

Executive Summary

Significant progress has been made to **interrupt polio transmission**; there were only 5 cases in 2 districts in 2011. However, the goal of ending transmission by June was not met: the last case, in Cuango, bordering DRC, dates from 27th June. Overall, the quality of SIAs has improved in rural areas, with consistently less than 5% missed children. However, in Luanda, in spite of early success thanks to a new community-based strategy, over 10% of children are still missed, because of changes in political leadership and restructuring of municipalities. Nevertheless, 200,000 households in highest risk areas of Luanda benefited from a household water treatment campaign. This most probably contributed to the interruption of transmission since November 2010.

Major progress has been made to promote **policies to improve equity and reduce disparities**. The analytical report and provincial profiles of IBEP (joint MICS/HHES), integrating an analysis of disparities, have been published and widely disseminated. The Vth Forum for Children, held in June, with involvement of 14 Ministries, all provinces, civil society and the children themselves, was the opportunity to review the 11 Commitments for Children and plan actions over the next two years and commit 500 million USD of government budget. The achievements on the 11 Commitments will be measured by the Child Friendly Municipality system, and linked with performance-based incentives. Finally, the development of the social protection policy, jointly supported by UNICEF, EU and the World Bank, is making good progress as the multi-dimensional poverty analysis, legal framework analysis and review of international experiences have been completed.

Nationwide implementation of an essential package of services, knowledge and commodities is accelerating, with particular focus on the most vulnerable. National health days covered more than 80% of 6 million children with vaccines, Vitamin A and deworming; each municipality received 2 m USD for revitalizing PHC from the government budget, coordination of revitalization efforts were boosted by the launch of the ICC, presided by the Minister of Health. The Ministry of Education adopted the child-friendly schooling approach to improve quality of education and is reviewing the strategy for reaching out-of-school children. The CLTS approach has is being scaled up in 5 provinces by the Ministry of Environment and partners. After sustained advocacy, the government has developed a national plan for accelerating birth registration. And, finally, the government has endorsed the goal of eMTCT and is doing a review of action plan.

However, Angola is now a middle income country, with very high cost of doing business and decreasing donor contributions, although with indicators of a developing country, high disparities and limited human resources. Therefore, **the MTR** focused on restructuring staffing and resources to accelerate UNICEF's transition to increased upstream policy work, while at the same time reducing costs through the reduction of staffing and innovative cost-saving, and shifting fundraising from traditional donors to the private sector. Further to the need to manage the transition to a middle income country, the upcoming elections in 2012 will be a real challenge for programme implementation.

Country Situation

Angola's population is estimated to be 18 million, 54% being younger than 18 and 55% living in cities. Life expectancy remains low, at 48.1 years. The country suffers from an important gap of reliable data on children and women, which have partially been covered by the 2009 IBEP (joint MICS-HHES) released in 2010. A national census by the National Institute of Statistics, the first since 1970, is planned for 2014;, which should greatly improve data on the country.

Since the end of the civil war in 2002, major social and economic progress has been made in Angola, without any major outbreak of violence. Angola has become Africa's fastest growing economy and the fifth fastest growing economy in the world, due almost entirely to oil production. In 2011, the national budget

was US\$ 48 billion, with social expenditure representing 32%, distributed as follows: 8% to education, 3.8% health, 12.8% social protection, 1.3% culture, 4.9% housing and community development, and 0.8% environmental protection. However, disbursement rates and according to budget items remain inadequate and 9% of the budget to be allocated to 'unspecified' social protection services (Economic African information).

Unemployment is very high and has been affected by the recent global economic crisis. It is estimated to be between 24.1% and 26.3% (African economic Outlook) with underemployment probably being double. It disproportionately affects young, peri-urban and rural population. The public administration remains the largest formal employer. The oil and mineral sector, while responsible for the lion share of GDP does not contribute significantly to a job creation. Agriculture remains constrained by access to inputs and to the market, and local production of consumer goods remains very limited, thereby contributing to the extreme reliance on importation and very high cost of living.

The country still faces high poverty, large disparities and some of the worst development indicators in the world. Angola children continue to lag behind on almost all MDG indicators, and the country is ranked 142th in the Human Development Index 2011. Furthermore with a Gini coefficient of 0.55 and a poverty incidence officially calculated at 37%, Angolan children face large disparities. 78.5 per cent of the urban population lives in houses built without appropriate materials and only 40% of the Angolan population has access to electricity (8.6% in rural areas). Only 42 percent of the total population has access to clean drinking water (Urban: 59 / rural: 24) and only 60 per cent use improved sanitation facilities (urban: 85 / rural: 31). Peri-urban populations live near mounds of uncollected rubbish and stagnant water.

Many indicators of access to basic social services and some outcome indicators, such as access to school, coverage of immunization, use of mosquito nets, use of contraceptives, knowledge on HIV/AIDS, literacy rate, etc. are clearly related to disparities in income distribution and other vulnerability criteria (i.e. gender, urban/rural divide, level of education of the mother, etc.). The problem here is closely related to the unequal access and lack of affordability of the service (e.g. secondary school, water and sanitation) or the commodity (mosquito nets, contraceptive etc.) or the ability to pay direct or indirect costs (e.g. for education). Gender disparities affect particularly adolescent girls, and income disparities have a large impact on key survival, development and protection indicators. However, a peculiarity of Angola is that some indicators are not related to income distribution, like infant mortality, birth registration. The fact that all population groups are affected equally, seems to be caused by the gaps in human capital and inadequate social infrastructure in a post-conflict country and probably also the lack of efficient and transparent procedures as well as quality of service.

Human resources remain a key constraint to access to and quality of basic social services, particularly in rural areas. The concentration of already scarce qualified workers in the main urban centres (especially Luanda) and in the private sector, makes the implementation of the government plans, sometimes very ambitious, a real challenge. As a consequence, overall, rural children (particularly in provinces heavily affected by the war) and the urban poor have 4 to 10 times less chances to have access to basic social services, information and commodities. Furthermore, because of structural and human resource constraints, certain services, such as birth registration and skilled attendance at birth are still unavailable to all children.

In 2011 some events or processes occurred that impacted or will impact on children's situation: i) acceleration of decentralization, with municipalities becoming budgetary units and receiving US\$ 4 million as a standard budget for the fiscal year; ii) the new legislation on the budgeting process, aiming at improving transparency in the implementation of the National Budget; iii) the political willingness to link performance-based incentives to results for children at municipal level, which has been clearly expressed during the Vth Forum for Children; iv) the Angolan Report to the Committee on the Rights of the Child, and its concluding Observations received in 2011 from the committee is serving as a guide to orient the national plan of action for children (the 11 Commitments for Children) with an increasing coordination among the various sectors.

In fact, the most significant challenges facing Angola today remain related to three important areas – that

equally impact in the MDG goals achievement – and these are: i) complete the transition to democratic governance, ii) finding a path towards an equitable growth, benefiting the most vulnerable population (including those in urban settings); iii) develop qualified human resources needed to accelerate the country's growth particularly in poor urban and rural areas.

Who are the deprived children in your country context?

Most welfare indicators for Angolan children in rural areas or being part of the 4 lowest income quintiles are 3 to 10 times worse than either urban counterparts or the highest income quintile. The highest quintile control 60 per cent of the Gross Domestic Product, while the two bottom quintiles (lowest 40 per cent) only have access to 8 per cent of GDP (the World Bank, 2010). The differences between the richest 5 per cent and the remaining 95 per cent of Angolans have widened since peace was established in 2002.

According to IBEP, net enrolment in primary school is 18 per cent points lower in the rural areas than in urban areas. And although net enrolment in secondary education is generally low (23%) the poorest quintile of the population has 15 times less access to secondary education than those in the richest quintile and the 3 times less girls are enrolled than boys. Infant mortality is 43% higher in dispersed rural areas mainly because lack of access to skilled birth attendants.

Data/Evidence

Jointly with the World Bank, UNICEF supported the finalization of the IBEP (2009 MICs – HHES) analytical report. However, the negotiation around the dissemination and use of data took an important part of 2011. While the National Institute of Statistics (INE), launched the analytical report of IBEP in September, access to the database for study purposes still remains limited and tightly controlled. 18 provincial IBEP profiles, with key equity indicators, have been published and should serve as the basis for provincial planning exercise and budgeting.

UNICEF shared child-rights/equity analysis of IBEP with the international community and included it in its public annual report. This process was presented in different fora, including with donor community, which proved to be effective for advocacy and hopefully for government funds leverage and fund raising.

Jointly with the World Bank, UNICEF supported a multi-dimensional poverty analysis based on IBEP data in the context of the development of the Social Protection Policy. Combined with the assessment of the database for vulnerable children (still undergoing), the analysis of the existing legislation on social protection in Angola, documentation of cash transfer programme in Cunene and the review of international experiences, this will contribute to design a social assistance law and programme for excluded/vulnerable population (to be ended in 2012).

Jointly with UNDP, an agreement was reached on the key indicators of the Integrated Child Indicators System (SICA), to be monitored in each municipality. This system will provide inputs on one hand to monitoring MDGs using DevInfo, and on the other hand be the basis of certification of Child Friendly Municipalities (to be linked with a performance-based incentive system).

A qualitative study on vulnerability of most at risk to HIV Infection is under way, with findings expected by mid-February 2012 and to contribute to the review of the HIV prevention strategy. A study on out-of-school children, with TOR having been agreed on, will be another important element for collecting evidence for advocacy on reducing inequities and develop action plans.

Monitoring Mechanism

Some the biggest difficulties in Angola are the absence of comprehensive social data and the lack of monitoring systems to evaluate results of basic social services. This constrains the assessment of the

situation and achievements for the most vulnerable and /or deprived children and families.

In 2011 UNICEF support to partners in this area consisted in consolidating two important systems: **SICA** (System of Indicators for Angolan children) and **SISAS** (System for Water and Sanitation Sector), that will help overcoming the difficulties.

UNICEF, in partnership with other UN agencies, supported the National Institute for Children and the National Institute of Statistics to agree on the key indicators of **SICA** and organize a national inter-sectoral workshop, to discuss the *modus operandi* of the new system. This inter-sectoral database of child indicators is mostly fed by administrative information from the line ministries that integrate the National Council for Children (CNAC). The indicators of SICA measure progress on output and key determinants for the achievement of the 11 Commitments for Children, covering all the MDGs as they relate to children as well as the Millennium Declaration.

This database, integrated in DevInfo, will be vital in scaling up the 11 Commitments to Children in every municipality and it will provide government with the necessary information for monitoring achievements in each one of the 164 municipalities of the country. The system will provide the decision makers with information for level 3 monitoring of progress of the national plan of action for children and will be very useful to track geographical disparities as well as understanding the bottlenecks and determinants of equity gaps. As this is administrative information, this system will have to be complemented with rapid quantitative and qualitative assessments, but it is a major milestone.

UNICEF support to the development and roll out of the **SISAS** over the last 3 years was key for the mapping and management of water and sanitation infrastructure. In 2011, SISAS was consolidated at national level and rolled out in all 18 provinces. Pilot testing continued in the municipality of Kilamba Kiaxi in Luanda province and experience is fed back to the national system. The Official launch of SISAS first bulletin was done in December 2011 with the participation National Directorate of Water Supply, Provincial Directorates for Water and Civil Society.

Support to National Planning

The National Council for Children (CNAC) is the key strategic partner for UNICEF's cooperation in Angola. The CNAC is presided by the Minister of Social Affairs, and participants include 14 Vice-Ministers or National Directors, the National Institute for the Angolan Child (INAC) and 18 civil society representatives. UNICEF is the only international agency sitting on the CNAC, with full voting rights.

The CNAC is responsible for planning, implementing and monitoring the 11 Commitments for Angolan Children as well as the CRC. These commitments are the basis of the national agenda for children, are based on the MDGs, Millennium Declaration, observations of the CRC Monitoring Committee, and include protection issues and budgeting for children. The Vth Forum of Children was organized in June 2011, with support of ALL UN agencies, and assessed achievements in the previous biennium and endorsed the 2011–2013 Biannual Work plan, budgeted at 500 million USD, to be financed by the government. The results of the forum fed back to UNICEF MTR and biannual rolling work plan and were linked to the evaluation of UNDAF.

Part of the remit of CNAC is to establish a functioning monitoring system of indicators for children, for each of the 11 commitments: the *System of Indicators for Angolan Children (SICA)*. This system, which benefits from the joint support of UN agencies, brings together survey and routine data. The database to be used in the future will be DevInfo. There is political commitment to link SICA with the certification of Child Friendly Municipalities, as a basis for a performance-based incentive system.

Besides the SICA, UNICEF supports, in partnership with specialized UN, the strengthening of sectoral Management Information Systems. A good example is the SISAS (Integrated Water and Sanitation Information System), jointly developed with the Ministries of Energy and Water and Sanitation, and being

rolled out nationwide. Another good example is the monitoring of immunization coverage and effectiveness of the polio campaigns, jointly with WHO.

