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**COUNTRY PROGRAMME ACTION PLAN  
(2009 -2013)**

**FOR THE PROGRAMME OF COOPERATION**

**BETWEEN**

**THE GOVERNMENT OF ANGOLA**

**AND**

**UNFPA, THE UNITED NATIONS POPULATION FUND**

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## Acronyms and Abbreviations

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



RBAp	Rights-Based Approach
RC	Resident Coordinator
REDATAM	Retrieval of Data for small Areas by Microcomputer
RH&R	Reproductive Health and Rights
RHCS	Reproductive Health Commodity Security
RR	Reproductive Rights
RRF	Results and Resources Framework
SGBV	Sexual and Gender Based Violence
SPSS	Statistical Package for the Social Sciences
SRH	Sexual and reproductive Health
SRO	Sub-Regional Office
STI	Sexually Transmitted Infections
ToT	Training of Trainers
UN	United Nations
UNAIDS	Joint UN Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
UNIFEM	United Nations Fund for Women
WHO	World Health Organization



## Framework

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

- **Furthering** their mutual agreement and cooperation for the implementation of the Programme of Action of the 1994 International Conference on Population and Development (ICPD), ICPD+5, ICPD+10, of the recommendations of other related conferences, and the achievement of the Millennium Development Goals (MDGs);
- **Building** upon the experience gained and progress made during the implementation of the fifth Country Programme (CP5), based on the aligned recently approved Country Programme Document (CPD), the United Nations Development Assistance Framework (UNDAF) and the National Medium-Term Development Plan;
- **Entering** into a new period of cooperation;
- **Declaring** that these responsibilities will be fulfilled in a spirit of friendly cooperation;

**Have agreed as follows:**

### I. Basis of Collaboration

Resolutions 2211 (XXI) of 17 December 1966, 34/104 of 14 December 1979, and 50/438 of 20 December 1995 of the General Assembly of the United Nations provide the basis for the collaboration between the Government of the Republic of Angola and UNFPA.

This CPAP covering the period from 1 January 2009 to 31 December 2013 is to be interpreted and implemented in conformity with these resolutions. The programme described herein has been agreed jointly by the Government and UNFPA. The CPAP consists of 10 parts wherein the situation analysis, general policies, priorities, objectives, strategies, management responsibilities including partnership and monitoring and evaluation (M&E), and the commitments of the Government and UNFPA are described.



## II. Situation Analysis

More than 6 years after the signature of the Luena peace agreement on 4<sup>th</sup> April 2002, the country has scored some encouraging achievements in its transition from an emergency to a post conflict situation to the current long term sustainable development phase. The population has resumed moving across the country with a level of freedom not seen since the independence in 1975. For having consolidated the current peace and reconciliation process, the Government of Angola (GoA) decided that it passed the post-conflict phase and is committed to adopting supportive strategies to ensure national reconstruction and address the development challenges facing the country. However, these challenges are still enormous and require rebuilding the entire socioeconomic system of the country..

According to the UN Population Division<sup>1</sup>, Angola's total population was estimated at 17.0 million inhabitants in 2007. The high annual population growth rate (2.9 percent) can be attributed to the high total fertility rate (6.4 children per woman) and the low contraceptive prevalence rate for modern methods which rose from 4.5 percent in 2001 to 6.2 percent in 2007. The population is young (51 percent is under 15 years), implying a built-in growth momentum, which will pose significant challenges in achieving the MDGs and meeting future development needs. There is a widespread incidence of poverty. In 2001, 68 percent of the population lived below the poverty line—28 percent of which lived in extreme poverty. Poverty is more prevalent in rural areas where the population suffers considerably from disabilities mainly due to the war. Although the inflation rate declined from 65 percent in 2003 to 13 percent in 2007, the purchasing power of many Angolans is very low. In response to the pervasive poverty, the GoA is currently leading a decentralization programme targeting 68 out of the 164 municipalities in the country's 18 provinces. The last Population and Housing Census (PHC) was conducted in 1970, which means that the country has never undertaken such an operation during the post-independence era—leading to limited availability of reliable data to inform the development process. The GoA is planning to participate in the 2010 round of PHCs.

The performance of the health sector improved as part of the revitalization process of related-programmes and the proportion of deliveries attended by skilled personnel rose from 25 percent in 1996 to 45 percent in 2001 and 47.3 percent in 2007. However, the health sector suffers from inadequate infrastructure, equipment, trained personnel and referral systems and only 35 percent of Angolans have access to health services provided by the national health care system. Consequently, access to and utilization of reproductive health services are still low.. Maternal mortality is very high, at 1,400 per 100,000 live births while infant and under-five mortality rates are among the highest in the world with 154 and 260 per 1,000 live births, respectively. Unsafe abortions, haemorrhages and toxemia are the most common direct causes of maternal death. Teenage pregnancies are unacceptably high with 51.5 percent of teenagers aged 15-19 having at least one child and many developing obstetric fistula—a serious public health concern in the country. HIV prevalence is estimated to have risen from 3.4 percent in 1999 to 3.7 percent in 2005. At about 0.3 percent, condom use rate is very low. Life expectancy at birth is only 44.3 years for women and 41.2 years for men.

Gender disparities are widespread especially in the area of access to education evidenced by the large gap in literacy rates between men and women. In 2001, the literacy rate for women was 54 percent compared to 82 percent for men. Despite a three-fold increase in primary school population in just 5 years (from 1.3 million in 2000 to 4.9 million in 2005), girls are increasingly lagging behind. Customary laws and traditional practices often deny women and girls their rights to education, inheritance, decision-making, as well as their sexual and reproductive health and rights. Sexual and other forms of gender based violence (GBV) are reported to be on the

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<sup>1</sup> Population Prospects – The 2006 Revision



rise, and reported cases are often not prosecuted, thus discouraging women and girls from seeking legal redress. Victims/Survivors of GBV are susceptible to further violence as there are no mechanisms in place to provide shelter or safe haven for them while their cases are being considered. Lack of adequate data on GBV also hampers effective planning for GBV prevention interventions. A bill on domestic and family violence has been drafted and is awaiting approval by parliament. A review of the Penal Code is also being considered to ensure compatibility with the proposed domestic violence bill.

Women's participation in political and leadership activities remains low and seems to be decreasing. For instance, currently women represent only 12 percent of elected parliamentarians compared to 16 percent in 2003. These gender related differences and lack of women empowerment interventions lead to a loss of opportunities in education, and in the economic and political spheres. Weaknesses in the utilization of gender analysis tools in national and sectoral planning and programming processes also impede effective gender mainstreaming efforts and ultimately the achievement of gender equality, equity, and the respect of women and girls' human rights.

### **III. Past Cooperation and Lessons Learned**

The previous country programme for Angola, covering the period 2005 to 2008, was approved in the amount of US\$ 15.5 million: US\$ 8.4 million from regular funds and 7.1 million from other sources. In the beginning, the programme was designed for implementation in 32 municipalities of just 3 provinces (Benguela, Huila and Luanda) out of the 18 provinces of the country. Depending on the availability of additional funds, the programme could be extended to 8 additional municipalities in the provinces of Huambo and Malange, with 4 municipalities each.

In the area of population and development, the programme has contributed to a greater commitment from the Government to dealing with population issues, specifically in the integration of socio-demographic variables into the planning process of socioeconomic development. The Intersectoral Technical Committee (CTI), the Provincial Committees for population have collaboratively consolidated their role as main organs for the Population Programme. Drawing from the achievement of the previous programme, gender, and population and development related issues are being integrated into the formal education curricula as part of the ongoing educational reform.

In the area of reproductive health, the main achievements have been the elaboration and signature of a MoU among three UN agencies (UNFPA, UNICEF, WHO) for coordination on the promotion of maternal and new born health; the review of policies and norms on reproductive health, in order to include youth issues, as well as the importance given to reproductive health commodity security (RHCS); the extension of knowledge sharing among youth, resulting from the partnership between UNFPA, the Ministry of Youth and Sports and JIRO, in the province of Luanda; two evaluations on the logistics information system in 2005 and 2007, resulting in the elaboration of the first Strategic Plan on RHCS for 2008-2013; a survey on obstetric fistula and emergency obstetric services; contribution to the national roadmap for accelerated reduction of maternal and newborn mortality in Angola; greater availability and increased accessibility to quality reproductive health services in Benguela, Huila and Luanda; elaboration and implementation of the UN joint programme for HIV/AIDS. The programme has also given reproductive health emergency assistance to the victims of floods in the provinces of Luanda, Cunene, Kuando-Kubango, Benguela, Kuanza Norte and Moxico.



