Executive Summary

In 2013, UNICEF continued to make strategic contributions in support of Government steps toward progressively overcoming major challenges related to weak institutional and human capacity and high levels of inequality in income distribution and access to services, which remain the most serious barriers to the country's cohesive development. The main body of this Report provides an overview of the results achieved as a result of UNICEF's cooperation with Angola during 2013, among which those highlighted below emerge as particularly important. UNICEF support was crucial to ensure a timely response to the malnutrition crisis that resulted from severe drought in the southern regions of the country. UNICEF action, in collaboration with the Government and NGOs, resulted in 1,147,560 children under five years of age being screened for malnutrition, of whom 124,526 were treated for acute malnutrition, including 59,045 children with severe acute malnutrition who received life-saving treatment.

UNICEF supported two national vaccination campaigns during 2013, reaching around 7 million children under the age of five per round. The success of the campaigns was a decisive element in ensuring that the country remained polio-free for one more year.

To support strengthening of the country's institutional capacity, UNICEF made crucial contributions to improvements in the national policy and legal framework; for example, providing direct support to the development of a new National Social Assistance Policy, a new National Health Development Plan, and the National Environmental Sanitation Policy, among others. UNICEF's strong advocacy also led to the establishment of a national programme extending free birth registration services to all Angolans over age five.

In the context of decreasing development aid to Angola, UNICEF was able to secure firm, large-scale pledges from the European Union to support the Government in two crucial areas. US$17 million was secured to support strengthening justice for children and birth registration, and a second pledge of US$30 million was secured to provide support to the Government for scaling-up social assistance to vulnerable families.

While UNICEF was broadly able to achieve the results sought for 2013, limited progress was made in generating more up-to-date data on social and poverty indicators. Some advances were recorded in the area of water and sanitation information systems, but little to no progress was made in routine information systems relating to key social areas such as health, education and child protection. Limited availability of up-to-date data remains a main concern and UNICEF will continue to advocate and work toward improving data systems during 2014 and beyond.

The planned analysis of the Angolan state budget and the extent to which it is aligned with the country's 11 Commitments for Children was also postponed. UNICEF will however conduct this analysis in 2014 and use the results as input to support Government efforts to better align its budgeting process with national plans and commitments.

Country Situation as Affecting Children & Women

Angola’s rapid economic growth continues to be fuelled by large-scale exploitation of the country’s vast natural resources: per capita GNI reached US$4,580 in 2012, and Angola is expected to transition to middle income country status within the next three years. While the availability of social sector data continues to be limited, social indicators are generally improving, though at a pace slower than that of the economy at large. Despite such improvements, a large population group continues to have limited or no access to basic services, and disparities both in income distribution and access to basic services are main sources of concern.

The latest data available (IBEP 2008/09) estimate that 37 per cent of Angolans had monthly consumption below the national poverty line of US$49. Income poverty is more severe and widespread in rural (58 per cent) than urban (19 per cent) areas. Poverty also varies across the country, surpassing 50 per cent in the centre-north, east, and centre regions. The age and educational level of heads of households, their employment status and the number of house dwellers are factors bearing positive correlation with household poverty levels.

Income inequality is a major driver of poverty in Angola. With a Gini coefficient estimated at 0.54, Angola ranks as the fifth most unequal country in Africa. The extent of income inequality among the poor is low in Angola, as indicated by a severity of poverty index of just 6 per cent, indicating that the main determinant of
the country’s high Gini coefficient is ‘top-down inequality’. Close to one-third of the 2014 state budget, totalling US$76 billion, was allocated to the social sectors; nonetheless, overall weak human resource capacity linked to inefficient spending patterns have hindered improvements in equitable access to quality essential services. Furthermore, there appears to be room for improvement in the extent to which intra-sectoral allocations and spending patterns in social sectors are aligned to development priorities.