Furthermore, UNICEF supports key evaluations and assessments, in close coordination with partners in the preparation of TORs and selection of consultants. Examples of these processes include the analytical report of IBEP (MICS/HHES), the assessment of revitalization of health services, the evaluation of the model of Community Health Workers and TBAs, the country assessment of essential commodities (CAEC), etc. Finally, the progress and results of each UNICEF supported program are closely monitored on on-going basis by UNICEF staff and government counterpart, with more formal reviews at the mid of the year and at the end of the year. Direct supervision and monitoring of field activities (provincial and municipal) is ensured by partners and UNICEF responsible staff and counterparts. In the 5 focus provinces, Assistant Representatives ensure the daily follow up and dialogue with partners, and participate in field visits, providing feedback to the national level.

Any other relevant information related to data/evidence?

Publications supported by UNICEF and contributing to on-going Situation Analysis of children – include:

- UNICEF-INE – IBEP Analytical Report (MICS/HHE)
- UNICEF and MoE – Accelerated Learning Program in Kwanza Sul- Final report exists, management response prepared and sent to Ministry of Education and to RO
- UNICEF-MoE – Education For All Plan evaluation- (Final Report delivered. 8 Draft provincial reports have been written and are being discussed by partners, Draft management response ready to be finalised in 2012)
- UNICEF-MINARS – Assessment of the pilot Project on Social/Cash transfers in Cunene (Assignment completed and final report submitted. Management Response is to be prepared in early 2012.)
- UNICEF-MOH – Assessment of the ACSD Revitalization- Final report submitted. Management response is to be prepared in early 2012
- UNICEF-INE – Establish SICA Database using DEVINFO
- UNICEF and MoH – Country Assessment of Essential Commodities in the Health and Nutrition (Draft Report has been submitted and Management Response to be developed in 2012)
- UNICEF-MoY – Assess groups most at risk to HIV Infection (underway)

Country Programme Analytical Overview

Significant results for children in Angola were achieved through a combination of advocacy, technical support, modeling and documentation for scale-up, leveraging of national funds, knowledge generation on disadvantaged children, capacity building and influencing the development of policies.

Major progress has been made in promoting the equity focus. The analytical report and provincial profiles of IBEP (joint MICS/HHES), integrating an analysis of disparities, have been published and disseminated. The Vth Forum for Children, in June, involved the main ministries and vice-governors of all 18 provinces, civil society and children and was the opportunity to review the 11 Commitments for Children, to plan over the next two years and to commit 500 million USD of government budget. The Forum approved the Child Friendly Municipality as a monitoring tool to measure achievements on the 11 commitments, linked with performance-based incentives. Key policy documents were adopted at the Vth Forum, such as a draft national ECD policy, a National Strategy on Violence against Children, as well as the establishment of a Child Helpline. The revision of the “11 Commitments” with regards to HIV allowed a full coverage of the 4Ps.

The development of the social protection policy, jointly supported by UNICEF, EU and the World Bank, is progressing as well as the multi-dimensional poverty analysis, the analysis of the legal framework and the review of international experiences have been completed.

Tools and processes for the Child friendly schooling framework are now entirely promoted by the Ministry of Education with UNICEF support. The review of the policy of out-of-school children will contribute to improved equity.

75 % of children under 5 were reached with a package of lifesaving interventions either during the Child Health Days ("Viva a Vida" campaign), or revitalization of health services.

The interruption of *polio* transmission was not achieved this year, although the last case dates from June. While the proportion of missed children dropped below 5% in all areas but Luanda, the latter still suffers from inadequate planning and social mobilization. A rapid qualitative assessment on children being missed during the campaigns was carried out and fed into the review of the communication strategy to reinforce the "Barrier Strategy" for the DRC neighbouring provinces. Additionally, in Luanda, 200,000 vulnerable households, at risk for cholera and polio, benefited from a household water treatment campaign, with results showing 87% compliance. We believe this has greatly contributed to the interruption of the transmission in Luanda province.

The launch of promotion of family competencies by the UNICEF Executive Director in January 2011 reinforced the partnership with churches and faith based organizations to strengthen awareness and promote key practices for child survival, development and protection.

Effective Advocacy

Mostly met benchmarks

The release of the analytical report and provincial profiles of the MICS/HHEIS contributed to view the situation of children through an equity lens. As part of the outcomes, the President of the Republic largely used data from IBEP in his speech on the State of the Nation, in October 2011, followed by several radio debates. Equally, UNICEF hosted two public presentations of the results with a focus on equity with the Diplomatic Corp accredited in Angola, with other UN Agencies.

UNICEF used the preparation of the Vth National Forum for Children held in June, and the event itself, as a major advocacy for the most vulnerable. UNICEF supported all the key stakeholders for the preparation of the 2011–2013 Plan of Action for Children, adopted during the Vth Forum, with a GoA 500 million USD budget. UNICEF also supported the preparation of the key policy documents approved in the Vth Forum. The participation of children before and during the forum ("children's voices") was particularly effective, with children acting as advocates for issues pertaining to them that are rarely present in the adults discussions. This was a strong call for the government around the implementation, with results, of the 11 Commitments for Angolan children.

UNICEF advocated and provided close technical support to the Nutrition Department of the MOH and other ministries in the development of the National Infant and Child Nutrition Strategy.

Thanks to several years of advocacy, UNICEF was finally requested by the Ministry of Social Welfare to assist in drafting a new law on social assistance. This work includes a multi-dimensional poverty and vulnerability analysis to be released in 2012, and which will further boost UNICEF effective advocacy for an equitable development in Angola.

Progress is still slow in birth registration (only 31% of under 5 are registered countrywide, i.e. 2.5 million unregistered children). However, the visit of the ED and networking in the CNAC led to the adoption of a strategy for scaling up birth registration. It focuses both on ensuring catching up for all children under 18,

through free registration in a campaign, and addressing the structural challenges that hamper birth registration.

Changes in Public Policy

Important results have been achieved in changes of Public Policy, that benefited from UNICEF support either for preparing key policy documents, networking, advocacy or social mobilization:

- The scale up of the Municipal Health System, with revitalization of health services at its core, with the government providing an annual budget of USD 2 million for each municipality, and EU, the World Bank and USAID buy-in of the model in the projects they support in 9 provinces
- The Ministry of Education accepted the UNICEF proposed shift for its support from construction to support on policy design. The Minister also adopted the strategy for child-friendly schooling as a main strategy to improve quality.
- The scale up strategy of birth registration, with focus on free birth registration of children under 18;
- The national infant and young child nutrition strategy
- The adoption of the national policy on prevention of violence among children
- The National strategy for Community-Led water Treatment and Sanitation (CLTS) developed together with respective ministries (Ministry of Health and Ministry of Energy and Water).

Leveraging Resources

Thanks to increased awareness and commitment around the 11 Commitments at all levels and particularly within key ministries, the new National Plan for children for the 2011–2013 was budgeted at around US\$ 500 million, compared to US\$ 140 million of the previous plan. As of the date of this report, the final government budget had not been released.

The office supported the leveraging of GOA resources for polio eradication, now corresponding to 85% of operational costs (excluding vaccines). The visit of UNICEF Executive Director and Tachi Yamada, of the Bill and Melinda Gates Foundation for resources were an opportunity to increase the leverage of the donors and the private sector (oil companies in particular) for the programme. As a result more than 5 million USD from the private sector contributed to polio eradication efforts, either in kind, directly to the government, or through UNICEF and partners.

The advocacy, documentation and development of evidence and technical support of UNICEF for the Revitalization of Health Services have contributed to the allocation by the GoA of 328 USD (2 million for each municipality) for funding operational costs of Primary Health Care. In 2012 UNICEF, WHO and MOH are planning to work together on clear guidelines for municipalities for the appropriate use of such funds. Furthermore, the World Bank, EU and USAID all developed projects of revitalization along the same model, for implementation in 9 provinces, for a total amount of approximately 200 million USD.

Capacity Development

Mostly met benchmarks

Angola's human capital gap is still very severe, as a result of 27 years of civil war until 2002. The country has been trying to undergo three transitions simultaneously, that from war to peace, from single-party rule to multiparty democracy and from a command based to a free-market economy, all of these in a context of tremendous shortage of trained and experienced people. However, the Angolan government has been implementing various initiatives to build human capacities aimed at the country's transition from the

analogical technology to the digital one.

UNICEF significantly increased the capacity of National Institute of statistics (INE), throughout the process of preparation of the IBEP, on critical data analysis for children and women as a on-job training, learning while doing the analysis. This support continues with setting up of the System of Indicators for Angolan Children (SICA) that will be fully managed by the Institute and other administrative bodies at central and municipal levels. SICA will provide government with the necessary information for monitoring achievements of the national plan of action for children in the 164 municipalities, and will serve to track geographical disparities as well as understanding the bottlenecks and determinants of equity gaps.

Whilst in 2009, UNICEF had recruited an international consultant to fully support the preparation of the 4th Forum, in 2011, national counterparts assumed the whole organization and preparation for the Vth Forum, with close UNICEF support and coaching and the experience has been very rewarding. The National Secretariat of CNAC, as well its 4 Technical Commissions gained significant capacities with this experience.

The support provided to 16 municipalities in 5 provinces generated important lessons that contributed in sustaining the basis of the decentralization process countrywide and continues contributed to flag key constraints, develop innovative procedures adapted to the situation and develop training modules,. Another concrete example of right holders' capacity building was materialized through the cooperation agreement signed between UNICEF and *Twana Twangola*, a local youth-based NGO dedicated to child participation and in raising children voices. UNICEF's close support during the preparation of the children from all the provinces for a sounding participation in the Vth Forum was a very important learning process for the local NGO that is now working with similar associations for the development of child participation.

The DNAAS (National Directorate for Water Supply), with technical support of UNICEF WASH Section, focused this year on building capacity of technical team of the Water and Sanitation Sector Management Information System (SISAS). The national team capacity was strengthened in collecting, analyzing and managing WASH data. The national team will be responsible for the replication of the training for the SISAS staff based at the 17 Provincial Directorates for Water (DPEAS) in the country.

Communication For Development

Mostly met benchmarks

In the Angolan context C4D is constrained both by lack of capacity, strategy and resources. Efforts mainly focus on the production of materials, where information is transmitted vertically to those "who are supposed to learn something".

In this context, in the context of the 11 Commitments for Children and Facts for Life, using the available data from IBEP, the C4D strategy and activities was refocused around the promotion of key practices at family and community level for child survival, development and protection. A specific C4D Strategy was prepared for the eradication of polio and the promotion of routine immunization.

For the promotion of key practices at family and community level, the ED participated in the launch of the 'Receipt of Happiness', following a very long, participative and rich process involving different partners and beneficiaries. Presently implemented in Luanda and Bie provinces, it aims at creating and developing attitudes that can save children lives and help developing them. The programme aims to create demand for quality social services and promote household practices that support child survival, well-being and protection, through the formal alliance signed in January 2011 by UNICEF with the Ministry of Family and the top ten Angolan religious confessions, considered as key players.

The objectives and the materials and strategies of the Receipt of Happiness programme were shared by stakeholders in the 18 provinces though four regional workshops, were more than 400 delegates from governmental institutions and churches participated to constitute local family competencies committees. Materials were prepared with beneficiaries, pre-tested with focal groups in a very extensive exercise. Basically they contain messages from Facts for Life' adapted to local context. They are composed by a communication package containing simple booklets for families (10,000 printed by now), manuals for activists/mobilisers, CDs with specific thematic songs and a set of 8 radio mini dramas in Portuguese and in 7 national languages.

A training of trainers' curriculum and manuals were developed; the first cycle of trainings started in the second half of 2011 with more than 360 participants trained from different confessions at national and provincial level starting in Luanda and Bié provinces. The initiative reached already more than 36,000 women and men with FC booklets and messages, culminating with the Day of Action and Prayer celebrations held on the 20 November where messages were spread by more than 2000 church leaders to stop corporal punishment and promote birth registration. Through a specific partnership agreement signed with 'Pastoral da Criança', additional 260 trainers and 1,100 activist were trained to support more than 10,000 most vulnerable families and 30,000 under 5 children in 15 provinces.

Service Delivery

Fully met benchmarks

Good progress was made in the acceleration of the nationwide implementation of an essential package of services, practices and commodities. UNICEF supported the GOA to ensure satisfactory procurement of commodities such as Vitamin A, vaccines, cold chains, etc., as well on developing communication materials, particularly for the integrated campaigns during the Child Health Days (CHDs). As a result, 99% under five years' old children were vaccinated during three rounds of national polio campaign in 2011; with the percentage of missed children dropping below 10%. Over 5 million children under 5 years old were vaccinated with measles vaccine in a national immunization campaign organized in all 18 provinces and 164 municipal areas in the country. Cold chain equipment such as solar fridges, electric/gas fridges, cold boxes, vaccine carriers, electric freezer, etc. benefited a total population of more than 2 million people in the provinces bordering DRC as well as in Luanda. Nearly 2 million children under five years old benefiting from high quality polio supplementary activities. 75 % children were supplemented with Vitamin A and 79 % children received albandazole during the CHD (Viva Vida integrated campaign).