In the area of gender, the programme established partnership with UNDP and UNIFEM, for the implementation of a programme which contributed to the formulation and approval of the Strategic Plan for Gender and to the elaboration of a draft law against domestic violence.

#### **IV. Proposed Programme**

The GoA and UNFPA developed the proposed country programme within the context of UN reform. It calls for a participatory process, involving implementing partners, national counterparts, UN agencies and other partners. It is in line with national priorities as defined in: (a) the national poverty reduction strategy; (b) the Angola long-term 2025 development strategy and its operational Medium-Term (2009-2013) Development Plan; (c) sectoral policies and programmes; (d) the 2009-2013 UNDAF which provides a framework for inter-agency collaboration for the achievement of government's objectives around five support areas (Governance, Justice and Data for Development; Social Sector (Health, Water, HIV/AIDS and Education); HIV/AIDS; Sustainable Economic Development) as well as joint programmes. It is rooted in the UNFPA 2008-2011 Strategic Plan, i.e. by extension the ICPD Plan of Action, the MDGs, the Beijing Platform and the Maputo Action Plan.

The proposed programme will specifically contribute to the following UNDAF outcomes by 2013: (1) Institutional capacity developed for improved evidence-based planning, policy making, and accountability by governance structures, legal environment, to address the needs of the poor and vulnerable while strengthening community engagement, civic participation towards social cohesion, national reconciliation and women empowerment; (2) Increased and equal access to quality and integrated social services at national and sub-national levels with emphasis on MDG targets; (3) Strengthened national response to HIV and AIDS towards universal access to prevention, treatment, care and support and decreased stigma and discrimination ; and (4) Strengthened pro-poor economic growth and accountable macroeconomic management and integrated rural development, natural resources management to promote environmental protection and adaptation to climate change.

The programme uses a culturally sensitive, gender-sensitive and human rights-based approach and seeks to reduce poverty and improve the quality of life of the Angolan people by: (a) increasing access to high-quality reproductive health services and comprehensive HIV prevention services; (b) ensuring sustainable population growth and development; and (c) enhancing gender equity, equality and the empowerment of women. It includes three components: (a) reproductive health and rights including RHCS (b) population and development; and (c) gender equality. Areas for joint programmes with partner agencies include interventions on HIV/AIDS, emergency obstetric care, gender equality, maternal and child mortality reduction, vulnerable young people, M&E and data and information systems, and governance including emergency preparedness. Advocacy and behaviour change communication are two cross-cutting strategies that will be used for achieving results in the three programme areas.

Discussions are underway to expand this new programme from the 3 provinces (Luanda, Benguela and Huila) to the rest of the Country. The final decision will, however, depend on availability of resources and Government's agreement. Provision will be also made during the 6<sup>th</sup> Country Programme to produce base line information that will facilitate measuring the impact of the programme.





## **Reproductive health and rights component**

### **Achieving commodity security should be an important part of this component**

The reproductive health and rights (RH&R) component *outcome* is: *by 2013, increased utilization of high-quality reproductive health services and comprehensive HIV/AIDS prevention services in the targeted municipalities in selected provinces, especially for young people, women and vulnerable populations.* It will contribute to the achievement of two *UNDAF outcomes* that are: *2. Increased and equal access and utilization of quality and integrated social services at national and sub-national levels with emphasis on MDG targets, and; 3. Strengthened national response to HIV and AIDS towards universal access to prevention, treatment, care and support and decreased stigma and discrimination.*

Four outputs will contribute to the achievement of this outcome.

Output 1: HIV prevention is integrated into reproductive health programmes, including family planning, targeting adolescents, young people and women.

The achievement of this output will be measured through the achievement of the following indicators by 2013: (i) Percentage of women receiving prenatal care, post-natal care and family planning services who are voluntarily screened for HIV; (ii) Number of health facilities integrating HIV prevention into reproductive health services; (iii) Number of women and youth screened for sexually transmitted infections and HIV; (iv) Number of supported health facilities offering HIV prevention services, including regular condom supplies.

Seven strategies will be implemented to achieve this output.

The first strategy consists of **undertaking advocacy efforts among political and community leaders to support SRH especially family planning.** The main activity planned under this strategy is: Organize advocacy workshops and consensus building meeting for community leaders and decisions makers.

The second strategy is **integrating HIV prevention strategies into sexual and reproductive health services,** including pre- and post-natal consultations and family planning, as per the Maputo Plan of Action. The planned activities are: (i) Review and update the SRH curriculum to integrate HIV/AIDS into components related to delivery, post-partum and post-abortion care; (ii) Organize a training of trainers (ToT) for integrated SRH services providers in 5 selected provinces; (iii) Train service providers in delivery of integrated SRH/HIV/AIDS services; (iv) Provide fungible materials and equipment for the implementation of integrated SRH/HIV/AIDS services, and; (v) Build capacity of health technicians in emergency and obstetric care (EmOC).

The third strategy deals with **strengthening the national capacity to scale up family planning services at facility and community levels, including community-based distribution of male and female condoms.** The activities to be conducted are: (i) Make an inventory of existing distribution points; (ii) Create distribution points of contraceptives, especially male and female condoms, in communities, and; (iii) Build capacity of activists/agents in community-based distribution of condoms.

The fourth strategy consists of **supporting social mobilization for family planning and the prevention of sexually transmitted infections, including HIV/AIDS.** The activities under this strategy are: (i) Create radio and television airtime in Portuguese and national languages to inform and sensitize on FP and



STI/HIV/AIDS prevention; (ii) Develop and disseminate pamphlets, leaflets, outdoors posters and other educational materials on family planning and the prevention of STI/HIV/AIDS; (iii) Involve theatre groups in behaviour change activities for FP and STI/HIV/AIDS prevention, and; (iv) Organize workshops on FP and STI/HIV/AIDS prevention for the media

The fifth strategy is **strengthening behaviour change communication for young people and adolescents**. The planned activities are: (i) Conduct KAP survey on SRH, FP and HIV/AIDS for adolescents and young people; (ii) Develop and disseminate educational materials to inform adolescents and young people on SRH, FP and HIV/AIDS; (iii) Train supervisors to promote behaviour change communication (BCC) among adolescents and young people in community, and; (iv) Train peer educators to promote BCC in schools, churches, etc.

The sixth strategy is **promoting communication among parents, teachers, young people and adolescents on sexual and reproductive health and rights**. The activities planned are: (i) Develop educational materials on SRH for parents, teachers and young people; (ii) conduct BCC conferences/seminars/workshops for parents, teachers, young people and adolescents, and; (iii) Support existing initiatives to develop and monitor an internet webpage to inform and advise young people and adolescents on SRH/HIV prevention and gender issues aimed at inducing positive behaviour change among young people

The seventh strategy is related to **institutionalizing and strengthening population and family-life education** in all levels of the educational system. The main activities will be: (i) Conduct assessment of materials for population and family-life education (PFLE), and ongoing initiatives; (ii) Develop/update instruments for PFLE at all levels of the education system; (iii) Conduct a pilot training of trainers (ToT) on PFLE, and; (iv) Conduct ToT workshops on PFLE for teachers.

The eighth strategy is **strengthening national capacity and scale up family planning services at national and community levels**. The planned activities are: (i) Equip rooms for the provision of FP services; (ii) Inform and convince communities to support FP services, and; (iii) Ensure regular purchase, storage and forecasting of contraceptives and other SRH products.

Output 2: Improved quality of skilled assistance at birth and essential obstetric and neonatal emergency care in the targeted municipalities.

The achievement of this output will be measured through the assessment of the following targets by 2013: (i) Number of structures offering reproductive health services, including prenatal care, post-natal care and family planning; (ii) Number of women benefiting from reproductive health services, and; (iii) Number of obstetric fistulas diagnosed and repaired.

This output will be achieved through the implementation of the two following strategies.

In accordance with the road map to reduce maternal mortality, the first strategy is **strengthening the capacity of health-service providers, particularly for skilled birth attendance, emergency obstetric care, post-abortion care, the management and care of fistula, and care for victims of sexual and gender-based violence**. It will be implemented through the execution of the following activities: (i) Integrate the plan of action of obstetric fistula into the national reproductive health plans; (ii) Provide technical support for the development and implementation of the *Roteiro Nacional*, notably at municipality



level; (iii) Identify and recruit a focal point at national level to coordinate the implementation of the plan of action of obstetric fistula in the country; (iv) Conduct a rapid evaluation on obstetric fistula in 14 provinces, excluding Luanda, Benguela, Huila and Huambo; (v) Elaborate/update the curriculum of attendance at delivery, EmOC, post-partum, obstetric fistula, GBV; (vi) Train trainers on EmOC, delivery, post-partum for the prevention and detection obstetric fistula and GBV; (v) Train health specialists (surgeons, nurses) to provide obstetric fistula care; (vi) Create and equip referral centres for obstetric fistula; (vii) Create/promote/monitor and evaluate the institutional, provincial, municipal committees for the prevention of maternal and perinatal deaths; (viii) Acquire ambulance to support the referral and counter referral system; (ix) Establish telephone line for communication between health care units; (x) Extend the implementation of quality assurance of RH services of the MINSA and other health care units; (xi) Monitor and supervise the plans of quality assurance of RH services of MINSA and health care units at all levels; (xii) Purchase computer equipments for the RH programme and the RH logistics information system; (xiii) Plan and ensure the maintenance of computer equipments and cars, and; (xiv) Provide administrative institutional support.