While the most recent data on child mortality dates back to 2009, recent global estimates indicate that under-5 mortality in Angola decreased to 158 per 1,000 live births and infant mortality to 96 per 1,000 live births (UNICEF 2013). Despite improvements, Angola ranks second highest in under-five mortality rate worldwide. Child mortality rates in rural areas are nearly 70 per cent higher than in urban areas. Maternal mortality remains a key public health concern in Angola; estimates vary between 450 and 1,400 deaths per 100,000 live births. Fewer than half of all pregnant women undergo four or more ante-natal visits. Haemorrhages, malaria, under-nutrition, limited access to health care and poor quality services are amongst the primary determinants of high levels of maternal mortality. Hygiene and sanitation practices are largely inadequate and remain one of the main causes of morbidity and mortality in Angola, particularly for children. Public investments have focused predominantly on urban and peri-urban water supply systems, and to a lesser extent on rural areas. Access to safe water is estimated to be 4.7 times higher in urban settings than is the case in rural environments.

Education trends follow similar patterns. Access to educational services is also marked by sharp disparities, and quality is constrained by limited availability of trained personnel. The main determinants of inequality within this sector relate to household wealth, gender imbalances, and urban/rural disparities. At primary level, the gender gap has been closing, but remains high in rural areas, where only 6 per cent of girls attend secondary school. Children in the top wealth quintile are approaching universal education, while the net attendance rate for children from the poorest households is just 38 per cent. Recent estimates suggest that slightly less than one-third of children under 5 (31 per cent) were registered at birth. In Kwanza Sul and Malanje this figure drops to 15 per cent. High costs, distance to service centres and parents who lack documentation (and are thus ineligible to register their children) account for the low prevalence of birth certificates in Angola. The child protection system is undergoing modernisation reforms, which include improvements in institutional frameworks and intra-sectoral coordination mechanisms, the upgrading of existing infrastructure and the introduction of new procedures and entry services. Yet the unavailability of qualified cadres capable of servicing the entire country – combined with low awareness of child rights and unfavourable social attitudes – constitute critical bottlenecks for advancing the child protection agenda.

In 2012 and 2013 the 60 per cent decrease in rainfall resulted in a severe drought that affected an estimated 1.8 million people, mainly in the southern provinces, and triggered a nutrition crisis propelled by low food crop production and consumption of unsafe water. This alarming scenario was exacerbated by families’ low resilience capacity and a social fabric characterised by weak community support networks. In this context, the absence of comprehensive safety net systems and specific social assistance programmes that could be employed to buffer the effects of the crisis also compromised the timeliness and effectiveness of emergency response efforts.

In part, the Government’s focus on infrastructure rehabilitation and construction as part of the post-war recovery effort has steered attention away from quality issues, which remain a priority for the next years. The national policy and legal framework has been progressively evolving to account for these and other pressing social, environmental and economic issues deemed critical for moving Angola’s development indicators upwards. Major milestones include the newly drafted National Social Assistance Policy (awaiting approval by the Council of Ministers), approval of the new National Health Development Plan, approval of the Civil Registration Massification programme, changes to national norms for ARV treatment for HIV-positive children and pregnant women, as well as a new Sanitation Policy that should be approved in 2014. Critical barriers that hinder progress in areas pertaining to the well-being of children and women are the limited availability of qualified human resources, inappropriate financial allocations and limited availability of clear operational guidelines for the implementation of existing legislation.
Country Programme Analytical Overview

Weak institutional and human capacity and high levels of inequality in income distribution and access to services remain the two most serious obstacles for ensuring sustainable and cohesive development in Angola. UNICEF’s work has continued to provide strategic contributions to systematically overcome these challenges. UNICEF action in the areas of Health and Nutrition, WASH, HIV, Education, Child Protection and Social Policy focused on strengthening policy, legal and institutional frameworks; supporting service provision, especially at the decentralised level; and prioritising the most vulnerable groups in less-served areas. A deliberate focus on reducing disparities underpins all UNICEF interventions. This underlying strategic goal is implemented across all programmes by prioritising interventions with proven capacity to promote equity by reaching the most vulnerable families and children. Examples of UNICEF interventions that mainstream this vision include: UNICEF’s crucial role in expanding and improving health and nutrition services at the decentralised level, thus contributing to address disparities in availability and access to services between urban and rural areas; the ‘Family Competencies Programme’, which encourages families to adopt a number of key simple practices to guarantee the well-being of children; the promotion of community-based approaches as an effective strategy to manage malnutrition, and HIV/AIDS prevention and treatment; the support for the development of the new social assistance policy, which aims at establishing a cash transfer system and expand welfare services to the wider population; and the support for the consolidation of the multi-sectorial child protection system, among other interventions. In a context of rapidly decreasing funding, the Country Programme is broadly on track to achieve its planned objectives. Further decrease in donor funding to Angola, as a result of the country’s high per capita income, which overshadows existing social development challenges that still need to be tackled, is one of the main potential risks to be faced by the CO in moving its agenda forward in the next years. UNICEF’s efforts for increased Government leverage in areas pertaining to children’s well-being are generally well received by GoA counterparts and are expected to lead to successful results in the medium and long term.