UNICEF, in partnership with NGOs and civil society, continues to support the government to expand Community Led Total Sanitation (CLTS) in the five provinces of revitalization, with the aim to cover more than 2 million people.

More than 200,000 vulnerable households benefited from Household Water treatment and Safe Storage (HWTSS) promotion and the distribution of bleach for water treatment, the most vulnerable household living in risk areas in terms of incidence of polio and cholera cases in five municipalities of Luanda Province being targeted. These activities were coupled with social mobilization, which involved the community health agents, neighbourhood commissions, and neighbour associations under the supervision of the municipals health and water departments.

As secondary recipient of Global Funds and grant recipient of USAID funds, UNICEF is still supporting procurement of 80% of all LLINs in the country, as well as distribution up to municipality level. However, an Exit strategy is being implemented, focusing on building capacities of relevant government services to take over this function.

UNICEF is still involved in school construction, with 21 schools still under construction under the "Schools for Africa" programme. However, UNICEF in agreement with the GoA, reviewed its added-value in this process and will be focusing on supporting the Ministry of Education in developing appropriate standards for school construction. This strategic shift takes into consideration that the government is building an important number of schools and has its own financial means to ensure its plan.

The promotion of safe water and sanitation facilities in schools, joined with hygiene promotion and CLTS, is proven to have positive impact on children's health, girls' school enrolment and concrete progresses of health in the communities.

Strategic Partnerships

Mostly met benchmarks

UNICEF plays a key role in supporting the GoA in the implementation of the 11 Commitments for Children and its network of partners is large and eclectic. The most important collaborative partnership is the National Council for Children (CNAC), which involves 18 ministries and more than 20 NGOs. UNICEF was invited to a full member status in CNAC. This partnership is central for the entire Country Programme as explained in several parts of this report. UNICEF staff works closely in the 4 established technical commissions.

A strategic Partnership with *Twana Twangola*, a local youth association was established between UNICEF, INAC (National Institute for Children), Open Society and Search for Common Ground for mobilizing and organizing and strengthening the capacities of adolescents and children to raise their voices and critically analyze performances in relation to the fulfillment of the rights of the child, in different settings they attend.

UNICEF played an important role in the promotion of the Alliance for Family Competencies established in January 2011 with the Ministry of Family and Women (MINFAMU) and the group of 11 different churches and faith-based organizations aiming at a nationwide social mobilization for service demand creation and promotion of household essential practices.

UNICEF and the provincial directorate for social affairs entered in a singular partnership (in Huila province) with a group of Associations that prepared a joint programme called 'Joining Hands' (Mãos Juntas) on the basis of 19 initial proposals; they work in the areas of birth registration (community awareness and mobilization) and violence against children (social mobilization and children's awareness action). Based on an annual working plan they use social mobilization, interpersonal methods and local entertainment as strategies to convey main messages around defined indicators.

UNICEF supported the GoA in the preparation and implementation of a massive polio communication campaign engaging local authorities, popular sports figures and singers. UNITEL, the mobile phone company, delivered messages to clients during SIAs and Angolan Red Cross supported the training of social mobilizers in 24 isolated districts of 7 bordering provinces and Luanda.

UNICEF promoted and chairs an informal social policy group formed by UNICEF, the World Bank, EU and UNDP and WHO to share information and build consensus around common action for social policy. It has been active during the preparation of the multi-dimensional poverty analysis and there preparation for the Social Assistance Policy.

In 2011, UNICEF started a dialogue with a new partner, the Ministry for Territorial Administration, in the area of child-friendly municipalities that will be further developed in 2012.

Emerging global partnership with EU, the World Bank, USAID, Brazil, Cuba, around specific issues such as polio, revitalization of health services, social protection, etc. are also important to note.

Partnership with the other UN agencies is in a good shape and was fruitful during the UNDAF review, the implementation of the joint programmes around Immunization, nutrition, WASH and SICA and the Vth Forum

Mobilizing Partners

An example of mobilizing partners to scale-up results is the case of mobilization for polio eradication. Starting with a Partner's Round-table meeting during Tony Lake's visit to the country, more than 20 institutional partners were mobilized, from government bodies, private sector and development partners. UNICEF is positioning itself as a key partner and advisor for the National Commission of Poverty eradication, supervised by the 'Casa Civil' of the Presidency and the largest source of funding for decentralized interventions at municipal level. UNICEF has been asked to prepare proposals for treatment of acute malnutrition, family competencies, child-friendly municipalities, HIV/AIDS prevention and birth registration, for a total amount in excess of 250 million USD.

Currently, UNICEF has launched a process to federate the national NGOs with the view to increase their participation in the CNAC. In each of the 5 focus provinces, UNICEF is partnering with the civil society, either in the child protection networks or the promotion of essential services, practices and commodities.

Knowledge Management

Partially met benchmarks

The CO focused its Knowledge Management strategy in generating key information for evidence based advocacy. In this context, the analytical report and provincial profiles of IBEP (joint MICS/HHES), integrating an analysis of disparities, have been published and widely disseminated, to help decision makers at national and provincial levels to plan around the major gaps in achieving child rights. Learning from experiences in the field has also guided the evaluations and documentation of interventions undertaken during the year. Among those are the Evaluation of the Cash transfers project in Cunene, which is being used in the development of the National Social Protection strategy/law. The results of the Documentation of Revitalization of Health services at municipal level have been used to define certain activities in the 2011–2013 national Plan for Children, as well as the implementation of the Municipal Health System. Similarly, the documentation of the case studies of implementing the 11 Commitments to Children at municipality level in Luanda and Bie provinces contributed to the Vth Forum.

The impact on the practices and behaviour of families targeted by the Water Treatment Campaign was evaluated through a qualitative and quantitative research especially, and final results will be used to adjust future actions. For the Family Competencies component, a qualitative rapid assessment is being prepared to determine whether the messages are fully understood by target population.

Before each Supplementary Immunization Activity (SIA), UNICEF supported the preparation of social mobilization and communication in high-risk areas, followed by monitoring and supervision of community mobilization activities. About 40 supervisors from UNICEF staff supported the strengthening of advocacy and involvement of local administrative authorities, NGOs, religious and traditional leaders during the NIDs and Sub NIDs. This year polio communications embarked on two qualitative researches aiming at identifying the key reasons for missed children at an 8–10% average in each campaign.

One KAP study aimed at (1) identifying knowledge, attitudes and behaviour towards polio vaccine during campaigns and/or routine immunization; 2) identifying factors that influence behaviour, and (3) collecting perceptions about polio communications materials. The final results were presented in November 2011 and will be used to tailor future communication and social mobilization activities towards high-risk areas and missed children, considering the equity perspective.

A second, more in depth, qualitative study aimed at identifying reasons for not vaccinating children has been implemented immediately after the November NID and inform the design of specific strategies for prioritized areas.

Human Rights Based Approach to Cooperation

Partially met benchmarks

The 11 Commitments of Angolan government and partners to Angola Children are based on the Convention of the Rights of the Child. The new 2011–2013 National Plan for Children, with concrete actions from the 18 ministries involved in the National Council for Children (CNAC), is based on the concluding observations and recommendations of the committee of the rights of the child as a way of ensuring that programming is based on the child rights framework.

In 2011m the development of the national plan for prevention and mitigation of violence against children addressed opportunities and shortcomings both for rights holders as well as duty bearer. The law on domestic violence, which ensures a stronger gender balance and human rights protection, has been approved, although with little UNICEF input.

The CO, together with the other UN agencies, supported the documentation of the sexual violence cases during the process of expulsion of Angolans from the neighbouring DRC. The Angolan government identified as one of the priorities the investment in human resources and capacity building, including on rights issues. In particular, the GOA has requested the support of the UN in the control of illegal immigration from DRC.

The on-going work on the development of the social protection policy and law is also strongly based on the rights of all children, with an equity focus.

Gender

Partially met benchmarks

Gender analysis and gender mainstreaming are key tools in the work of the CO. The IBEP survey was designed to provide disaggregated data for males and females and of different age groups. This has allowed to get clear information on the percentage of female-headed households; gender distribution in pre-primary, primary and secondary school attendance, as well as in literacy and out-of-school rates; infant and under five mortality; preventive and curative treatment of malaria, etc.

The results show certain gender gaps in several areas, such as literacy rates for the 15–24 age group, access to secondary school and access to formal employment, all largely dominated by males. Nevertheless, in other areas, such as primary education, access to health care, birth registration and other

basic social services, Angola seems to have less of a gender imbalance.

On the basis of these findings, the Angola CO has developed a gender-targeted strategy for improved access to education, as well as targeting young girls and boys in a differentiated way in HIV prevention. UNICEF is aware that there is a need to constant enhance and support partners and staff capacity in terms of gender responsive programming and gender mainstreaming.

Environmental Sustainability

Partially met benchmarks

The principal purpose of water and sanitation interventions is to reduce environmental contamination associated with open defecation, adequately reduce disease transmission and to provide a clean environment, contributing to the achievement of the MDGs in particular MDG 7 "Ensure environmental sustainability".

The Government of Angola, in line with the Millennium Declaration of the United Nations and the Millennium Development Goals (MDGs), decided, with the leadership of the Ministry of Environment, to take measures leading to definition of a National Environmental Sanitation Policy. In 2011, UNICEF in coordination with UNDP worked with the Ministry of Environment to finalize the development of the first draft of the National Environmental Sanitation Policy.

This policy will enhance the efforts of the Government of Angola in the field of environmental sanitation, particularly in the components of water supply, wastewater, sanitation and solid waste management. The first draft of National Environmental Sanitation Policy was presented during the AngolaSan1 Conference. In 2012 the focus will be the validation of the policy with participation of key partners and civil society. In the context of Angola, WASH section promoted Community-Led Total Sanitation (CLTS) as an innovative approach to ensure communities are free from open defecation (ODF). CLTS aims to promote community behaviour change as the basis to sustainable and improved sanitation system taking into account low-cost approach, health, hygiene, environmental resources, operation and maintenance, finance and socio-cultural aspects.

In Huila UNICEF supported the construction of 10 boreholes within the context of the *Agua para Todos* (Water for All) government project. These boreholes are complemented with Solar Pumps in order to supply water in the neighbouring community. Renewable energies are innovative and environmental friendly technologies that contribute to sustainable and equitable access to water and safeguards and protect groundwater from contamination.

The Model of Community Management of Water (MOGECA), promoted by UNICEF, is a model that involves the communities since the beginning in the implementation of the water project: planning, construction and management of the water points. The community model MOGECA is based on decentralized management of the water point at the most lower level, community participation and cost recovery. UNICEF in partnership with the EU/World Bank and some NGOs (DW, OXFAM, CARE, LWF / TSA, WVI) is supporting the government/MINEA in the process of disseminating the Model Community Management of Water focusing on rural and peri-urban poor areas.

South-South and Triangular Cooperation

UNICEF is promoting, supporting and facilitating the South-south cooperation initiatives in Angola aiming at strengthening certain components of the programme.

For example, in the Juvenile Justice component of the Country Programme an exchange was organized with Brazil specialists and Universities for

- Advocacy and Policy development – Promote exchanges with other countries in order to raise public awareness in Angola regarding alternative measures to prison for children in conflict with the law, to encourage community, public and private sector participation;
- Capacity building – Promote exchanges aiming at improving knowledge and understanding of national, provincial and municipal stakeholders, including juvenile justice professionals, social workers, lawyers, police forces, members of the provincial commission, members of the social centers, and other social actors on international standards and practices in juvenile justice;
- Programme development and documentation – Support the design, divulgation, implementation and documenting of a pilot community based re-education and reintegration programme (alternative measures) in the provinces of Luanda and Huila targeting children in conflict with the law.

UNICEF, in cooperation with TACRO Regional Office and UNICEF Partners, and in agreement with government, facilitated the participation of Angolan Magistrates in an International Course on Legal Protection of the Rights of the Children. This year the course was held in Peru and counted with the participation of three Angolan Magistrates: a Judge and two Public Prosecutors of the Family and Minors Court, respectively. This initiative strengthened cooperation between Latin America and Angola with UNICEF making the bridge. This was an excellent opportunity to reaffirm UNICEF's leadership in providing technical assistance in juvenile justice through making available jurisprudence, expertise, research papers in Portuguese and Spanish in this area of expertise.