The second strategy is **supporting community mobilization and behaviour change communication to increase demand for reproductive health services and eliminate harmful traditional practices**. The activities involved are: (i) Conduct a survey on traditional practices related to RR and SRH; (ii) Develop IEC materials on delivery, post-partum, obstetric fistula, and SGBV, and; (iii) Organize information and sensitization campaigns on risks of traditional practices related to SRH including obstetric fistula, for health personnel, traditional midwives and therapeutics, religious and community leaders and community.

Output 3: Increased availability of reproductive health information and services, including life skills and peer education, for in-school and out-of-school youth in intervention areas.

The achievement of this output will be measured through the accomplishment of the following indicators by 2013: (i) Number of youth-friendly SRH service delivery points; (ii) Percentage of youth benefiting from youth and adolescent SRH services; (iii) Number of primary schools providing life-skills education and sex education, and; (iv) Percentage of adolescents and youth familiar with at least two reproductive health messages.

To achieve this output, four strategies will be implemented.

The first strategy consists of **integrating adolescent-friendly services into all health centres in selected municipalities**. The activities planned are: (i) Reactivate and expand adolescent and youth sexual and reproductive health services in all SRH centres; (ii) Update the training curriculum for delivering adolescents and youth SRH services; (iii) Train trainers for delivery of adolescents and youth SRH services; (iv) Train services providers on delivery of adolescents and youth SRH services, and; (v) Create mechanisms between MINSA, MED and MJD on issues related to adolescents and youth SRH services.

The second strategy refers to **strengthening existing information and counselling centres**. The activities to be undertaken are: (i) Make an inventory of information and counselling centres; (ii) Provide technical support to strengthen the planning and management of activities in the information and counselling centres; (iii) Organize a study tour to Mozambique for experience exchange with implementers of the project “Geração Biz”; (iv) Equip centres for delivery of adequate information and counselling services; (v) Integrate existing centres in the community centres of the MINJUD; (v) Organize retraining workshops for technicians and activists of information and counselling centres; (vi) Develop and disseminate



advertising/publicity and information materials on information and counselling centres, and (vii) Organize supervision, and monitoring and evaluation visits of information and counselling centres.

The third strategy is **training health staff in interpersonal communication skills**. The main activity to be realized is: Organize training and retraining workshops for the personnel of the information and counselling centres in interpersonal communication.

The fourth strategy is **developing and disseminating behaviour change communication materials**. The following activities are planned: (i) Collect and update existing BCC materials; (ii) Make an inventory of libraries and information points for the distribution of IEC materials for BCC; (iii) Elaborate, print and distribute IEC/BCC materials, and; (iv) Purchase and distribute BCC manuals for schools libraries, youth centres, churches, etc.

Output 4: National technical and institutional capacity is strengthened in order to implement a reproductive health commodity procurement and logistics system.

The achievement of this output will be measured through the achievement of the following targets by 2013: (i) National reproductive health commodity security strategy validated, approved and fully implemented; (ii) Number of functional provincial warehouses, and; (iii) Percentage of national counterparts involved in reproductive health commodity security using logistics management tools.

In conformity with the reproductive health commodity security national strategic plan, this output will be achieved through the implementation of the following four strategies.

The first strategy consists in **advocating the creation of coordination mechanisms and a budget line for contraceptives**. The activities planned are: (i) Organize coordination meetings with partners and donors on RHCS strategy and the creation of a budget line for contraceptives, and; (ii) Organize a workshop to validate the donation and purchase plan.

The second strategy is **strengthening the technical and managerial capacity of reproductive health commodity logistics managers**. The activities to be undertaken are: (i) Conduct a training needs assessment in management for managers of RHCS products logistics; (ii) Elaborate, reproduce and distribute LMIS materials; (iii) Train trainers in LMIS, and; (iv) Monitor and evaluate the implementation of LMIS and Channel.

The third strategy refers to **support male and female condoms programming**. The activities planned are: (i) Rehabilitate commodity warehouses; (ii) Conduct a needs assessment in female and male condoms programming; (iii) Develop materials for male and female condoms programming; (iv) Train trainers for male and female condoms programming; (v) Train health agents in male and female condoms programming, and (vi) Monitor and evaluate the male and female condoms programming.

## **Population and development component**

The Population and Development (P&D) component will consolidate efforts for the production and use of high-quality data and information to enable population, reproductive health and gender issues to be better integrated into development policies and programmes, including in emergency preparedness plans. The *outcome* of this component



is: *by 2013, high-quality data disaggregated by gender are available and used for evidence-based decision-making and development framework formulation and monitoring, at national and subnational levels.* It addresses national priorities related to the promotion of the unity and national cohesion and consolidation of democracy and its institutions as well as ensuring freedom and fundamental rights and development of civil society. It mainly and directly contributes to the achievement of two *UNDAF outcomes* which are: 1. *By 2013, institutional capacity developed for improved planning and policy making based on reliable data and for accountability mechanisms within governance structures and the legal environment, to address the needs of the poor and vulnerable while strengthening community engagement, civic participation towards social cohesion, national reconciliation and women empowerment, and;* 4. *By 2013, strengthened pro-poor economic growth and accountable macroeconomic management and integrated rural development, natural resources management to promote environmental protection and adaptation to climate change.* To do so, the P&D component will operationalize the CP outcome: by supporting the Government efforts to conduct its census as part of the 2010 round of PHCs, as unique source to close the data and information gaps for both planning purposes, good governance accountability and effective decentralization; by improving data quality of household surveys, and; by integrating population, reproductive health and gender issues into policies and MDG-based development frameworks.

Two outputs are expected from this CP component.

Output 1: Improved availability of, access to and use of up-to-date and reliable socio-demographic data, disaggregated by age and sex, at national, sectoral and decentralized levels.

The achievement of this output will be assessed by accomplishing the following indicators by 2013: (i) Number of technical staff who have received census-related training; (ii) Census project document revised and updated; (iii) Resource mobilization strategy for the census prepared and implemented; (iv) Existence of high-quality data from the population and housing census; (v) Integrated socioeconomic database training and development conducted.

This output will be achieved by developing and implementing the six following strategies.

The first strategy for this output is **strengthening the technical and operational capacity of the national statistical system, in particular the National Institute of Statistics (INE) in data collection, processing, analysis, and utilization, and in census strategic planning and management.** The key activities to be undertaken to implement this strategy are: (i) Develop a comprehensive training plan for the national statistical system (NSS); (ii) Provide long/short-term training to INE staff in specific areas as part of the implementation of the comprehensive training plan for the NSS; (iii) Conduct needs assessment for the technical, administrative, management and coordination infrastructure for the census; (iv) Support the review/update of the census project document (prodoc); (v) Train INE senior professional staff in census strategic planning and management; (vi) Train locally national technicians in cartography/mapping; (vii) Train locally national technicians in census data processing using CSPro; (viii) Train locally national technicians in REDATAM; (ix) Train locally national technicians in data analysis using SPSS, and; (x) Provide technical support for the design of INE website and the census webpage.

The second strategy involves **supporting advocacy and resource mobilization and facilitating the provision of technical assistance for the census.** The main activities include the following: (i) Develop a strategy document for resource mobilization for the census; (ii) Support the Government/INE in the implementation of the strategy of financial resources mobilization for the census; (iii) Support the main census enumeration; (iv) Deploy a Census Cartography/Mapping Specialist; (v) Deploy a Chief Technical Adviser (CTA) for the Census, and; (vi) Deploy a Data Processing Expert for the Census.



The third strategy under this output is **promoting census-based poverty mapping to target resources and interventions**. This strategy will be realized through the following main activities: (i) Support the analysis of the results of the IBEP 2008/9; (ii) Assess the quality of existing survey datasets to generate REDATAM databases; (iii) Generate census REDATAM database, and; (iv) Provide technical assistance in specific census thematic analysis (maternal mortality, poverty mapping, population projections, preparedness for and response to data requirements for emergency situations).