In 2013 UNICEF teams worked with representatives from sister agencies and external partners to offer key contributions to the United Nation Partnership Assistance Framework (UNPAF) 2015-2019 preparation process, to be completed in the first quarter of 2014. Since the current country programme ends next year, 2013 was also marked by preparatory work for the development of the new programme of cooperation with Angola; the final official document will submitted to the Executive Board for the approval in June 2014. No dramatic changes are envisioned in terms of approach or strategies for UNICEF’s interventions in the 2015-2019 country programme, which will remain closely aligned with the UNPAF for the corresponding period, while paving the way toward approaches focused on enhancing quality (in services, mechanisms and processes) and fostering greater domestic accountability.

Humanitarian Assistance

UNICEF played a crucial role in promoting, advocating for and supporting the implementation of an integrated response to the drought emergency that continued to affect local communities in the southern part of the country. As a result of UNICEF support, between January and September 2013, a total of 1,087,603 children were screened for malnutrition, of whom 51,222 were treated for severe acute malnutrition (26,392 at the community level), and 3,313 presenting complications were treated in therapeutic feeding centres. Another 65,695 children were treated for moderate acute malnutrition. In all, nearly 117,000 children were treated for acute malnutrition. Moreover, in 2013 UNICEF’s past efforts to call attention to the drought situation in Southern provinces led to a concerted response by the UNCT.

Effective Advocacy

Mostly met benchmarks

Sustained CO advocacy has contributed significantly to social protection, health, education, WASH, and child protection dialogue, development and or reform for a more equitable society for children and their families. UNICEF strategic communication with Government officials at all levels, media, churches, civil society, the private sector, other UN agencies and donors have influenced key decisions and actions that impact child rights on a number of issues, ranging from free education, HIV/AIDS prevention among youth to community-based practices for a healthy life, among other critical priorities.
UNICEF Angola progressively positioned itself as knowledge expert on children’s issues. Public advocacy and external communication was articulated around key programme priorities defined for 2013. Media pitching was essential to raise visibility on these priority issues and to further discussions among decision-makers and wider audiences. Special focus was placed on: the organisation and implementation of the VI Forum, integrated response to malnutrition in drought-affected areas, initiatives supporting greater awareness on violence against children, roll-out of universal birth registration and scale-up of the ‘Family Competencies’ Programme.

Under the banner of the VI Forum, which took place in June 2013, UNICEF’s teams worked alongside Government counterparts and national stakeholders to jointly identify bottlenecks relating to implementation of the 11 Commitments at the provincial and central levels. UNICEF also used this platform to advocate for and call attention to a range of child rights issues. As result of these efforts, the CNAC prepared recommendations for the public sector on integrating critical child-related priorities into their programmes.

As national Post-2015 consultations continued, the CO advocated for and supported child participation in this process, facilitating inclusion of the component reflecting children’s aspirations and reflections. Furthermore, UNICEF worked intensively to raise awareness on birth registration, working with the Government to establish a national programme and to identify bottlenecks to be addressed. Through these efforts UNICEF and the GoA established a four-year cooperation programme that will increase access to birth registration.

An important advocacy achievement in 2013 was the GoA’s decision to fully embrace the UNICEF-supported Child Friendly Municipality (MAC) initiative and its commitment to lead and sustain it in the long run, in tandem with the ongoing decentralisation process.

**Capacity Development**

*Mostly met benchmarks*

Ensuring that child protection mechanisms are effectively mainstreamed into drought emergency responses was another area where UNICEF made progress in 2013. Seeking to reinforce national capacities and to contribute to sustained child protection within provincial contingency plans, UNICEF partnered with the National Institute of Children (INAC) and the Ministry of Social Welfare to develop a Child Protection in Emergencies (CPiE) training package. A pilot training was delivered in Huila province, and Government and non-governmental participants were trained on the Core Commitments for Children in Humanitarian Action (CCC) and Minimum Standards of Child Protection in Humanitarian Action.