These initiatives are now being followed up with the Brazilian Embassy, with involvement of several Regional and Country Offices of UNICEF looking at the development of a strategic partnership in the area of promoting the sharing of knowledge and experiences on child rights, in particular on juvenile justice and social protection. Brazilian technical assistance was also provided in the elaboration of the Angolan government's policy on prevention of institutionalization of children, as well as for the definition of minimum standards and procedures for children homes.

The involvement of Portuguese and Brazilian academic researchers from Brazil in the development of the on-going Angolan Social Protection Policy and Law, are also important to note. Visits to Mozambique in the area of child-friendly schools and community participation in health systems were equally supported and demand is very high in this sense from counterparts.

Country Programme Component: Child survival and development

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
By the end of 2013, 80% of children and women will have benefited from increased access to a package of Health & Nutrition, WASH and HIV/AIDS services with particular focus on the most vulnerable		2 FA1OT1, FA1OT2, FA1OT4, FA1OT5, FA1OT6, FA1OT7, FA1OT8, FA1OT9, FA1OT10, FA1OT11, FA1OT12, FA1OT13 (c)

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E				
OR-R	13500000.00	16668861.37	16426068.01	98.54
RR	3442700.00	1883646.29	1939993.73	102.99
Total	\$16,942,700.00	\$18,552,507.66	\$18,366,061.74	

Results Achieved

The implementation of the **Municipal health system** benefited from 2 million USD in each of the 164 municipalities, thereby contributing to scaling up of revitalization of primary health care.

The **National Infant and Young Child Nutrition strategy** has been endorsed and government financed therapeutic products for the treatment of 2500 malnourished children. Main ports and salt production sites benefited from quality check and 10 provinces were covered community awareness activities and market surveys, resulting in more than 60% of the salt being adequately iodized.

A draft **National Environmental Sanitation Policy** was developed jointly between the Ministries of Environment, Health and Water with support of EU, USAID, AECID, UNICEF and UNDP. UNICEF supported the 1st Angolan Environmental Sanitation Conference, which was the catalyst for scaling up the Community-led Total Sanitation approach.

The GoA implemented 3 NIDs and 5 SNIDs for **polio eradication**, using a new community based approach, with particular emphasis on Luanda, Benguela and provinces bordering DRC. National average of missed children is below 10% for the first time and government is financing 85% of operational cost (excluding vaccines). This has led to 85% reduction of wild poliovirus cases (5) compared with 2010. The Ministry of Health and partners also developed a "*Barrier Strategy*" to prevent re-importation of WPV from DRC and complemented immunization with distribution of bleach to 200,000 households in Luanda. Combined with the social mobilization, this resulted in more than 75% of households still performing water treatment, more than 6 months after the campaign.

The **Municipal Health Days**, integrating immunization, deworming and Vitamin A covered 6 million children countrywide. More than 600,000 LLINs were distributed through community-based networks in the whole country with proportion of deaths attributable to malaria continuing to drop as a result. UNICEF continued to revitalize PHC in 16 municipalities. In those areas, improved logistics and cold chain contributed to increasing immunization coverage. Over 123,000 pregnant women had access to essential reproductive health care in these areas. The joint UN programme on nutrition is covering more than 115,000 children under 5.

An estimated 220.000 people in rural and peri-urban areas and 50.000 primary school children benefited with **access to safe water supplies** from the construction of water points. Community Led Total Sanitation

(CLTS) continues to expand: 300 people were trained in the 4 rural provinces, resulting in 2.000 rural households constructing their own latrines.

Most Critical Factors and Constraints

The scarcity of qualified **human resources** remains the most important constraint in the health and nutrition sector, with big differences between rural and urban areas and between PHC services and hospitals. Competition with the private sector further decreases the number and quality of public health staff.

Limited **capacity in management, planning, supervision, and evaluation** remains a challenge, particularly at provincial and municipal levels. The model of health care in Angola needs to be better adapted to a very dispersed and large population in rural areas, while taking measures to decrease the overload and overutilization in peri-urban areas.

Though the central government regularly allocates 2 million dollars to municipalities for PHC activities, the allocation, disbursement and reporting on utilization of this **budget** suffers from the lack of clear standards and guidance at municipal level.

Monitoring and Evaluation of coverage and results of interventions continues to be challenging, particularly of community-based interventions.

Key Strategic Partnerships and Interagency Collaboration

As a major partner of the GoA in the implementation of the 11 Commitments for Children, UNICEF is the sole international agency with a seat in National Council for Children.

The launch of the ICC for revitalization, in November, integrated all major actors in health, and chaired by the Minister of health, is a breakthrough largely thanks to effective UNICEF advocacy. The Municipal Health System will be scaled up with the support from USAID, EU and the World Bank, for a total amount of more than 150 million USD, on the basis of the model for revitalization of health services developed by UNICEF.

Furthermore, the ICC for Immunization (jointly with WHO, USAID, CORE, Rotary, BMGF and EU) continues to be the forum for coordinating efforts for polio eradication while also leveraging participation from the private sector (Chevron, Total, DHL, Odebrecht, etc.) to plug funding gaps. The WASH Steering committee for partners involved in EU funded Projects continues to be the forum of choice for improved coordination and effectiveness.

UNICEF continued to assist the GoA for managing and leveraging Global Fund financing and preparing Round10 proposals in HIV and Malaria.

UNICEF chairs the Joint UN Programme in Nutrition and food security, participates in the Joint WASH programme, jointly with WHO, UNDP, FAO and IOM. Both programmes are funded by the Government of Spain through the MDG-F. UNICEF also chairs the Disaster Management Team.

OXFAM, People In Need, and Lutheran World federation, ADPP, TSA, Dom Bosco and DW were close partners in the WASH component.

Partnership continues with the National Technical Commission for Salt Iodization to accelerate the universal salt iodization in the country.

Humanitarian Situations

No humanitarian emergencies of significant scale occurred this year requiring UNICEF support.

Summary of Monitoring, Studies and Evaluations

Documentation of ACSD in the 16 municipalities of 5 provinces (Bie, Cunene, Huila, Moxico and Luanda) has shown increased access to quality essential interventions at home, family and community level, with a likely impact on the reduction of morbidity and mortality among children under five and women. The lessons

learned from this evaluation are being shared with partners and will feed into the National Municipal Health System policies.

The consolidation of the National Information System for Water and Sanitation sector (SISAS) is continuing at national level (18 provinces) and with pilot testing in the municipality of Kilamba Kiaxi in Luanda. The Official launch of SISAS first bulletin was done in December. 2012 will be a critical year for implementing an exit strategy as the International staff supporting this process has finished her contract.

UNICEF is supporting currently the assessment and documentation of the various models of Community Health Workers in the country, jointly with ADPP, as well as the Country Assessment of Essential Commodities, with KPMG. Both evaluations will contribute to reviewing national policies in those areas

Future Work Plan

In 2012 the priorities areas for advocacy, technical assistance and resource mobilization will contribute towards the advancement of the MDGs 4 and 5 through close collaboration and integration with others programs:

- Consolidate interruption of wild polio virus transmission
- Accelerate elimination of neonatal tetanus, measles and MTCT
- Support scaling up the revitalization of municipal health services and the reduction of maternal, neonatal and child mortality
- Support scaling up high impact interventions such as LLINs, Vitamin A, deworming, hand washing, household water treatment and CLTS approach
- Pilot and document community based treatment of Malaria, IRA, Diarrhea and malnutrition, in view of revising the national policies for CHW
- Provide technical support for the validation of National Environmental Sanitation Policy and development of National Nutrition Policy
- Strengthen skills and capabilities at national and local level, for the practical application and expansion of effective approaches and technologies for sustainable water and sanitation

Country Programme Component: Social policy and child protection

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
By end 2013, children will have more equitable access to birth registration, juvenile justice, prevention and response to violence and unnecessary separation, through strengthened, evidence based and equity focused national child protection system	2	FA4OT1, FA4OT2, FA4OT3, FA4OT4, FA4OT7, FA4OT9, FA5OT4
By end of 2013, vulnerable and poorest children benefit from a better social protection and increased budget for children.	2	FA5OT5, FA5OT6, FA5OT7

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E				
OR-R	4500000.00	852540.21	851671.21	99.90
RR	1449000.00	988768.26	1217763.84	123.16
Total	\$5,949,000.00	\$1,841,308.47	\$2,069,435.05	

Results Achieved

The report combines two separate programmes, as endorsed by the MTR: Social Policy and Child Protection

Social Policy:

In partnership with World Bank and the EU, UNICEF supported the Ministry of Social Welfare to develop a new **Social Assistance Policy**, by performing a multi-dimensional vulnerability analysis, performing a gap assessment of the legislation on social protection, and sharing best practices of social protection legislation (from CPLP countries, SADC and Latin America). The pilot program on social protection, implemented in Cunene since 2008, was documented for feeding into national policy. The result so far was the development of a vision for social policy in Angola outlining the main strategies and principles. This document recognizes social assistance as an obligation of the Angolan state, and thus as basic social protection measure.

To ensure the identification and registration of vulnerable children in "real time", UNICEF supported MINARS between 2009 and 2010, in developing a **database of vulnerable children**. Currently 78,963 vulnerable households, in 3 municipalities per province in 9 provinces, have been registered. Before embarking on a second phase, UNICEF supported the development of TORs and selection of consultants to assess effectiveness, sustainability, potential for replication of the current system and develop scaling up plans.

Child Protection

Although **birth registration** is free by law since from 2007, only 31% of Angolan children under 5 years are registered. After strong advocacy for several years, the visit of UNICEF's Executive Director in January 2011, finally ensured political commitment of the Minister of Justice to review the strategies for birth registration. This commitment was transformed a specific work plan for scaling up (massificação) BR and a decree ensuring free registration until age 18.

In 2011, UNICEF played a key role in coordinating **juvenile justice** and social stakeholders at national and provincial level to develop an operational plan and to create specific child-centered programmes alternative to detention. UNICEF supported the Ministry of Social Welfare and the Ministry of Interior to develop a pilot project in Huila Province of reinsertion of juvenile delinquents, covering social mobilization, development materials, training, advocacy on the age of criminal responsibility and legal protection.

UNICEF supported the National Council for Children and the National Children's Institute in developing Child Protection Networks in three provinces and developing the TORs for the mapping of the **Child Protection System**, to be implemented in 2012.

The **National Strategy on Violence** against Children was approved at the Vth Forum. Next steps include the development of a Child Helpline and the National Observatory. A provincial program was also launched in Moxico while the Huila program continues to guarantee child rights.

Around 13% of Angolan children do not live with one or both parents. UNICEF focused efforts in achieving the approval and oversight from the Ministry of Social Welfare of regulations and minimum standards for institutional care as element of the national policy for **alternative care**.

Most Critical Factors and Constraints

Social Policy:

The development of the social assistance policy includes a study of multi-dimensional poverty whose outcome may result in indicators differing from official statistics. 2012 is election year and it will be difficult to keep the momentum in this area for the lack of immediate visible results and the sensitivity of the issues. Reconciling the agendas and interests of all stakeholders in the process and to complete the work plan within the deadlines will be a challenge.

Child Protection:

Cross-sectoral coordination needs to be enhanced, both inside the National Council, as well as at the level of municipal and provincial administrations. Frequent staff turnover in the Ministry of Justice has also delayed the implementation of the birth registration strategy. Inadequate financial and human resources and the weak national capacity for research impacts on the monitoring and evaluation of child protection indicators.

Key Strategic Partnerships and Interagency Collaboration

Social Policy:

The Ministry of Social Welfare is leading the process of development of the social assistance policy, in close relationship with other ministries of the with obligations in providing social protection.

The World Bank co-finances this process and the EU Commission is actively involved as well, as they are preparing project on safety nets. The social policy group, chaired by UNICEF, is the forum for coordination with UNDP, WHO, the World Bank, and the EU.

Child Protection:

UNICEF supports the National Council for Children as well as the National Institute for Children in providing an inter-agency platform for discussing child protection concerns and monitoring progress, at national, provincial and municipal level.

UNICEF traditionally works with a wide range of local actors in the justice, interior, social welfare, local governance and law enforcement sectors.

Unluckily, due to decreasing funding for development agencies, most of the Child rights NGOs, including Save the Children are closing their offices in Angola.

Humanitarian Situations

The only significant humanitarian emergency this year consisted in the continued expulsion of illegal DRC migrants. UNICEF is working closely with the RC office, UNHCR and IOM in monitoring the situation. Thanks to the visit of the ASG Margaret Waldstrom, the GOA has requested UN support in ensuring respect of Human Rights in the future cases of enforcement of immigration policy.

Summary of Monitoring, Studies and Evaluations

Social Policy

The Social Assistance Policy supported one study and one evaluation: multi-dimensional analysis of poverty based on the database IBEP-208/2009 (study now nearing completion) and assessment of best practices of social assistance in CPLP and Latin American countries and SADC.

Child Protection:

The programme undertook the evaluation of the pilot social protection initiative in Cunene province implemented by the local NGO, ADRA.