The fourth strategy is **supporting operational research on the linkages between population, the environment and development for evidence-based advocacy and policy dialogue**. The main activities to be undertaken to implement this strategy are: (i) Support academic and research institutions in undertaking studies in the area of population, development and environment, and; Support research and academic institutions in census/ survey data in-depth analysis.

The fifth strategy involves **advocating the inclusion of modules on sexual and gender-based violence, fistula and HIV testing in demographic and health surveys**. This will be implemented through the following main activities: (i) Document country experiences in integrating such specific modules in DHS; (ii) Advocate for the DHS taking in 2012; (iii) Sensitize key stakeholders on the incorporation of HIV testing and the modules on young adults, fistula, and domestic violence and gender-based violence (GBV) in the forthcoming DHS, and; (iv) Support Government/INE in the conduct of the DHS.

The sixth strategy implies **strengthening the national capacity to use integrated management information systems (IMIS) to monitor Millennium Development Goals and the poverty reduction strategy, and for emergency preparedness**. The critical activities to undertake are: (i) Provide technical assistance in developing a functional Integrated Management Information System (IMIS); (ii) Integrate census database into IMIS; (iii) Prepare population projections and integrate specific socio-demographic data and information into IMIS for preparedness for emergency situations, and; (iv) Provide DevInfo with input socio-demographic indicators.

Output 2: The technical and institutional capacity of targeted national institutions, non-governmental organizations (NGOs), youth networks and implementing partners at national, provincial and municipal levels is strengthened to incorporate population issues in development policies and programmes, including in emergency situations.

The achievement of this output will be assessed by accomplishing the following targets by 2013: (i) Number of national institutions, NGOs and youth networks with personnel trained to integrate population issues into development frameworks and emergency response plans; (ii) Number and type of sectoral plans, programmes and projects supported that integrate population, reproductive health, gender, and sexual and gender-based violence issues, and; (iii) Level of government funding mobilized to support the sixth country programme.

This will be done through the implementation of three strategies.

The first strategy refers to **building the technical and operational capacity of national, provincial and municipal leaders in population and development**. It will be implemented through the following main activities: (i) Support the participation of leaders in international conferences in population and development; (ii) Support the realization of conferences on population and development at communal, municipal and national levels; (iii) Support the elaboration of articles and monographs on population and development issues; (iv) Advocate for the creation of network of parliamentarians on population and development; (v) Assist in the elaboration of a training manual on



integration of population and development issues, and (vi) Train provincial and sectoral technicians in integration of population issues into MDG-based development frameworks.

The second strategy consists in **facilitating strategic planning processes to incorporate population, reproductive health and gender issues in development frameworks, including emergency preparedness plans.** The main activities to be realized are: (i) Conduct baseline and end-line studies on the use of quality age and gender disaggregated data, and on integrating population and development linkages into development frameworks including emergency preparedness plans; (ii) Support and participate in the review of development frameworks; (iii) Support the MINPLAN in the definition of a planning methodological framework for intergrating population and development interlinkages, and; (iv) Conduct sensitization and advocacy forums on population and development issues for various groups (parliamentarians, traditional leaders, media, faith-based leaders, youth etc).

The third strategy is **strengthening the capacity of youth in development management, advocacy and leadership.** The main activities to implement this are: (i) Conduct sensitization and advocacy forums on population and development issues for youth associations at national and provincial levels; (ii) Train youth associations in integrating population and development issues (using the manual developed), and; (iii) Advocate for the integration of youth associations into the regional and international networks for sharing experiences.

## Gender Equality component

The Gender Equality component outcome is: By 2013, a favorable environment for a gender equality and equity and for the elimination of sexual and gender-based violence is created. This outcome will contribute to the achievement of two *UNDAF outcomes* which are: *1. Institutional capacity developed for improved evidence-based planning, policy making, accountability by governance structures, legal environment, to address the needs of the poor and vulnerable while strengthening community engagement, civic participation towards social cohesion, national reconciliation and women's empowerment, and; 2. Increased and equal access and utilization of quality and integrated social services at national and sub-national levels with emphasis on MDG targets.*

The Gender Equality component has two outputs.

Output 1: Increased participation of government institutions, women's associations and relevant networks to support and advocate the integration of gender concerns into national and sectoral policy frameworks, in order to achieve progress towards gender equality and women's empowerment at national and decentralized levels.

The achievement of this output will be measured through the achievement of the following targets by 2013: Percentage of sector gender focal points, women's associations and networks that participate in policy formulation and programme development at national and local levels; Percentage of planners at national and subnational levels trained in and applying their skills in gender analysis and gender budgeting, and; Percentage of national and subnational institutions sensitized on gender issues that promote gender equality and women's rights in organizational procedures and practices.

Five strategies will be implemented to achieve this output.

The first strategy is **supporting the development and implementation of a National Gender Policy (NGP)** through the following activities: (i) Mobilize and involve women networks, NGOs and gender focal points in public and private institutions in advocating for the speedy approval, allocation of adequate resources for, and implementation of NGP; (ii) Produce, translate, and popularize the NGP with the active involvement of women



networks, NGOs and other stakeholders; (iii) Support the development of yearly implementation Plan of the NGP, and; (iv) Organize orientation workshops on the NGP and its implementation strategy for sectoral planners and managers in public institutions, NGOs, and women associations at national and decentralized levels.

The second strategy is **supporting the retrieval and application of (development of) gender analysis tools for national and sectoral planning and capacity building**. The activities planned under this strategy are: (i) Recruit a national consultant to retrieve, compile and adapt various gender analysis tools for understanding gender concepts and for gender mainstreaming purposes; (ii) Organize TOT workshop for potential trainers among Gender Focal Points (GFPs) from sectoral ministries/departments, NGOs, women's associations and relevant institutions on the utilization and application of gender analysis tools and for the mainstreaming of gender in planning and programming processes.

The third strategy is **strengthening the capacity of public institutions, MINFAMU, NGOs and women's associations in gender mainstreaming, gender responsive budgeting and rights-based approach to programming in all sectors and at all levels**. The planned activities are: (i) Organize training workshops for persons from selected public institutions including GFPs, NGOs, women's association on gender mainstreaming; (ii) Organize a TOT on gender budgeting; (iii) Organize training workshops for persons from selected public institutions including GFPs, NGOs, women's associations on gender mainstreaming; (iv) Organize TOT workshop on rights-based approaches (RBAs) to planning and programming; (v) Organize training workshops for persons from selected public institutions and NGOs, and women's association on gender responsive budgeting for, and RBAs to programming using trained trainers to facilitate the workshops, and; (vi) Monitor and evaluate the application of gender-related skills in national and sectoral policies, plans and programmes at all levels.

The fourth strategy is **strengthening the capacity of the Network of Angola Women Ministers and Parliamentarians and relevant NGOs to advocate for the promotion and protection of women and girls rights through the formulation and the enactment of gender sensitive policies and legislation**. Activities to implement this strategy are: (i) Support networks engaged in women's empowerment and related interventions with relevant resources based on a needs assessment to enable them to be more functional and to improve efficiency, and; (ii) Support the implementation of the work plan of the network of Angola Women Ministers and Parliamentarians based on the Cape Verde workshop on Gender, Leadership, Advocacy and Resource Mobilization.

The fifth strategy is **supporting actions for the promotion of women's involvement and participation in political and electoral processes**. This strategy will be implemented by organizing seminars and workshops for selected women political aspirants from different political parties on electoral and related processes at all levels.

Output 2: Increased engagement of communities, the media, men, youth and women's networks in preventing and combating sexual and gender-based violence.

The achievement of this output will be measured through the accomplishment of the following indicators by 2013: (i) number of community-based networks, traditional leaders, men, women and youth groups in selected provinces contributing to prevention and response efforts; (ii) number of victims using health, psychosocial and legal support services; (iii) Number of grass-root efforts in each province aimed at preventing sexual and gender-based violence and harmful traditional practices, and; (iv) number of sexual and gender-based violence and sexual offence cases judged per year and convictions of perpetrators of





sexual and gender-based violence; (v) number of legal literacy activities implemented at the community; and (vi) number of SGBV prevention materials produced and used.

This output will be achieved through seven strategies.

The first strategy entails **supporting the implementation of the national action plan for preventing sexual and gender-based violence and treating the victims of such violence**. The activities to achieve this are: (i) Support the implementation of the National Plan of Action on the prevention of sexual and gender-based violence (SGBV); (ii) Strengthen existing SGBV counselling and legal aid centers with the necessary resources including the installation of telephone hot line (based on a needs assessment) to enable them to operate more efficiently; (iii) Support the formation of a GBV coalition comprising MINFAMU, professional associations and NGOs including Youth, and the Media to formulate guidelines on documentation and standard setting for establishment and operationalization of GBV services, and; (iv) Translate and distribute guidelines on reporting and addressing GBV.

