychological violence by their partner <i>Baseline:</i> 41% <i>Target:</i> TBD</p>				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p>Outcome 2: Adolescents and youth</p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Adolescent fertility rate <i>Baseline:</i> 163/1000; <i>Target:</i> 132/1000 	<p><u>Output 1:</u> Young people, especially teenagers and young women have knowledge and skills to make informed decisions about reproductive health and reproductive rights and to</p>	<ul style="list-style-type: none"> Number of provinces with adolescent sexual reproductive health Programme <i>Baseline:</i> 8; <i>Target:</i> 18 Number of partnerships established for piloting and transition to the scale of innovations in adolescent sexual and reproductive health 	<p>Ministries of Youth and Sports; Education; National Youth Council, AfriYan, Angolan</p>	<p>\$4.1 million (\$2.5 million from regular resources and \$1.6 million</p>

	participate fully in development and humanitarian actions.	<i>Baseline: 0: Target: 3</i> <ul style="list-style-type: none"> Percentage of schools in selected areas that provide comprehensive sexuality education <i>Baseline: 30%: Target: 65%</i> Number of youth-led organizations and networks effectively engaged for the participation of young people in policy dialogue and programming <i>Baseline: 1: Target: 3</i> 	Network of AIDS Services	from other resources)
Outcome 3: Gender equality and women's empowerment <u>Outcome indicator(s):</u> <ul style="list-style-type: none"> Proportion of women and girls aged 15 to 19 years that suffered physical, sexual or psychological violence by their partner. <i>Baseline: 33%: Target: 28%</i> 	<u>Output 1:</u> Strengthened capacities of institutions at the national level and in selected provinces to provide comprehensive and integrated gender-based violence prevention and response services and empower communities	<ul style="list-style-type: none"> Inter-agency coordination mechanism for gender and youth established <i>Baseline: No: Target: Yes</i> Number of women and girls, including persons living with disabilities, subjected to violence who received essential services <i>Baseline: 1,800: Target: 5,000</i> 	Ministries of Social Affairs, Family and Promotion of Woman; Health; UNDP, Women's Network of Angola (Rede Mulher)	
National Priority: Axis "4 and 6" Ensuring Angola's stability and territorial integrity, and reinforcing its role in the international and regional context. UNPAF Outcome: By 2022, citizens participate and monitor governance, all people have access to justice and human rights are observed, in an environment of regional peace and security. Indicator: Primary public expenditures as a proportion of the original approved budget (disaggregated by sectors), <i>Baseline: 91.7%: Target: 93%</i>				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
Outcome 4: Population dynamics <u>Outcome Indicator(s):</u> <ul style="list-style-type: none"> Proportion of Sustainable Development Goals indicators produced in accordance with the Fundamental Principles of Official Statistics (out of a total of 244 SDGs indicators). <i>Baseline: 99: Target: 165</i> 	<u>Output 1:</u> Government institutions at both national and provincial levels are better able to generate and use disaggregated data to inform policies and programmes that address developmental inequalities, including in humanitarian settings.	<u>Output Indicator(s):</u> <ul style="list-style-type: none"> National population policy in place. <i>Baseline: No: Target: Yes</i> Number of national planning instruments that integrate recommendations from the demographic dividend study. <i>Baseline: 1: Target: 2</i> Project Plan of 2024 Population and Housing Census available. <i>Baseline: 0: Target: 1</i> 	Ministry of Economy and Planning; National Institute of Statistics, UNDP, UNICEF	\$1.8 million (\$1.4 million from regular resources and \$0.4 million from other resources)