Future Work Plan

Social Policy

The Social Policy programme will continue the development of the Social Assistance Policy by performing the analysis of the different cost scenarios for intervention in the area of social protection, draft the policy of social assistance, support the Ministry to validate the process with social stakeholders and draft complementary legislation (Law of assistance and their social regulation) as well as implementation plan.

The assessment of the database of vulnerable children will lead to an improved selection criteria and mechanisms for registering and following-up vulnerable children, creating good evidence to advocate for the most vulnerable, seeking a more equitable governance plan for Angolan children.

Child Protection:

The biggest priority of the programme will be to continue to advocate, provide technical support, strengthen capacity and leverage resources for scaling up the national programme of birth registration (for children until 18).

The finalization of the National Strategy to Control Violence against Children, will lay the groundwork for the creation of the National Observatory on Violence against Children, and the implementation of the child phone helpline.

The mapping of child protection systems, to be implemented in 2012, will serve as baseline for the review of the national child protection system, under the leadership of the National Council of Children and INAC.

UNICEF will also implement research on harmful norms and traditional practices, contributing to the violation of child rights.

Country Programme Component: Education and youth

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
By 2013 Angolan children, particularly the most vulnerable, will have increased equitable access to quality education and to opportunities to develop life skills and healthy life patterns.		2 FA2OT1, FA2OT2, FA2OT3, FA2OT5, FA2OT6, FA2OT7

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E				
OR-R	3750000.00	2798260.10	1426764.96	50.99
RR	939000.00	393464.37	393464.37	100.00
Total	\$4,689,000.00	\$3,191,724.47	\$1,820,229.33	

Results Achieved

A National Early Childhood Development Policy was developed in conjunction with MINARS and other relevant ministries and approved at the Vth Forum for Children. The policy led to the development of the draft law on Early Childhood Development Law, currently being debated at the National Assembly. These documents specify the responsibilities each government agency must fulfill and as such, it is the beginning of a coordination mechanism.

UNICEF contributed in the development and implementation of the *Programa de Alfabetização e Aceleração Escolar (PAAE)* in Kwanza Sul, focused on out-of-school or over-age children. Approximately 7010 students and 255 teachers benefited from this programme and it will be expanded to Moxico Province in 2012. The assessment of this project contributed to improved awareness of types of exclusion, as well of the gaps between supply of services and needs of the excluded populations. As a result, the MED partnered with UNICEF to research these issues within the Out-of-School Children Initiative framework. This places UNICEF in a strategic position to further promote actions to ensure equitable access to quality education.

Similarly, UNICEF has been successful in **mainstreaming child-friendly schools (CFS)** to improve quality of education. The new initiative, led personally by the Minister of Education, grants greater relevance to the participation of the school community and local empowerment. Jointly with Save the Children, UNICEF ensured consolidation of achievements, integration of lessons learned in current work plans and transition to a government-lead process. The training of MED officials in the CFS framework has started in 6 provinces, and tools and processes are currently being validated. UNICEF will continue to shift from a project based approach to supporting the development of national policies, mainstreaming in national strategies and leveraging government resources.

UNICEF supported scaling up of **peer education on HIV and AIDS**: 105 peer-trainers have been trained in the Province of Cunene and 75 in the Province of Moxico. UNICEF is also supporting initiatives to revise the prevention strategies of the MED and MINJUD, and focus it much more on high-risk groups. Jointly, these efforts are contributing in main-streaming healthier behavior patterns among Angolan youth. UNICEF is currently supporting qualitative research on risk behaviors among vulnerable youth that will feed in the review of the national strategy.

Most Critical Factors and Constraints

Challenges in planning, supply of commodities and services and the post-conflict context are three factors that constrain the achievement of programme goals in the education sector.

With regards to planning of activities, the original objectives of the programme were over-ambitious in the current context. The Project for Access to Basic Education (PAEP) is a clear example. Preparatory activities for the implementation of the project were conducted successfully but the inability to mobilize the necessary human resources at the ground level in an expedient manner prevented meeting the goals that had been agreed upon with the donor (European Union).

The second type of constraint is inadequate supply and challenges in the provision of goods and services. An example is the case of contractors for infrastructure projects. In the Angolan context, UNICEF project scope is comparatively small, and thus does not attract the interest of most of the larger contractors. Furthermore, at provincial level, there is scarcity of providers and competition, which compounds the lack of interest to bid for UNICEF contracts. An example of this case is the delay in construction projects in Cunene, Moxico and Bié.

In the context of a post-conflict country, the shortages of qualified teachers, the insufficient coverage and access to **schools** and the "catch-up" factor hinder the development of the projects but are, themselves, factors that UNICEF activities address. There is a general lack of qualified personnel in the country and, therefore, most efforts to increase access to and improve quality of schooling rely on untrained personnel. This creates a high demand for in-service teacher development. In rural areas, access to schools remains difficult because of the low population density and the state of the transport system. In urban areas, overcrowding is the rule.

Finally, Angola is working hard to "catch-up" after a protracted civil war. This is also true of the education system and of the training of individual students. While the system is not only trying to expand to offer educational services to all school-age children, it still has a significant proportion of the population that require accelerated learning and literacy programs, in order to meet the goals of Education for All.

Key Strategic Partnerships and Interagency Collaboration

An effort was made in 2011 to strengthen partnerships by fostering discussions, joint planning and active involvement in discussions around the projects. This participation must be intensified in future years. In 2011 it strengthened ties with partners and improved mutual understanding.

The Education Section developed strategic partnerships with national partners

- the Second Commission of the National Council for Children (CNAC)
- the Ministry of Social Affairs and its *Direcção Nacional da Infância*;
- the Ministry of Education and within it with the *Instituto Nacional de Formação de Quadros, Direcção Nacional de Ensino Geral, Direcção Nacional de Educação da Adultos* and *Direcção Nacional de Acção Social* and the provincial directorates in Luanda, Bie, Moxico, Huila and Cunene;
- Ministry of Justice through the *Direcção Nacional da Juventud*;
- the National Institute for HIV/AIDS control.

Furthermore, three key international partners in Education are the delegation of the European Union; UNESCO and Save the Children Angola.

UNICEF Angola is also the secretary for the Partners Support group for the development of education (PADEA). This initiative has been successful in promoting coordination and cooperation among agencies working in the education sector. However, the group still requires strengthening and this will be an on-going activity in 2012.

Humanitarian Situations

The Education Section was not involved in direct response to humanitarian situation in 2011.

Summary of Monitoring, Studies and Evaluations

In 2011 the Education Section supported the mid-term evaluation of the activities within the action plan for **Education for All**. The study demonstrated important progress towards universal basic and early education, but also showed endogenous and exogenous constraints to the increase of access to education. The study also showed a loss of visibility of the Education for All initiative. A disaggregated analysis of the study was used to produce provincial reports that will be disseminated in 2012.

The Angola Case Study conducted in 2010 for the Education in Emergencies and Post-Crisis Transition Programme (EEPCT) was published in 2011. EEPCT financed the **Literacy and accelerated learning programme (PAAE)** in Kwanza Sul and the development of the Teacher Training Master Plan as a support to the transition from humanitarian response to a development-oriented program. Results from the study indicate UNICEF has contributed in improving quality and the resilience of the education sector and in developing evidence-based policies and programming. However, it points out that progress has been slow and coordination sometimes poor, particularly due to high personnel rotation in the section.

A **specific assessment of PAAE** was also carried out. It showed that the programme was able to achieve gender balance, achieve adequate sustainability, kept teaches well-informed and developed interesting partnerships with NGOs and the community. However, the study also noted differences between the target population the program was intended to serve and the characteristics of the population actually enrolled. This finding and other less structured observations by officials from the Ministry and the provincial governments lead to the development of terms of reference for a study on out-of-school children to better understand the dynamics of the at risk populations and the populations attempting to "catch-up". The literature revision for the study began in 2011 and the study is planned to conclude in 2012.

A qualitative study on characteristics and patterns of behavior of **youth at risk of HIV infection** is another important study that initiated in 2011 and is expected to be concluded in 2012 enquires.

Future Work Plan

The Education Section plans to contribute to three of the office-wide priorities: elimination initiatives, ensure access to quality primary education and accelerate the development of policies and interventions of unattended or underlying issues.

Regarding the first priority, elimination initiatives, the education programme will continue to support the Ministries of Justice and Education in the development or review of the strategy for HIV-AIDS prevention amongst young people, particularly those at highest risk, but also by reviewing the information available to school-bound populations.

To ensure access to quality primary education three lines of action will be undertaken. First, UNICEF will continue its exit strategy of school construction and mainstreaming of construction standards. Also, the scale-up of the CFS framework will be further supported by developing tools that will allow schools to assess themselves against the framework and plan accordingly. Lastly, based on the information obtained in 2011 from the studies on the accelerated learning and literacy programs, a review will be conducted of the strategies to foster the inclusion of Out of School Children into the system.

To accelerate the development of policies on underlying issues, the Education programme will partner with CNAC and Ministry of Social Affairs in concluding the Early Childhood Development policy and offer support in the development of Early Childhood Education approaches.

The Section will also continue to strengthen the PADEA group as an entity that fosters coordination among stakeholders of Angolan education.

Country Programme Component: Planning, field, communication, external relations

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
By 2013, CNAC and selected provinces and municipalities have the institutional capacity to plan, implement and monitor equity and impact of child related programs using data evidence.		2 FA5OT1, FA5OT2, FA5OT3, FA5OT5, FA5OT6, Support 2
Children, families and caregivers have the information needed to change behaviour and make decisions to improve equality and investment in the most vulnerable Angolan children by 2013.		2 FA5OT5, FA5OT6, Support 4, Support 6, FA5OT8, FA5OT9, FA1OT5, FA1OT8, FA1OT9, FA2OT3

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E				
OR-R	750000.00	3036417.28	2930688.86	96.52
RR	379400.00	1619212.91	1619212.91	100.00
Total	\$1,129,400.00	\$4,655,630.19	\$4,549,901.77	

Results Achieved

This report combines the results of two programmes, as endorsed by the 2011 MTR: PME and Communications.

Jointly with the UNCT, UNICEF supported CNAC for the Vth National Forum for Children, resulting in the 2011–2013 Biannual Plan for the 11 commitments, budgeted at USD 500 million.

The CO undertook the Mid-Term Review of the Country Programme, integrating the results of the UNDAF review and of the Vth Forum, with support of ESARO, resulting in a revised CPD, with refined PCRs, IRs and Milestones, and a 2011–2013 Rolling work plan. The CO also restructured its organizational and staffing structure, approved by the December PBR.

The Analytical Report of the IBEP (joint MICS/HHIE) and provincial profiles, were released jointly with the National Institute of Statistics (INE) and the World Bank. A database of Integrated Child Indicators (SICA) to be used as a monitoring and certification system of Child Friendly Municipalities and level 3 indicators, using DevInfo, was also developed.

With regards to communication, an alliance in Family Competences was signed in January 2011 with the Ministry of Family, ten Angolan churches, during Executive Director Visit, to create demand for quality social services and promote essential household practices. FFL messages were adapted into communication packages for families and activists. The first cycle of trainings started with 360 activists from different confessions nationally and in two provinces. In September 2011, churches started their awareness initiatives reaching more than 36,000 participants culminating with the Day of Action and Prayer on 20th November attended by more than 2000 church leaders.

A massive Media communication campaign to eradicate polio was implemented engaging authorities, popular sports figures and singers. UNITEL, the mobile phone company, delivered messages to all clients during SIAs and Angolan Red Cross supported the training of social mobilizers in 24 isolated districts of 7 bordering provinces and Luanda. Those efforts were complemented with targeted advocacy and networking. A campaign for treating water with bleach was implemented in 5 high-risk municipalities in Luanda province, targeting 200,000 vulnerable families. An assessment performed in November showed 87% compliance.

The contribution of the national "Children's voices" network, led by the National Institute for Children and a national NGO, was a critical contribution to the Vth Forum, through 18 provincial and a national workshops. The recommendations to the government were presented by 36 child delegates during Vth National Forum for Children. As a follow-up, more than 700 children participated in 9 provincial workshops held in the last quarter of 2011.

Besides developing 4 toolkits and regular contacts with key Natcoms, the Private Fundraising Strategy resulted in almost 5 million USD commitments from Chevron, Total and ENI Foundation for polio.

Constructive contacts have been taken with the Banca de Poupanca e Credito and contacts were made with Chinese construction and communication corporations thanks the visit of the Hong Kong National Committee visit in August. Field missions were organized for the EU, Spanish NatCom, Romanian NatCom and the Japanese Embassy.