The second strategy is **advocating for the enactment of the draft Bill on Domestic and Family Violence and for the promotion and protection of women and girls rights and women's empowerment**. This will be implemented through the following activities: (i) Organize educational campaigns on key aspects of regional and international legal instruments in relation to the draft Bill on domestic and family violence targeting different groups, stakeholders at all levels; (ii) Organize orientation seminars for Parliamentarians on the draft Bill to enable them to advocate for its enactment, and; (iii) Translate, produce, and disseminate simplified version of the approved Bill on domestic and family violence.

The third strategy is **capacity-building for judges, magistrates, prosecutors, lawyers and the police on handling the emotional and psychological dimensions of gender-based violence**. The activities involved are: (i) Strengthen partnerships with the National Institute for Legal Studies for the integration of national, regional and international legal instruments on the prevention of SGBV in its teaching curriculum; (ii) Advocate for, and support the inclusion of an introductory course/session on the prevalence, pattern, and causal factors of SGBV, and national, regional and international legal instrument for prevention, protection and management of cases of SGBV, in the training courses for lawyers under the auspices of the National Bar Association; (iii) Organize training workshops for police officers on SGBV causes, prevalence prevention and referral and management; and (iv) Support the integration of SGBV sessions in the training courses of the Police Department.

The fourth strategy is **strengthening the capacity of NGOs and community-based organizations to provide health, psychosocial and legal services to victims of sexual and gender-based violence**. This will be implemented in the following activities: (i) Adapt existing protocols on case management of SGBV, and produce adequate copies for distribution and use; (ii) Organize training workshops on documentation and case management of SGBV, and; (iii) Support the implementation of the plan of actions of selected NGOs engaged in the provision of health, legal and psycho-social services to victims of SGBV.

The fifth strategy is **supporting community education to prevent sexual and gender-based violence and harmful traditional practices**. The strategy will be implemented in the following activities: (i) Develop standardized IEC materials on SGBV and harmful traditional practices (HTPs) that affect women and girl's reproductive health and rights; (ii) Organize awareness creation campaigns on the prevalence, forms and patterns of SGBV and HTPs, and on prevention and protection interventions at district and community levels targeting the media, youths, and women's grassroots organizations and men's groups, traditional and religious leaders; (iii) Develop Media campaigns materials for community level advocacy campaigns



(durbars, billboards, advertisements, local song and drama performances on prevention of SGBV and HTPs and other socio-cultural issues that have implications for women and girls rights; (iv) Conduct awareness creation campaigns in each of the 5 provinces for community leaders, religious leaders, youth leaders, women leaders, men, and local authorities on issues of SGBV and GBV prevention interventions, and; (v) Encourage and support existing male and youth action groups at community level to fight against SGBV and other HTPs.

The sixth strategy is **strengthening capacity of women associations engaged in women and human rights activism to advocate for the enforcement of existing legislation and periodic reviews of its effectiveness, and enforcing procedures that ensure that offenders and perpetrators are duly punished in line with existing laws.** The activities to implement this strategy are: (i) Undertake a needs assessment of Women associations and NGOs to determine their training and resource capacity needs in the area of advocacy; (ii) Assist selected women associations and NGOs to develop work plans to address the above strategy and to compliment the National Plan of Action on SGBV. This should include: Community sensitization on national and international legal instruments and policy frameworks against SGBV; National and community level advocacy for support to GBV victims and families; Awareness on the GBV Bill and other related laws; Traditional justice system awareness of rights-related including issues including HTPs; and (iii) Provide financial and technical assistance to selected women associations and NGOs in support for the implementation of their work plans.

The seventh strategy is **supporting research on areas of GBV that have not yet been undertaken.** The planned activities are: (i) Conduct studies to identify nature and extent of challenges in addressing GBV at household, community and service-provision levels (health socio-cultural, legal, economic and others), and; (ii) Develop a data collection tool to document the types, prevalence, health and social effects of HTPs on women, girls and boys.

### **Programme Coordination and Assistance**

This Programme Coordination and Assistance (PCA) segment is formulated within the framework of the sixth Country Programme (CP6), to enable the Country Office (CO) organise effective management support and coordination of the CP6. The PCA is thus planned to facilitate achievement of the overall CP goal of contributing to national efforts to improve the quality of life of Angolan population, by supporting population, reproductive health, gender policies and programmes for sustainable development. This approach is in line with country priorities as outlined in the Country Programme Document, the UNDAF and the National Medium-Term Development Plan Strategy. In this regard, the PCA covers indicative activities appropriate and essential for the attainment of the outputs under the three programme components developed to promote relevant Reproductive Health and Rights (RH&R), Population and Development (P&D), and Gender Equality in the country.

The PCA will therefore address areas of critical need to facilitate the development, monitoring and evaluation that have not been specifically identified and catered for under the three components of the CP6. In accordance with guidelines provided in Programme Policies and Procedures (C), the PCA will cover activities in the areas of Advocacy, Country Programme Development, Workshops, Meetings and Research related to UNFPA mandate but not directly attributable to a specific programme component, Inter-Agency co-ordination activities, Programme monitoring functions (i.e. personnel and vehicles) and other ad-hoc and time-bound administrative programme support. The 2009 PCA work plan is therefore organized to cover the following:



- National and international consultancies to provide analytical reviews/updates and policy support for the management and coordination of the CP;
- Organization of detail missions to other COs for staff members towards improved inter- and intra-office collaboration/learning and staff programme and operational capacity and skills enhancement;
- Programme reviews and management workshops for national programme/project personnel on Programme Management, Financial/Accounting systems including operation of the ATLAS system, IT and other Programme and Administrative Policies and Procedures for executing/implementing agencies of UNFPA funded programme/projects under CP6;
- Travel related to participation in both local and international meetings, workshops/seminars and conferences of relevance to the UNFPA Programme in Angola;
- Advocacy activities in support of the CP6 and implementation of ICPD objectives including such events and activities as World Population Day, launching of State of the World Population and related Reports, World AIDS Day, International Women's Day, Day of the Family, Aged, orientation activities for Policy makers/leaders including those at the provincial level, strategy and review meetings, and related follow-up and review activities on global agreements and conventions;
- Inter-Agency activities of the Angola UN Country Team including the RC System in support of harmonised programme approach and Common Services, UN Communications Committee in support of UN Day events, and other
- Unforeseen programme related emergency costs.

The PCA will enable the CO to support critical interventions that require urgent attention as well as opportunities to further advocate for the Fund's mandate for implementation of the ICPD agenda at country level. In this regard, this segment provides for technical backstopping by experts both national and SRO for enhancement of CP6 implementation and co-ordination in the delivery of programme outputs, and advocacy with leaders at all levels, partners and stakeholders on Population and Development linkages, SRH/RRs, HIV/AIDS/STIs, Gender and Women's Empowerment. Community mobilisation, sensitization, training and other capacity building activities with parliamentarians, the media and other non-traditional stakeholders will be explored to further an improved environment and capacity for making progress on programme priorities and outcomes. In addition, efforts will be made to advance partnership building and resource mobilisation as a means to leverage additional external resources for the achievement of programme outputs, ICPD implementation and facilitate the achievement of the MDGs and objectives of the Medium-Term Development Plan at the country level.