Most Critical Factors and Constraints

For PME, internal constraints were related to the fact that the Planning Officer (P2) left the CO in June, leaving the PM&E section with 5 staff (3 IPs, 1 NO and 1 GS). A post of National Planning Officer and outsourcing of the report editing have been approved by the PBR and will be the focus of 2012. Externally, the major constraints are related to inadequate human capacity at provincial and municipal levels; the long transition of the INE leadership, and the lack of information and data on key indicators country wide. The UNDAF MTR has been delayed by the lack of interest of national authorities who were preoccupied with the election agenda

With regards to Family Competences, constant advocacy with the Ministry of Family to bring the institution on board with dedicated funds to cover programme activities did not produce anticipated results in 2011. However, the Ministry budgeted 3 million USD for this programme in 2012, but there are still no guarantees that this budget will be disbursed by the Ministry of Finance. In general, national capacity for developing social mobilization and interpersonal communication remains inadequate, beyond media campaigns.

During most part of 2011 communications for polio eradication concentrated on media and advocacy actions. This approach did not allow for expansion of social mobilization activities with interpersonal communications at the community level, in order to reduce missed children and guarantee the quality of social mobilization, particularly in Luanda and the provinces bordering DRC. It was only at the end of the year that the team started implementing interpersonal communication training and supervision in high-risk areas in the border provinces. This new approach was initiated in collaboration with the Red Cross and will continue in the near future. After November campaign monitoring, it was highlighted that Luanda needed special attention since it presented the highest number of missed children, so actions are being taken to improve local capacity and understanding through interpersonal communication at community level in high-risk areas.

Specific fundraising and leveraging proposals have been submitted and negotiations started with bilateral donors (Japan, EU), private companies (Oil sector and UNITEL) and Angolan government bodies (Commission for Poverty Eradication), but fundraising beyond the oil sector remains difficult and presents reputational risks for UNICEF.

Key Strategic Partnerships and Interagency Collaboration

During 2011, the PM&E programme component strengthened its partnership with INE, as well as with CNAC and its members, particularly the Ministry of Planning. UNDP is strongly involved in the development of SICA and all UN agencies have contributed technically and financially to the Vth Forum. All UN agencies are jointly involved in the UNDAF review.

Communication key partners are donors, UNICEF NatComs, and national and international media as well as the Ministries of Social Communication, Health, Education, Family, Youth and Sports, and the National Institute of HIV/AIDS control, the National Council for Children, and the National Institutes of Statistics and of Children. Other partners like Angolan Red Cross, National Angolan Radio, Angola Public Television, UNITEL, Radio Ecclesia and Radio Viana. Important inroads were made with Chevron, Total, ENI Foundation, BPC Bank, as well as with the Chinese business and diplomatic community.

A specific partnership with Twana Twangola, Save the Children, Open Society and Search for Common Ground promoted child participation in the Vth Forum. A formal alliance has been signed with the most important religious confessions in Angola, nominally the Catholic Church, the Council of Christian Churches in Angola, the Methodist, Baptist, Pentecostal, Universal, Adventist and 4 Evangelic churches.

The main partner for polio communications is the National Office for Health Promotion and its representatives in all 18 provinces. This year a new agreement has been initiated with the Red Cross to train and supervise 130 community mobilizers in 24 HR communities from 6 provinces, as well as 7 municipalities of Luanda. This agreement is expected to be expanded for 2012.

Humanitarian Situations

No Humanitarian Emergency was experienced this year in Angola.

Summary of Monitoring, Studies and Evaluations

The evaluation of the Accelerated Learning Program and Education for All are contributing in reviewing national policies.

The Evaluation on Cash transfers in Cunene has contributed to the development of the National Social Protection strategy/law that is being developed. The results of the Documentation of the Revitalization of Health Services at Municipal level have been used to develop the rolling plan for the program and contribute lessons learned to the implementation of the Municipal Health System. The CO also documented case studies of implementing the 11 Commitments to Children at municipality level in Luanda and Bie provinces. The impact on the practices and behaviour of families targeted by the Hygiene and Water Treatment Campaign was evaluated through a qualitative and quantitative research. The research had a sample of 600 participants who were selected from those who received bleach. It assessed the distribution (coverage) as well as qualitative information from mothers in the 5 municipalities in order to deepen the understanding of

behaviour change, realized practices and the reception of messages. The final results will be used to adjust future actions.

For the Family Competencies component, a set of monitoring tools were developed and tested during the training of trainers to track activists' awareness activities at community level. In 2012, a qualitative rapid assessment will be carried out to determine whether the messages are fully understood by target population and in 2013 a quantitative KAP survey will be undertaken to evaluate impact in terms of behaviour changes against MICS indicators.

Before each Supplementary Immunization Activity, UNICEF supported the preparation of activities for social mobilization and communication in high-risk areas, followed by monitoring and supervision of community mobilization activities. About 40 supervisors from UNICEF staff supported the strengthening of advocacy and involvement of local administrative authorities, NGOs, religious and traditional leaders during the NIDs and Sub NIDs.

This year polio communications embarked on two qualitative researches aiming at identifying the key reasons for children being missed. One KAP study aimed at (1) identifying knowledge, attitudes and behaviour towards polio vaccine during campaigns and/or routine immunization, (2) identifying factors that influence behaviour, (3) collecting perceptions about polio communications materials. This research was implemented in both rural and urban areas of the 7 high-risk provinces and 9 communities were selected based on the results from independent monitoring. The methodology included qualitative research methods, the final results were presented in November 2011 and will be used to tailor future communication and social mobilization activities towards high-risk areas and missed children, considering the equity perspective.

A second qualitative study, using more in depth and direct observation tools, aimed at understanding reasons for not vaccinating children among missed children, identified during the November NIDs, in Luanda, Uige, Zaire and Cabinda. This study was done with Universidad Agostinho Neto. The analysis is still on-going and results will be used to design specific strategies for prioritized areas. The Country Assessment of Essential Commodities and assessment of the water treatment campaign are on-going.

Future Work Plan

The PME section will finalize the MTR review for presentation at the UNICEF board in June. As a result of the new National Plan for Children and the CO Rolling Plan developed for the period 2011–2013, the CO will continue to support CNAC and the Ministry of Territorial Affairs in implementing the Child Friendly Municipality Concept, including the SICA/DevInfo monitoring tool. Support will also be provided to INE in undertaking a multi-dimensional poverty analysis, based on the IBEP data, jointly with the World Bank and the Ministry of Social Affairs. The Angola CO is also discussing with the other UN Agencies (particularly UNDP, WHO and UNFPA) a joint approach of our collective support to INE. Documenting the major experiences of UNICEF work in Angola will also be a key component of PM&E work in 2012.

The future work plan for the Communication Programme will continue to focus on 5 Intermediate Results, respectively external relations and fundraising, child participation, family competencies, polio eradication and capacity building. As a result of the April PBR, the three communication units (External Relations/fundraising, C4D, polio communication) have been merged in a single programme, starting in 2012. The Communication work plan for 2012 include a fully operational fundraising strategy, the roll out of training master plan for Family Competencies with an overall expected result of 2,000 trainers and 45,000 activists trained by the end of 2012 and 650,000 families supported by activists with high impact messages on ACSD related key practices, birth registration, early stimulation and violence mitigation. In relation to Child Participation we will continue supporting the work of INAC and Twana Twangola, to strengthen the "Children's Voice" network, through nationwide workshops and trainings for children that work in communities, radio stations and schools, focusing on violence prevention and family competences. We will continue the technical support to strengthen C4D actions with national counterparts in Birth Registration, Early Child Development Policy and High Impact Interventions in malaria, water and basic sanitation. Communication, advocacy and social mobilization activities for polio eradication in the high-risk areas will be strengthened with a collaborative and comprehensive communication strategy.

Country Programme Component: Cross-sectoral costs

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
The HIV component is integrated across survival, education and protection programmes. It aims at ensuring 80% of children and women benefit for essential services, knowledge and commodities to prevent, control or mitigate impact of HIV/AIDS	2	FA3OT1, FA3OT3, FA3OT4, FA3OT6

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	0.00	0.00	0.00	0.00
OR-R	0.00	0.00	0.00	0.00
RR	0.00	0.00	0.00	0.00
Total	\$0.00	\$0.00	\$0.00	

Results Achieved

There was some timid progress in HIV: prevalence remains stable at about 2%; in 2010, 32% of pregnant women are tested for HIV (24% in 2009); PMTCT coverage was estimated at 20% (19% in 2009); paediatric ART coverage at 10% (11% in 2009).

UNICEF supported the national HIV programme (NACP) through policy dialogue, strategic guidance and technical assistance (TA). A major result was political commitment for the Elimination of Mother-to-Child Transmission (eMTCT), and agreement for rapid analysis of national PMTCT program to be fed into the development of the national and provincial eMTCT plans. UNICEF was crucial for leveraging resources for NACP from GFATM.

HIV services were further mainstreamed within the MCH revitalization programme. Advocacy and TA resulted in a ministerial decree allowing task shifting to nurses to prescribe ARV and a shift in training method for PMTCT, crucial to reach more rural populations, contributing to more equitable access to services. With UNICEF support, a home-based care strategy is being developed, for improved continuum of care and adherence. The national nutrition strategy includes specific interventions for HIV positive children. Support to community approaches contributed towards healthier seeking behaviour, included in the Family Competencies communication strategy, and the development of communication materials and HIV prevention plans.

The HIV component of the "11 commitments" of CNAC now fully covers the 4Ps. Advocacy for improved coordination among partners and strengthened collaboration and integration of different initiatives and interventions resulted in the establishment of an HIV prevention thematic group and in the inclusion of PMTCT in the newly established ICC for revitalization.

UNICEF supported the Ministry of Education to assess its response to HIV in Cunene Province, that will be instrumental for the revision of education sector HIV strategic plan (early 2012). UNICEF is supporting the Ministry of Youth to review its HIV strategic plan and integrate it in their sectoral Plan: a rapid assessment of the implementation of the 2006 plan will contribute to the review process. UNICEF is supporting research on HIV related risk-behavior among adolescents and young people, which will contribute to develop communication strategies and actions for HIV prevention and vulnerability reduction. UNICEF supported training of 180 HIV peer-educators from very poor communities in Cunene and Moxico provinces; their work at community level will contribute to more equitable access to information and promote responsible and healthy behavior.

Almost 10% of Angolan children are orphans and 13% of do not live with either parent. Children affected by HIV&AIDS are extremely vulnerable and UNICEF made efforts to guarantee their protection and care. In this sense, a pilot project on social protection was implemented successfully in Cunene province by a local partner, ADRA. The project's goal was to prove a social protection model for vulnerability situations and to

improve the welfare of vulnerable children and families affected by HIV&AIDS by increasing their resource generation, alimentary alternatives and services access. Documentation of this project will feed into the national social assistance policy.

Most Critical Factors and Constraints

Despite all efforts, progress in HIV control has been slow in past years, due to various constraints: challenges in leadership and the lack of a strategic and public health vision, resulting in inadequate national strategies, insufficient allocation of funds and inefficient use of available resources and lack of inter-sectoral coordination.

Because of the relative isolation of Angola as a Lusophone country, the country is heavily dependent on Brazilian consultants, resulting in some competing technical assistance. Exchanges with other countries in Africa with similar socio-economic realities is also limited because of the language barrier.

There is a serious shortage of available human resources (quantity and quality), lack of staff motivation and high turnover of personnel at all levels of the system, which hinders implementation and monitoring and in turn hampers decentralization of services. Long administrative procedures result in delays of planned activities. Availability of reliable data is a general challenge e.g. data on child protection are almost non-existent. Furthermore, there is little critical analysis and use of the data that do exist.

Primary HIV prevention receives limited attention from GoA and funds are limited, both at national and provincial level. HIV prevention activities were mainly funded through R7-GFATM, and since that round ended, activities have scaled down. Donors are funding piecemeal interventions, with the decrease in number and amounts of contributions of further concern. Also, UNICEF's cooperation in this area relies on the Ministry of Youth, which has limited decision-making power, resulting in limited commitment of the sector towards HIV prevention. Efforts will be made to increase high-level commitment.

Due to limited funds for development agencies, and a general reduction of donor funding for Angola, many (and most of the child rights) NGOs are closing their offices in Angola, limiting the possibility of partnerships. Lack of funding also limited UNICEF's recruitment and provision of technical support. Furthermore, the frequency of polio campaigns has led to some short-term staff shortages as people (especially from ACSD and communication, but also Education) are called out to join the campaigns.

In the future, UNICEF needs to provide more support for leveraging available national resources (e.g. poverty eradication program) for implementation of services for children, especially to the provincial and municipal level. Given the strategic shift to more upstream work, innovative ways to ensure implementation are required, especially given lack of donor funds and reduced support.

Key Strategic Partnerships and Interagency Collaboration

A key strategic partnership was established with other UN agencies and PEPFAR for the Elimination of Mother to Child Transmission (eMTCT). Furthermore, eMTCT was integrated as a sub-component in the newly established Interagency Coordination Committee (ICC) for revitalization, presided by the Minister of Health, reinforcing the partnership at a higher level.

UNICEF is working in very close relationship with WHO on improving standards for training of health care workers through the introduction of IMPAC, and organizing a first ToT. A strong collaboration has been developed with key UN agencies at level of the UN Joint Team on AIDS.

The partnership that was established at the provincial level in Cunene, between the provincial health authorities and 3 NGOs, for the joint implementation of the revitalization/HIV project, has continued until the

end of the project, and will partly continue through other channels, as for instance the community health workers component will carry on as a partnership between the province and the NGO.

As for HIV prevention, UNICEF is working in close coordination and collaboration with UNAIDS, UNFPA and UNESCO, and government counterparts (Justice, Education and NACP) as well as with NGOs (PSI) and various networks and CBO, and an HIV prevention thematic group was formed to strengthen this partnership and jointly support the national HIV prevention response. HIV/AIDS prevention has also been mainstreamed in the Family Competencies, supported by an Alliance of Churches.

The Child Protection programme traditionally works with a wide range of local actors in the justice, social welfare, local governance and law enforcement sectors. Both the National Council for Children as well as the National Institute for Children are providing a valid inter-agency platform for discussing child protection concerns, monitor progress, while the child protection networks at provincial and municipal level are those that are partnering with UNICEF for implementing actions.

Humanitarian Situations

No Humanitarian Emergency was experienced this year in Angola.

Summary of Monitoring, Studies and Evaluations

Technical assistance to the NACP in the area of **M&E** resulted in the further implementation of the revised patient monitoring tools and other data collection-, analysis- and reporting tools for clinical services towards improved quality care as well as improved results-based management at local level and policy at national level. UNICEF also supported the elaboration of the Universal Access report.

Technical support was provided for the 2011 national sero-sentinel surveillance among pregnant women. UNICEF has been instrumental in providing TA as well as coordinating with other partners to support the rapid analysis of the national PMTCT program, which is on-going. The findings of this analysis will form the basis for the national and provincial elimination plans.

UNICEF is working with the Ministry of Youth and the NACP to carry out a study on risk behavior related to HIV among adolescents and young people, to be finalized early 2012. The results of this research will be used to define concrete strategies and interventions to address the needs those young vulnerable people, contributing to more equitable access to prevention, treatment and care.

The evaluation of the pilot social protection (cash transfer) initiative in Cunene province implemented by the local NGO, ADRA, was done. The documentation of this project will feed into the national policy. For the family competencies component, a set of monitoring tools were developed and tested during the training of trainers to track activists' awareness activities at community level.

Future Work Plan

In 2012, our focus will continue to be on policy dialogue, strategic guidance and technical support and capacity building of our counterparts.

In the health sector, the focus will be to provide support to the MoH in eMTCT, with the development of the national and provincial eMTCT plans. Support will be provided for the implementation of decentralization of the services. Special emphasis will be put on the scale-up of task shifting, starting with PMTCT by nurses. The ToT on IMPAC/IMAI will be the first step in this process. Efforts will be put in place to achieve further task-shifting, e.g. for paediatric ARV treatment. Also, work will start on HIV services for adolescents. UNICEF will continue to support improved capacity building through improved training methodology and better training tools. The newly elaborated home based care manual will be promoted and a training manual developed. The national testing and counseling protocol and manual will be revised and a training package developed.

As it is doubtful that R10-GFATM will be signed, other means for decentralization of early infant diagnosis will have to be identified.

Coordination and collaboration with the national nutrition program will continue (HIV was an integral part in the nutrition strategy developed in 2011). Integration of HIV in IMCI is planned for this year.

UNICEF will continue to support strengthening of M&E for better decision making in HIV. The use of the patient monitoring tools will be re-enforced and its evaluation will be done to feed into improved tools.

The priority for HIV prevention among young people will be on strategic guidance and production of evidence on in and out-of-school children and young people for inclusion in policy development. As the President of the Republic has expressed a genuine interest in accelerated HIV prevention interventions, UNICEF will support this initiative.

For child protection, the focus will be on policy guidance, ensuring that children infected or affected by HIV are properly taking care of in national laws and interventions.

UNICEF will implement a project in at least one municipality, covering all 4Ps to demonstrate the possibility of offering a continuum of care in an integrated manner.

Effective Governance Structure

The Office objectives were prepared and discussed with the staff early in the year, during a General Assembly and by the CMT. By mid-year, the office organized Strategic Moment of Reflection / MTR to review the first two and 1/2 years of the Country Programme and adjust objectives and strategies.

The main goals for the operations group to ensure effective governance were met,:

- i) Reduce operational cost and improve efficiency and productivity – operational cost was reduced by 25% compared to the previous year. SOP on key processes were reviewed and Training sessions organized.
- ii) Preparation for new systems – data cleansing and supply inventory count was the focus for the mid-year closure of accounts for migration of data to the new system. The Windows Server 2008 Hyper V was successfully installed. Nine Super-Users were trained in the VISION training held in ESAR.
- iii) Implementation of audit and peer review recommendations – The 2010 External Audit report was finalized and received by the Country Office in March 2011 with 12 recommendations. By December 2011, all recommendations were closed. The peer review recommendations continue being a good source of self-assessment for improvement of processes – two RO visits in 2011 from the Chief ICT and Chief Operations
- iv) Work with other UN Agencies for harmonized services – Operations Management Team meetings held frequently assisted in closer collaboration of UN Agencies by sharing LTAs (i.e. Customs clearing; travel agency; vehicle maintenance). The arrival of a Common Service Admin. Specialist (under UNICEF contract), whose salary is co-financed with other UN Agencies has brought improved results on premises and services. The UNCT has elected UNICEF to Chair the 2012 OMT for improved results

The Enterprise Risk Management (ERM) exercise was concluded in May 2011 leading to the conclusion that the profile of the Office was medium to high-risk. This led to review of key work-processes and develop SOPs to improve knowledge of staff and ensure risk-mitigating controls are in place. The ability to change was a critical issue: indeed the programme moves into upstream work, funding is decreasing by 10% per year and cost of operations is very high. This requires out of the box thinking to improve productivity.

The CMT met once per month to review the performance indicators, advice on improving productivity and approve changes in structure. JCC was held 5 times this year. The Staff Association has been very active promoting dialogue between management and staff particularly of the 2 PBRs and MTR this year. The changes in staffing will result in a reduction of approximately 15% of the cost, from US\$10.5million in 2011 (actual) to US\$9.1million in 2012 (projected).

Information continues to be shared on the Core Commitment for Children to ensure emergency preparedness. The UN Disaster Management Team, chaired by UNICEF, met several times in 2011 to ensure preparedness. However, no emergency was faced in 2011.

Strategic Risk Management

Angola is classified as a low-risk emergency country as the current situation is calm and relatively stable; however the country has a history of 4 decades of war and civil conflict that left the country's infrastructure almost totally destroyed. Currently, the country is in a phase of active reconstruction and rehabilitation. Therefore, all aspects of Disaster Risk Reduction are pertinent and considered by the development actors. The UNDMT, chaired by UNICEF, has regular meeting and reports to the Resident Coordinator Office. With the support and collaboration of all the relevant sections and programs, the UNICEF Deputy Representative is the focal point person of emergency. The UNDMT has a jointly agreed annual work plan and an updated EPRP document, which includes a W4 matrix and a scenario description.

UNICEF country office also has a plan for EPR. The EWEA is being updated online by each section focal person. For the year 2011 and 2012, the most likely scenarios are (1) floods in the southern part of the country mainly bordering the Republic of Namibia, (2) diseases outbreaks including cholera and vaccines

preventable diseases, and (3) socio-economic crisis due to the upcoming elections and/or increasing gap between rich and poor. At the country office, emergency risk management is being mainstreamed in the various programs as it is a cross-sectoral issue.

The Business Continuity Plan was last reviewed in 2010. In 2011, an update of staffing structure was done and a decision was made not to review in depth the BCP due to system changes. In line with the implementation of the BCP, hand-held radios were distributed to 100% of staff and laptops with docking stations are replacing the old desktops to allow mobility and readiness. Furthermore, the renovated conference room has a total of 40 LAN connections and can be used as an crisis room. Based on discussions with the Regional Office, ICT, the BCP will be reviewed in depth in 2012 to incorporate the "cloud computing" concept.

Evaluation

The following 4 evaluations mentioned in the IMEP have been completed: 1) *Accelerated Learning Program*; 2) *Education for All*; 3) *Revitalization of ACS D*, 4) *Cash transfers in Cunene*. The evaluation of *Country Assessment of Essential Commodities* is on-going.

The Evaluation on Cash transfers in Cunene has contributed inputs to the National Social Protection strategy/law that is being developed. The results of the Documentation of the ACS D revitalization program have been used to develop the rolling plan for the program. The CO also *documented 1) case studies of implementing the 11 Commitments to children at municipality level in Luanda and Bie provinces; and 2) the Revitalization of Health services at municipal level.*

The impact on the practices and behaviour of the Water Treatment Campaign in Luanda was evaluated through a qualitative and quantitative research. The research sampled 600 participants who were selected from those who received bleach. It assessed the coverage as well as qualitative information from mothers in the 5 municipalities in order to deepen the understanding of behaviour change, realized practices and the reception of messages. The final results will be used to adjust future actions.

For the family competencies component, a set of monitoring tools were developed and tested during the training of trainers to track activists' awareness activities at community level. In 2012, a qualitative rapid assessment will be carry out to determine whether the messages are fully understood by target population and in 2013 a quantitative KAP survey will be undertaken to evaluate impact in terms of behaviour changes against MICS indicators.

This year polio communications embarked on two qualitative researches aiming at identifying the key reasons for missed children at an 8–10% average in each campaign. One KAP study aimed at (1) identifying knowledge, attitudes and behaviour towards polio vaccine during campaigns and/or routine immunization, (2) identifying factors that influence behaviour, (3) collecting perceptions about polio communications materials. This research was implemented in both rural and urban areas of the 7 high-risk provinces (Luanda, Kuando Kubango, Kunene, Benguela, Zaire and Huambo) and 9 communities were selected based on the results from independent monitoring. The methodology included qualitative research methods, the final results were presented in November 2011 and will be used to tailor future communication and social mobilization activities towards high-risk areas and missed children, considering the equity perspective.

A second, more in depth, qualitative study aimed at identifying reasons for not vaccinating children among identified families in Luanda, Uige, Zaire and Cabinda. This study was done with Universidad Agostinho Neto, its results will be provided beginning 2012 and they will be used to design specific strategies for prioritized areas

Effective Use of Information and Communication Technology

Angola suffers from a limited access to the internet and the lack of competition in telecommunications systems, which impacts on competitiveness and flexibility of services, thus limiting any action for innovative solutions to improve data access. The Country Office relies on VSAT for connectivity and local ISP for wireless internet connection. The Zone Offices connectivity is done through the local ISP for IDirect VSAT, service that enables them to connect through e-mail (ProMS is not utilized at the Zone Office level).

The ICT team is small but has great collaboration with UNDP and other UN Agencies within the common premises through regular meetings and common services such as the VSAT connectivity and the telephone system. Discussions are on-going within the Operations Management Team (OMT) on some collaborative projects that are expected for 2012.

More than 50% of users are equipped with laptop and have Lotus Notes configured for remote access, in addition to CITRIX server available for all. It is expected that by the end of 2012, all staff have laptops/docking stations, which will allow better mobility.

Information Systems have been stable through 2011 with very few down times. The main challenge was the constant electricity cuts throughout the city, which caused frequent variations of electrical current potentially damaging hardware. Due to lack of a back-up generator, the server had to be turned off during the evenings. The issue was resolved with the installation of a dedicated UPS for the server room. A back-up generator has since been acquired by UNDP (who manages the common premises).

The Zone Offices have had difficulties in the connectivity as the local ISP had to upgrade the hardware causing delays in communication through Lotus Notes. However, communication could be established through their modem for personal e-mail communication (connection not robust enough for use of Lotus Notes).

Telecommunication Systems: i) VOIP outgoing calls has been working which has contributed to reduction of cost (approx. 20%). Challenges remain on incoming calls but a solution has been found. ii) the common PBX is active and 100% of staff have IP telephones – this improves in-house communication and also enables voice mail services, phone conference and phone directory for all users. iii) Video conference services were made available in 2011 in order to reduce travel cost to attend meetings. The Regional Office has made available the bridge to enable video/audio conference calls outside the UNICEF network.

The Regional Chief ICT has visited the Country Office in December and will issue a report with relevant recommendations towards further improvement of services.

There is total lack of specialized companies on IT Services. The office continues to explore ways for proper disposal of toner cartridges and other IT wastes as there are no recycling/disposal companies available in-country.