The PCA will also enable the CO to conclude Annual Work Plans agreements with Government and other partners/stakeholders for achievement of planned results through effective management of the CP6. This would be achieved through the strengthening the national results-based Planning, Monitoring and Evaluation (PM&E) system in support of the CP implementation, as it follows:

STRATEGY/ACTIVITIES	Indicator	Mean of Verification	Responsible Party (& Partners)
<b>Strategy</b> Strengthening the national results-based Planning, Monitoring and Evaluation (PM&E) system in support of the CP implementation			
<b>Activity 1</b> Joint Monitoring activities with national counterparts and stakeholders	Number of joint field monitoring conducted (regular and punctual)	Joint field monitoring reports	M&E Focal Point, PSU (Implementing agencies)
<b>Activity 2</b> Train the personnel of the CP	Number of national counterparts/	Report of RBM training	M&E Focal Point, PSU (Implementing



implementing agencies in results-based management methods and in the use of results-based PM&E tools	stakeholders trained		agencies)
<b>Activity 3</b> Compile, at CP component level, an inventory of data and indicators needed for the CP with baseline information and data sources for results-based PM&E	Number of Indicators with baselines and targets established	Inventory table of Indicators with verified baselines and targets	M&E Focal Point, PSU (Implementing agencies)
<b>Activity 4</b> to conduct surveys (via Rapid Assessments or desk reviews) to consolidate data for every indicator scheduled in programme	data availability for the indicators.	database of indicators, baseline data and programme monitoring data	M&E Focal Point, PSU (Implementing agencies)
<b>Activity 5</b> Develop data collection tools to obtain indicators for all outputs	Data collection tools (Questionnaire, Checklist, Analysis and tabulation plans, Data entry program, Tabulation programs) developed	database of indicators, baseline data and programme monitoring data	M&E Focal Point, PSU (INE, Implementing agencies)
<b>Activity 6</b> Coordinate the organization of data collection to calculate indicators to fill the gaps (baseline, mid-line and endline) for all CPAP outputs	Baseline, mid-line and end-line indicators available for all CP outputs	Database of Indicators with Baselines and targets	M&E Focal Point, PSU (INE, Implementing agencies)
<b>Activity 7</b> Develop Country programme and financial monitoring data base.	CP monitoring data-base developed	The data base technical manual	M&E Focal Point, PSU (Implementing agencies)
<b>PSU:</b> Programme Support Unit (a team consisted of managers of CP components and the M&E focal point in the CO)			

## V. Partnership Strategy

UNFPA will continue to build and strengthen strategic partnerships with government ministries and related institutions, bilateral and multilateral agencies, civil society organizations, religious and faith-based groups, parliamentary groups, intergovernmental organizations, especially women and youth serving and affiliated organizations, academia and research partners, the media and United Nations system partners among others.

Such partnerships will include but not limited to: (a) The joint programme on Reducing Maternal Mortality that was manifested by a collaborative action between UNFPA, MOH, WHO, UNICEF and UNHRO in undertaking a national survey on emergency obstetric and neonatal care; (b) A memorandum of understanding between UNFPA, MOH, WHO, UNICEF and UNHRO in support of the MOH in the implementation of the Maternal Mortality Reduction road map; (c) The UNFPA and WHO joint support to integration of SRH, STI and HIV/AIDS WHO; (d) UNFPA and MOH in the implementation of the RHCS strategy; (e) Strengthened relations with the Global Fund in pharmaceutical management for medical stores at the provincial and municipalities levels with the objective of improving the management of RHCS; (f) The collaboration with the GOA, other UN agencies and NGOs in the revision of the National Strategic Plan on HIV/AIDS for 2008-2010; (g) A Gender Joint Programme review



between UNDP, UNFPA and UNIFEM with the management of the implementation of the activities by the latter in support of the GOA.

Guided by the recommendations of the fifth country programme evaluation report and recommendations, as well as recommendations of the evaluation reports of the Angolan National Development Plan, and sector ministries' evaluation reports, UNFPA will work closely with other UN agencies towards supporting the Government efforts to contribute to the implementation of the relevant government priorities spelt out in the UNDAF. UNFPA will maintain its active participation in the different working groups and explore the possibility of joint programmes where feasible in all the components of the CPAP by contributing both technical and financial resources for the realization of the UNDAF outcomes.

As progress is made toward development programming, gender issues will continue to be a focus of UNFPA in Angola. UNFPA has forged strong working relations with MINFAMU particularly in the area of policy formulation in gender and advocacy for the drafting of the family and sexual violence bill. This five-year multidisciplinary programme will support the national priority setting through a UNCT joined-up approach, in strong collaboration with the Government, including the MINFAMU, MOH, Ministry of Justice, the judiciary branch of the Government of Angola, the Angola National Police and other local and international partners.

Data for development in the context of the national census is critical for national and sectoral planning and programming. In the area of Population and Development, UNFPA will continue to work closely with INE in collaboration with other UN agencies and donors to strengthen the implementation of the preliminary processes for participating in the 2010 round of Population and Housing Censuses. Further to this, UNFPA will work closely with the MINPLAN to advance the utilization of socio-demographic data in, and the integration of population concerns into development policies, plans and programmes at the national and provincial levels.

Targeted surveys, for instance Demographic and Health Survey, will be undertaken during the programme cycle and will be supported by UNFPA in partnership with INE and other UN partners.

Overall, the characteristics of UNFPA Angola have been to build strong relationships with Government Ministries, other national institutions, local and international NGOs, CBOs as well as bi/multilateral institutions with the ultimate aim to support leadership roles, while building the capacities of the respective Government.

## **VI. Programme Management**

Relevant government ministries at central level, provincial governments and municipalities at decentralized levels as well as international and national NGOs will execute the programme. The Ministry of Planning will coordinate of the programme. The CTI and the Population Provincial Committees will be in charge of the technical coordination of the programme. Partnerships with UN sister agencies and national networks will be forged in order to secure additional government and donors funds.

UNFPA country office in Angola consists of a representative, an assistant representative, three national programme officers, an international operations manager, two programme assistants and administrative support staff. Programme funds will be earmarked for one ICT officer, one database manager and five administrative support staff as part of the framework of the approved country office typology. National project personnel will also be recruited, as needed, to strengthen programme implementation. Technical support will be provided by UNFPA integrated programme and technical teams of the regional and sub-regional offices. National experts/technical advisors may



also be recruited, as needed, to strengthen national capacity for programme implementation. The programme will be monitored and evaluated according to UNFPA policies and procedures.

## VII. Monitoring and Evaluation

The planning, monitoring and evaluation (PM&E) of the programme will utilize results-based management and human rights-based approaches in line with UNFPA Policies and Procedures Manual, and in accordance with the United Nations Evaluation Group norms and standards. Apart from the quarterly meetings and the annual reviews of the programme, mid-term and end-cycle evaluations will be carried out, in 2011 and 2013 respectively, within the UNDAF framework. The mid-term evaluation will be formative in order to inform the implementation and the process of the programme for learning and its improvement, the end-cycle evaluation will be both formative to help improve the design of the next programme and summative to provide evidence-based arguments in determining the results of the programme. Data will be generated from socio-cultural research findings, routine management information systems, surveys, census, studies and evaluations, using indicators agreed upon by the Government, the UN system and other partners. The M&E framework will take into account the existing capacities and mechanisms of the national statistical system and their strengthening in data collection, processing, analysis and utilization as well as in database development for tracking progress against MDGs and ICPD goals (DevInfo and IMIS).

Additional monitoring mechanisms will include annual component programme reports, field visits by UNFPA staff and the programme implementers, joint monitoring missions with UN agencies. A resource mobilization strategy targeting the Government, private sector and donors will be developed in line with the 2008 office management plan (OMP), to support the attainment of social objectives of MDGs and of the poverty reduction strategy.

Implementing Partners agree to cooperate with UNFPA for monitoring all activities supported by cash transfers and will facilitate access to relevant financial records and personnel responsible for the administration of cash provided by UNFPA. To that effect, Implementing Partners agree to the following:

1. Periodic on-site reviews and spot checks of their financial records by UNFPA or its representatives;
2. Programmatic monitoring of activities following UNFPA's standards and guidance for site visits and field monitoring;
3. Special or scheduled audits. UNFPA, in collaboration with other UN agencies and in consultation with the Ministry of Planning will establish an annual audit plan, giving priority to audits of Implementing Partners with large amounts of cash assistance provided by UNFPA, and those whose financial management capacity needs strengthening.

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

The audits of government Implementing Partners will be commissioned by UNFPA and undertaken by private audit services.

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



## **VIII. Commitments of UNFPA**

In case of direct cash transfer or reimbursement, UNFPA shall notify the Implementing Partner of the amount approved by UNFPA and shall disburse funds to the Implementing Partner within one month.

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

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

Where more than one UN agency provides cash to the same Implementing Partner, programme monitoring, financial monitoring and auditing will be undertaken jointly or coordinated with those UN agencies.

## **IX. Commitments of the Government**

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

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

Cash received by the Government and national NGO Implementing Partners shall be used in accordance with established national regulations, policies and procedures consistent with international standards, in particular ensuring that cash is expended for activities as agreed in the AWP's, and ensuring that reports on the full utilization of all received cash are submitted to UNFPA within six months after receipt of the funds.

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

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

- all financial records which establish the transactional record of the cash transfers provided by UNFPA;
- all relevant documentation and personnel associated with the functioning of the Implementing Partner's internal control structure through which the cash transfers have passed.



The findings of each audit will be reported to the Implementing Partner and UNFPA. Each Implementing Partner will furthermore:

- Receive and review the audit report issued by the auditors.
- Provide a timely statement of the acceptance or rejection of any audit recommendation to UNFPA that provided cash.
- Undertake timely actions to address the accepted audit recommendations.
- Report on the actions taken to implement accepted recommendations to the UN agencies, on a quarterly basis.

## X. Other Provisions

The present CPAP from its signature replaces all anterior dispositions.

The present CPAP and its annexes can be modified with the mutual consent of both parties.

No disposition of the present CPAP can be interpreted as a renounce to the protection agreed to the UNFPA by the dispositions of the Convention on the privileges and immunities of the United Nations, where the Republic of Angola is signatory.

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

\_\_\_\_\_  
For the Government of Angola  
Ana Dias Lourenço  
Minister of Planning

Signature

Date

14-05-09

\_\_\_\_\_  
For UNFPA  
Kourtoum Nacro  
Resident Representative

Signature

Date

14 May 2009







# ANNEXES



Annexes

RESULTS AND RESOURCES FRAMEWORK FOR ANGOLA

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



<p><b>National priorities:</b> (a) Promote the unity and national cohesion and consolidation of democracy and its institutions as well as ensuring freedom and fundamental rights and development of civil society, and; (b) Ensure a sound and sustainable economic development, with macroeconomic stability, transformation and diversification of economic structures.</p> <p><b>UNDAF outcomes:</b> 1. <i>Governance, Justice and Data for Development:</i> Institutional capacity developed for improved evidence-based planning, policy making, and accountability by governance structures, legal environment, to address the needs of the poor and vulnerable while strengthening community engagement, civic participation towards social cohesion, national reconciliation and women empowerment, and; 4. <i>Sustainable Economic Development:</i> Strengthened pro-poor economic growth and accountable macroeconomic management and integrated rural development, natural resources management to promote environmental protection and adaptation to climate change.</p>				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	<p><b>Outcome:</b> By 2013, high-quality data disaggregated by gender is available and used for evidence-based decision-making and development framework formulation and monitoring, at national and subnational levels</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>• Existence of census-based poverty maps</li> <li>• Modules on sexual and gender-based violence, fistula and HIV testing included in demographic and reproductive health surveys</li> <li>• No. of studies on population, environment and development undertaken</li> </ul>	<p><b>Output 1:</b> Improved availability of, access to and use of up-to-date and reliable socio-demographic data, disaggregated by age and sex, at national, sectoral and decentralized levels</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• No. of technical staff who have received census-related training</li> <li>• Census project document revised and updated</li> <li>• Resource mobilization strategy for the census is prepared and implemented</li> <li>• Existence of high-quality data from the population and housing census</li> <li>• Integrated socioeconomic database training and development conducted</li> </ul> <p><b>Output 2:</b> The technical and institutional capacity of targeted national institutions, NGOs, youth networks and implementing partners at national, provincial and municipal levels is strengthened to incorporate population issues in development policies and programmes, including in emergency situations</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• No. of national institutions, NGOs and youth networks with personnel trained to integrate population issues into development frameworks and emergency response plans</li> <li>• No. and type of sectoral plans, programmes and projects supported that integrate population, reproductive health, gender, and sexual and gender-based violence issues</li> <li>• Level of government funding mobilized to support the sixth country programme</li> </ul>	<p>Ministry of Planning; National Institute of Statistics; Relevant national institutions at central, provincial and municipal levels</p> <p>Academic institutions; NGOs</p> <p>African Development Bank; Bilateral and multilateral donors; United Nations system</p>	<p>\$10.5 million (\$6 million from regular resources and \$4.5 million from other resources)</p>



2009-2013 Country Programme Action Plan



<p><b>National priorities:</b> (a) Promote the unity and national cohesion and consolidation of democracy and its institutions as well as ensuring freedom and fundamental rights and development of civil society, and; (c) Improve the quality of living conditions and the Angolans Human Development, eradicating the hunger, poverty and promoting adequate level of education and sanitation.</p> <p><b>UNDAF outcomes:</b> 1. <i>Governance, Justice and Data for Development:</i> Institutional capacity developed for improved evidence-based planning, policy making, and accountability by governance structures, legal environment, to address the needs of the poor and vulnerable while strengthening community engagement, civic participation towards social cohesion, national reconciliation and women empowerment, and; 2. <i>Social Sector (Health, Water, HIV/AIDS and Education):</i> Increased and equal access to quality and integrated social services at national and sub-national levels with emphasis on MDG targets.</p>				
Gender equality	<p><b>Outcome:</b> By 2013, a favorable environment for gender equality and equity and for the elimination of sexual and gender-based violence is created</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>• % of women in positions of authority and in decision-making in institutions at all levels</li> <li>• No. and type of policies and action plans that address gender and integrate efforts to prevent and respond to sexual and gender-based violence</li> </ul>	<p><b>Output 1:</b> Increased participation of government institutions, women’s associations and networks to support and advocate the integration of gender concerns into national and sectoral policy frameworks, in order to achieve progress towards gender equality and women’s empowerment at national and decentralized levels</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• % of sector gender focal points, women’s associations and networks that participate in policy formulation and programme development at national and local levels</li> <li>• % of planners at national and subnational levels trained in and applying their skills in gender analysis and gender budgeting</li> <li>• % of national and subnational institutions sensitized on gender issues that promote gender equality and women’s rights in organizational procedures and practices</li> </ul> <p><b>Output 2:</b> Increased engagement of communities, the media, men, youth and women’s networks in preventing and combating sexual and gender-based violence</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Community-based networks, traditional leaders, men, women and youth groups in selected provinces contributing to prevention and response efforts</li> <li>• Availability and use of health, psychosocial and legal support services for victims</li> <li>• No. of grass-root efforts in each province aimed at preventing sexual and gender-based violence and harmful traditional practices</li> <li>• Increase in no. of sexual and gender-based violence and sexual offence cases judged per year and convictions of perpetrators of sexual and gender-based violence</li> </ul>	<p>Relevant ministries, including the Ministries of Education; Information; and Justice</p> <p>Media; NGOs</p> <p>United Nations system</p>	<p>\$4.5 million (\$3 million from regular resources and \$1.5 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$1 million from regular resources</p>



**Annex 2: The Angola CPAP 2009-2013 Monitoring and Evaluation Calendar**

		2009	2010	2011	2012	2013
<b>M&amp;E activities</b>	<b>Surveys/studies</b>	<ul style="list-style-type: none"> <li>- Multiple Indicator Cluster Survey (MICS)/ Income and Expenditure Survey (2008/2009)</li> <li>- Baseline survey</li> <li>- KAP survey on SRH, FP and HIV/AIDS for adolescents and young people</li> <li>- Rapid assessment on obstetric fistula in 14 provinces</li> <li>- Preparatory activities of the Population and Housing Census (PHC)</li> </ul>	<ul style="list-style-type: none"> <li>- Preparatory activities of the PHC</li> <li>- Survey on traditional practices related to RR and SRH</li> </ul>	<ul style="list-style-type: none"> <li>- PHC</li> <li>- Operations research for the CP/CPAP mid-term review</li> </ul>	<ul style="list-style-type: none"> <li>- Demographic and Health Survey (DHS)</li> </ul>	<ul style="list-style-type: none"> <li>- Operations research for the CP/CPAP final evaluation (end-line survey)</li> </ul>



	2009	2010	2011	2012	2013
<b>Monitoring systems</b>	<ul style="list-style-type: none"> <li>- Integrated CP database</li> <li>- Quarterly monitoring reports on progress towards results <b>(Products)</b></li> <li>- Six-month monitoring reports on progress towards results <b>(Component)</b></li> <li>- Annual monitoring reports on progress towards results <b>(Programme)</b></li> </ul>	<ul style="list-style-type: none"> <li>- Integrated CP database</li> <li>- Quarterly monitoring reports on progress towards results <b>(Products)</b></li> <li>- Six-month monitoring reports on progress towards results <b>(Component)</b></li> <li>- Annual monitoring reports on progress towards results <b>(Programme)</b></li> <li>- Redatam-based Integrated management Information System (IMIS)</li> </ul>	<ul style="list-style-type: none"> <li>- Integrated CP database</li> <li>- Quarterly monitoring reports on progress towards results <b>(Products)</b></li> <li>- Six-month monitoring reports on progress towards results <b>(Component)</b></li> <li>- Annual monitoring reports on progress towards results <b>(Programme)</b></li> <li>- Redatam-based Integrated management Information System (IMIS)</li> </ul>	<ul style="list-style-type: none"> <li>- Integrated CP database</li> <li>- Quarterly monitoring reports on progress towards results <b>(Products)</b></li> <li>- Six-month monitoring reports on progress towards results <b>(Component)</b></li> <li>- Annual monitoring reports on progress towards results <b>(Programme)</b></li> <li>- Redatam-based Integrated management Information System (IMIS)</li> </ul>	<ul style="list-style-type: none"> <li>- Integrated CP database</li> <li>- Quarterly monitoring reports on progress towards results <b>(Products)</b></li> <li>- Six-month monitoring reports on progress towards results <b>(Component)</b></li> <li>- Annual monitoring reports on progress towards results <b>(Programme)</b></li> <li>- Redatam-based Integrated management Information System (IMIS)</li> </ul>
<b>Evaluations</b>	<ul style="list-style-type: none"> <li>- Final evaluation of the 5<sup>th</sup> CP (conducted in 2008)</li> <li>- Evaluation of the project JIRO (conducted in 2008)</li> </ul>				<ul style="list-style-type: none"> <li>- Final evaluation of the 6<sup>th</sup> CP/CPAP</li> <li>- Evaluation of the pilot projects of the 6<sup>th</sup> CP</li> </ul>