Fund Raising and Donor Relations

The funding trend for the Angola Country office is not optimistic, as bilateral, global funds and National Committee contributions continue to decrease. In spite of strong efforts, OR funding continues to decrease by 10% per year, although at a slower pace than between 2008 and 2009. This is due in part by Angola being considered as oil producing middle income country, but also because of the financial crisis, increased competition with several humanitarian disasters and the high cost of operations in Angola.

In this context, the CO has devised a fundraising strategy based on: i. ensuring strengthened relationship with the remaining 4 bilateral partners, ii. improving linkages with the 9 most important National

Committees, iii. fundraising global funds for capacity building rather than service delivery, iv. exploring potential of joint UN programming, and v) private sector fundraising.

The major potential for growth in fundraising lies in the private sector. While the private sector is funding many social projects and thought to represent US\$120 to US\$150million in Angola as a whole, in practice, Oil Companies are thought to represent almost 80% of the total funding available. This represents specific challenges for UNICEF because of the reputational risk. Furthermore, in general, it is more and more difficult to generate funds from other sources because of the shift of UNICEF programme work to upstream work and decreased field presence, and thus visible results. Nevertheless, the private sector represents the major growth potential for fundraising and as such benefits from a specific fundraising strategy aiming i) big (7) oil companies; ii) construction or service companies and banks, iii) medium/small corporate donors, iv) wealthy individuals. The CO has taken steps in the first three of these groups.

Thanks to this strategy, the CO projects a decrease of only 10% per year in OR funding in the years to come, in spite of the very difficult fundraising environment.

Management of Financial and Other Assets

The last audit exercises took place in 2005 (internal) and 2010 (external). The Regional Office provided regular support through peer review visits for administration and finance (April) and ICT (December). In prior year we had visits on supply and logistics, and human resources.

The cost of staffing and operations continues to increase while funding decreases. This has been felt strongly in 2011 as funding for salaries (OR funded posts) had to be subsidized by Regular Resources. In 2011 the staffing cost represented 31% (US\$10.5million) of total expenditure of the office. However, this represented 66% (US\$5million) to Regular Resources and 14% of Other Resources. This was one of the major reasons the Country Office reviewed office structure. Despite the actions taken to reduce staff cost (i.e. restructuring and keeping vacant positions empty) the actual cost in 2011 was 4% higher than the previous year. On current trends, financing of staff cost in 2012 and 2013 would outstrip available RR and OR.

The Strategic Moment of Reflection held in July was key to review the staffing structure to adjust to the transition recommended by the MTR and the fundraising opportunities. The Programme structure was adjusted to reflect the 2011–2013 Rolling work plan and funding limitations. The Operation section had not effected a full review of staff structure since 2008 while the workload has been reduced drastically thanks to productivity savings but also reduction of the size of programme activities and budget. A workload analysis recommended either abolishment of several posts or outsourcing of non-core functions. The recommendations approved in the December 2012 ad-hoc PBR. This is translated in an overall reduction of expected staff cost by 13% for the whole office in 2012 compared to previous year.

The CMT has been vigilant in the indicators and processes. The Office has utilized 100% of its Regular Resources. Other Resources were fully utilized for the period and the unused amounts have been rephrased. Direct Cash Transfer continues being a challenge, with 11% outstanding over 9 months at the end of the year. Besides issues of procedures and partner capacity, changes in government officials and new government policies with regards to bank accounts were the main reasons of this situation. As a consequence, the DCT disbursement in 2011 was 64% lower than in 2010 (US\$5million/2011 vs. US\$14.2million/2010).

The Office was able to reduce the operational cost by 25% (US\$0.6million), compared 2010, particularly for:

- travel cost (36% less than 2010) – review of the procedures for advance booking and contracting of overseas travel agency (sharing LTA from Pretoria Office)

- telecommunication (16% less than 2010) – due to re-activation of VOIP and review of distribution of mobile phones
- maintenance of premises (14% less than 2010) – closure of one Zone Office, integration of 3 zonal offices in government premises.

The Operations team has improved its operations and will continue a monitoring its progress. The introduction of VISION will enable better data analysis for improved actions and decisions, thus, further reducing operational cost and improving efficiency.

Supply Management

Supply assistance continued to decrease resulting by 36% compared to 2010 – a total of US\$ 9 million in procurement. Out of that US\$5.1million referred to vaccine and supplies related to campaigns and the remaining other programme supplies. This decrease is the result of the Country Programme (CP) shifting into technical assistance as well as decreased funding.

Offshore procurement continues to represent the larger volume with over 85% of total procurement activities, complemented by 1% of direct orders and 12% of local procurement. No procurement service was done through the Country Office – only GAVI approvals which are managed through Supply Division.

Terms of reference were developed for Country Assessment of Essential Commodities for health supplies in coordination with partners. KPMG was contracted to perform this assessment. The government is fully committed in the assessment and has requested the consultancy to expand its scope to other commodities, review also respect of prescription standards and other areas of the Country. Data collection is still on-going and will conclude by March.

With the support of Supply Division and the Chartered Institute of Logistics and Transport, UK, the ACO delivered a “Medical Supply Chain Management” training to the 25 national and provincial supply chiefs of the of the department of drugs and commodities of the MoH.

As the MoH becomes the Primary Recipient of the GFATM, the UN Agencies are discussing an exit strategy as Secondary Recipient. The UN Agencies are seeking funding from the GF to guarantee sustainability in the future through technical assistance and capacity development of relevant units within the MoH.

The number of institutional contracts increased by 76%, compared to the previous year (over 80 institutional contracts). This is in line with the transition to more upstream policy work and outsourcing.

Supply Section continues seeking improvement of services and reduction of costs. A major achievement in cost reduction was the outsourcing of warehousing operations (premises and labour), resulting in total savings of up to \$ 500K per year and management by cost-centers. The review of LTAs for services – customs clearance and transportation, printing and graphic design – was another area of improved productivity and management by cost-centers. As indicated earlier, those LTAs are shared with other UN Agencies so we can all benefit.

The Section has reviewed its structure in the context of decreased procurement, reducing its staffing with estimated savings of over US\$350k per year in 2012.

Human Resources

The turnover of IP staff in the ACO continues being high due to high cost of housing and education. Often staff opts to having their families in countries that are more affordable, with a resulting impact on stress and motivation. Angola continues being a hardship duty station classified as "C" which contributes to high turnover.

The recruitment of qualified national staff remains a challenge but is improving thanks to improved recruitment procedures using social networking, increased competition with the private sector, branding of UNICEF and the pullout of many international NGOs because of the high cost of operations. The HR Team participated in a recruitment fair that brought some visibility to UNICEF and also enable contacting new talents. The talent pool is shared with other UN agencies.

Because of the on-going transition to more upstream work, increasing cost of doing business and decreased funding, two PBRs were held for the ACO resulting in a reduction of the number of staff by 35. The Office considered vacant positions for abolition, reviewed the balance of international and national positions, considered the mix of competencies for delivering results and combined functions for savings. Both the Programme and Operations teams performed an evidence based and participatory review of transactions and competencies. The reduction was done respecting the policies and in open communication with the Staff Association.

The Staff Association has been active in the dialogue between staff and management during the preparation and implementation of PBR changes, either through frequent interactions with SA, various JCCs and General Assemblies. An Office retreat was held in April with all staff with a positive outcome on motivation of staff. In summary, staff wanted to be more involved and informed on the decisions, which was the basis for the process for reviewing the staffing structure for 2012.

Performance appraisal is being monitored by the CMT on a monthly basis and is expected to be completed by 31 January 2012. The Competency Based Interview training held in-house was provided to 29 staff members and helped put into context the new recruitment approach as well as the evaluation criteria. This was possible with the support from the Regional Office that mobilized two experts from the region to facilitate the sessions.

The Office has a UN Cares committee that has been vigilant on the distribution of condoms. Information was shared once again with all staff as a UN approach to create awareness.

Efficiency Gains and Cost Savings

Angola continues to be the most expensive country to live in for expatriates, 3 years in a row. The CO has made strong efforts over the last two years to improve efficiency and reduce cost of operations, resulting in 26% reduction (compared to previous year).

- The number of DCTs issued reduced almost 70% compared to previous years and average amount per DCT has been multiplied by 4, from less than US\$5,000 to more than US\$20,000;
- The outsourcing of warehouse services, LTAs for clearing and distribution and improved turnover should bring savings and overall savings of over \$500k per year in supply management;
- In 2010, the Country Office realigned the Zone Offices to the 5 targeted provinces, reducing its presence to four Zone Office and one Country Office locations. Three out of the four Zone Offices have successfully moved to provincial government premises with actual savings of approximately \$350k for 2011 (rental, salaries, security and ancillary services)
- The common approach in the administrative services ensured 50% of the salary of an IP Administrative Specialist was financed by other UN agencies, resulting in savings of approximately \$95k and improving efficiency in common services

- The PBR approved reduction of positions totaling savings of over \$1.3million, adjusting the staffing cost vis-à-vis the current financial situation of the Office;

Changes in AMP and CPMP

The focus for the 2012 AMP will continue being on focusing on a reduced number of programme priorities, in line with the Global SRAs, and further reduction of cost and improved efficiency by review of key processes in alignment with the new systems. Similarly, the recommendations by the peer reviews and audits will help in focusing in the weak areas. As UNICEF Chairs the Operations Management Team there will be opportunities for further harmonization of processes.

Acronyms and Abbreviations

ANC	Ante Natal Care
ART	Anti Retroviral Treatment
C4D	Communication for Development
CDs	Compact Disks
CFS	Child Friendly School
CHDs	Child Health Days
CHW	Community Health Worker
CLTS	Community Led Total Sanitation
CMT	Country Management Team
CNAC	National Council for Children
CO	Country Office
CP	Country Programme
CRC	Convention on the Rights of the Child
DCT	Direct Cash Transfer
DPEAS	Provincial Directorate for Water
DRC	Democratic Republic of Congo
DW	Development Workshop
ECD	Early Childhood Development
ED	Executive Director
EMIS	Education Management Information System
EPI	Extended Programme of Immunization
EPRP	Emergency Preparedness and Response Plan
EU	European Union
EWEA	Early Warning Early Action
GDP	Gross Domestic Product
GOA	Government of Angola
HIV	Human Immuno-deficiency Virus
HWTSS	Household Water Treatment and Safe Storage
IBEP	Joint MICS-Household Incomes and Expenditures Survey
ICC	Inter-ministerial Coordination committee

IMCI	Integrated management of Childhood Illnesses
INAC	National Institute for Children
INE	National Institute for Statistics
KAP	Knowledge Attitude and Practices
LLINs	Long lasting Insecticide-treated Nets
LWF	Lutheran World Federation
MDGs	Millennium Development Goals
MINFAMU	Ministry for family and Women
MMR	Maternal Mortality Ratio
MNCH	Maternal, Neonatal and Child Health
MNCWH	Maternal, Neonatal, Child and Woman's Health
MOGECA	Model for Community Management of Water
MOH	Ministry of Health
MTR	Medium-Term Review
MTSP	Medium-Term Strategic Plan
NatCom	National Committee
NGO	Non Governmental Organization
NID	National Immunization Days
OXFAM	Oxford Committee for Famine and Relief
OMT	Operations Management Team
OVC	Orphans and Vulnerable Children
PHC	Primary Health Care
PMTCT	Prevention of Mother to Child Transmission (of HIV/AIDS)
SIA	Supplementary Immunization Activity
SICA	System of Indicators for Angolan Children
SISAS	Sanitation Sector Management Information System
TACRO	UNICEF in Latin America and the Caribbean Regional Office
TB	Tuberculosis
UNDAF	United National Development Assistance Framework
WASH	Water, Sanitation and Hygiene
WVI	World Vision International

List of Evaluations and Studies

Evaluation

	Title	Sequence Number	Type of Report
1	Angola_Evaluation_of_the_Accelerated_Learning_Program_2011	2011/003	Evaluation

Programme Documents

	Title	Document Type
1	Inquerito Integrado Sobre o bem estar da populacao	MICS Analytical Report
2	Inquerito Sobre o Bem Estar da Populacao (IBEP) Volume II -Tables	MICS Report (tables)
3	Inquerito Sobre o Bem Estar da Populacao- Perfis Provinciais	MICS IBEP Provincial Profiles
4	PROJECTO DE MITIGAÇÃO DO IMPACTO DO HIV/SIDA NA COMUNA DE OMBALA YO MUNGO PROVÍNCIA DO CUNENE	Evaluation
5	Programa de Revitalização: Documentação, Lições Aprendidas e Percurso Futuro	Evaluation
6	Avaliação do programa de alfabetização e aceleração escolar PAAE na província de Kwanza Sul	Evaluation
7	ESTUDO SOBRE O COMPORTAMENTO EM RELAÇÃO A CAMPANHA DE TRATAMENTO DE ÁGUA COM LIXÍVIA	Study
8	Pesquisa Comunitária sobre a Imunização contra a Polio e Eficácia das Acções de Comunicação e Mobilização Social	Study