	2009	2010	2011	2012	2013
<b>Reviews</b>	<ul style="list-style-type: none"> <li>- Quarterly review of progress towards results (<b>Products</b>)</li> <li>- Half-year review of progress towards results (<b>Component</b>)</li> <li>- Annual review of progress towards results (<b>Programme</b>)</li> <li>- Annual review of the UNDAF</li> <li>- Annual review of sectoral programmes</li> </ul>	<ul style="list-style-type: none"> <li>- Quarterly review of progress towards results (<b>Products</b>)</li> <li>- Half-year review of progress towards results (<b>Component</b>)</li> <li>- Annual review of progress towards results (<b>Programme</b>)</li> <li>- Annual review of the UNDAF</li> <li>- Annual review of sectoral programmes</li> </ul>	<ul style="list-style-type: none"> <li>- Quarterly review of progress towards results (<b>Products</b>)</li> <li>- Half-year review of progress towards results (<b>Component</b>)</li> <li>- Annual review of progress towards results (<b>Programme</b>)</li> <li>- Annual review of the UNDAF</li> <li>- Annual review of sectoral programmes</li> </ul>	<ul style="list-style-type: none"> <li>- Quarterly review of progress towards results (<b>Products</b>)</li> <li>- Half-year review of progress towards results (<b>Component</b>)</li> <li>- Annual review of progress towards results (<b>Programme</b>)</li> <li>- Annual review of the UNDAF</li> <li>- Annual review of sectoral programmes</li> </ul>	<ul style="list-style-type: none"> <li>- Quarterly review of progress towards results (<b>Products</b>)</li> <li>- Half-year review of progress towards results (<b>Component</b>)</li> <li>- Annual review of progress towards results (<b>Programme</b>)</li> <li>- Annual review of the UNDAF</li> <li>- Annual review of sectoral programmes</li> </ul>
<b>Support activities</b>	<ul style="list-style-type: none"> <li>- Site visits and field monitoring (for programmatic monitoring of activities)</li> <li>- Quarterly supervision missions</li> <li>- Quarterly meetings of the technical committees</li> <li>- Six months' meetings of the steering committee</li> </ul>	<ul style="list-style-type: none"> <li>- Site visits and field monitoring (for programmatic monitoring of activities)</li> <li>- Quarterly supervision missions</li> <li>- Quarterly meetings of the technical committees</li> <li>- Six months' meetings of the steering committee</li> </ul>	<ul style="list-style-type: none"> <li>- Site visits and field monitoring (for programmatic monitoring of activities)</li> <li>- Quarterly supervision missions</li> <li>- Quarterly meetings of the technical committees</li> <li>- Six months' meetings of the steering committee</li> </ul>	<ul style="list-style-type: none"> <li>- Site visits and field monitoring (for programmatic monitoring of activities)</li> <li>- Quarterly supervision missions</li> <li>- Quarterly meetings of the technical committees</li> <li>- Six months' meetings of the steering committee</li> </ul>	<ul style="list-style-type: none"> <li>- Site visits and field monitoring (for programmatic monitoring of activities)</li> <li>- Quarterly supervision missions</li> <li>- Quarterly meetings of the technical committees</li> <li>- Six months' meetings of the steering committee</li> </ul>



		2009	2010	2011	2012	2013
<b>Planning references</b>	<b>UNDAF final evaluation milestones</b>				<ul style="list-style-type: none"> <li>- Elaboration of the work plan for UNDAF evaluation</li> <li>- Elaboration of TOR for UNDAF evaluation</li> <li>- Short-listing of national and international consultants</li> <li>- Compiling background documentation for the UNDAF evaluation</li> </ul>	<ul style="list-style-type: none"> <li>- Recruitment of consultants</li> <li>- Conduct of the UNDAF evaluation</li> </ul>





	2009	2010	2011	2012	2013
<b>M&amp;E capacity-building</b>	<ul style="list-style-type: none"> <li>- Development of commonly agreed monitoring and supervision tools</li> <li>- Adaptation and ownership of tools by stakeholders</li> <li>- Continued training of implementing partners in RBM and RB PM&amp;E</li> <li>- Utilization of the Integrated CP Database in support of the meetings of the technical and steering committees</li> <li>- Participation in evaluation networks</li> <li>- Participation in the activities of the inter-agency M&amp;E thematic group</li> </ul>	<ul style="list-style-type: none"> <li>- Continued training of implementing partners in RBM and RB PM&amp;E</li> <li>- Utilization of the Integrated CP Database in support of the meetings of the technical and steering committees</li> <li>- Participation in evaluation networks</li> <li>- Participation in the activities of the inter-agency M&amp;E thematic group</li> </ul>	<ul style="list-style-type: none"> <li>- Continued training of implementing partners in RBM and RB PM&amp;E</li> <li>- Utilization of the Integrated CP Database in support of the meetings of the technical and steering committees</li> <li>- Participation in evaluation networks</li> <li>- Participation in the activities of the inter-agency M&amp;E thematic group</li> </ul>	<ul style="list-style-type: none"> <li>- Continued training of implementing partners in RBM and RB PM&amp;E</li> <li>- Utilization of the Integrated CP Database in support of the meetings of the technical and steering committees</li> <li>- Participation in evaluation networks</li> <li>- Participation in the activities of the inter-agency M&amp;E thematic group</li> </ul>	<ul style="list-style-type: none"> <li>- Continued training of implementing partners in RBM and RB PM&amp;E</li> <li>- Utilization of the Integrated CP Database in support of the meetings of the technical and steering committees</li> <li>- Participation in evaluation networks</li> <li>- Participation in the activities of the inter-agency M&amp;E thematic group</li> </ul>



	2009	2010	2011	2012	2013
<b>Use of information</b>	<ul style="list-style-type: none"> <li>- MDGs monitoring report</li> <li>- Progress report of the National Poverty Reduction Strategy</li> <li>- Progress report of the Medium-Term Development Plan</li> </ul>	<ul style="list-style-type: none"> <li>- MDGs monitoring report</li> <li>- Progress report of the National Poverty Reduction Strategy</li> <li>- Progress report of the Medium-Term Development Plan</li> </ul>	<ul style="list-style-type: none"> <li>- MDGs monitoring report</li> <li>- Progress report of the National Poverty Reduction Strategy</li> <li>- Progress report of the Medium-Term Development Plan</li> </ul>	<ul style="list-style-type: none"> <li>- MDGs monitoring report</li> <li>- Progress report of the National Poverty Reduction Strategy</li> <li>- Progress report of the Medium-Term Development Plan</li> <li>- Update of the country situation/gap analysis</li> <li>- Preparation of the UNDAF evaluation</li> </ul>	<ul style="list-style-type: none"> <li>- MDGs monitoring report</li> <li>- Progress report of the National Poverty Reduction Strategy</li> <li>- Progress report of the Medium-Term Development Plan</li> </ul>
<b>Partner activities</b>	<ul style="list-style-type: none"> <li>- Health Management information System (HMIS)</li> <li>- Education Management Information System (EMIS)</li> <li>- Sentinel Surveillance System</li> </ul>	<ul style="list-style-type: none"> <li>- Health Management information System (HMIS)</li> <li>- Education Management Information System (EMIS)</li> <li>- Sentinel Surveillance System</li> <li>- DevInfo</li> </ul>	<ul style="list-style-type: none"> <li>- Health Management information System (HMIS)</li> <li>- Education Management Information System (EMIS)</li> <li>- Sentinel Surveillance System</li> <li>- DevInfo</li> </ul>	<ul style="list-style-type: none"> <li>- Health Management information System (HMIS)</li> <li>- Education Management Information System (EMIS)</li> <li>- Sentinel Surveillance System</li> <li>- DevInfo</li> </ul>	<ul style="list-style-type: none"> <li>- Health Management information System (HMIS)</li> <li>- Education Management Information System (EMIS)</li> <li>- Sentinel Surveillance System</li> <li>- DevInfo</li> </ul>