Attempting to build a larger pool of qualified professionals in the area of Justice for Children (J4C), UNICEF partnered with the School of Magistrates to conduct a review of the existing academic curricula with the aim of improving the material used to teach the various legal actors in J4C. In addition to the initial, regular, and continuous training of magistrates, UNICEF and the INEJ have agreed to develop a course on Jurisdictional Protection of Child Rights for judges and prosecutors in 2014.

In the area of communication, UNICEF supported CEFOJOR and INAC in training 70 child reporters and students. Children learned how to better articulate issues relating to the 11 Commitments for Children in their communities. Additionally, joint workshops and thematic events, organised by UNICEF in collaboration with Government and local media partners, have allowed journalists to gain a better understanding of children’s rights in terms of image protection and media engagement in sensitive circumstances.

During 2013 capacity building for Family Competencies took place in selected municipalities of six provinces and reached 408 municipal trainers and 5,733 social mobilisers.

For the polio campaigns, UNICEF continued to provide on-the-job supervision to the 2,700 social mobilisers trained in 2012. This year, in addition to seven traditional target provinces, four other provinces were included on UNICEF’s priority list for the intensification of the immunisation system. Within this enlarged
scope, 120 social mobilisation volunteers were trained to ensure increased immunisation coverage in these areas.

UNICEF’s technical guidance was instrumental in the introduction of the new Pneumo13 vaccine in Angola. As part of this process UNICEF updated the manual used to train health system social mobilisers and built the capacity of 70 EPI staff at central and provincial levels to ensure effective service delivery. As part of its broader immunisation capacity building efforts, UNICEF facilitated the training of 40 EPI staff from 18 provinces in logistics, maintenance, supervision and monitoring of cold chain systems. Technical support was also extended to the National Nutrition Section to update and implement national protocol and training modules on treatment of children suffering from severe acute malnutrition. These modules, tools and job aids are reference documents for healthcare service providers in in-patient and out-patient programmes. Additionally, municipal supervisors were trained in six provinces to use a monitoring and supervision checklist at health facilities to improve the quality of assistance and treatment provided to children affected by severe acute malnutrition.

Communication for Development

Mostly met benchmarks

C4D in Angola has been driven mainly by three strategic elements. The first refers to the use of evidence on social knowledge, attitudes and behaviours to shape initiatives fostering positive practices at the family and community levels. The second involves awareness-creation and improvement of partners’ capabilities, so that these stakeholders can play a leading role in processes aimed at improving the well-being of children and their families. The last involves social mobilisation of community members and religious leaders for the promotion of social change within families and communities.

In 2013 a qualitative assessment of the Family Competencies initiative was conducted to verify possible changes in family practices related to child survival, development and protection. The results indicate a small, but progressive, improvement of knowledge related to good practices for the holistic development of children among families counselled by social mobilisers. It also showed the progressive and synergic involvement of different actors in Angolan society in the promotion of activities and themes promoted by the initiative. Advocacy and skills transfer are also being conducted in preparation for the handover of the initiative’s management to MINFAMU in 2015, as well as to help the ministry plan and allocate needed resources to cover all provinces by 2019.

Links between the communication component of the Polio Eradication Initiative (PEI) and the Family Competencies initiative have been made; these will also include routine immunisation, water and sanitation and birth registration.

Following intensive community screening and treatment of acute malnutrition in drought-affected provinces, the focus of nutrition communication products and advocacy activities has shifted from emergency-oriented messages to sustainable response and prevention, thereby contributing to the long-term well-being of families and children.

Strategic child participation was revitalised and a draft document for a “National Strategy for Child Participation (2014-2019)” is currently being discussed, largely as a result of UNICEF’s collaboration with INAC, civil society organisations and children’s groups. The strategy takes into consideration existing participation spaces, such as families, communities, schools, the media and the CNAC. A core document on C4D is being developed to ground a common strategic vision and understanding among programmes and partners for the new country programme (2015-2019).

Service Delivery

Fully met benchmarks
While UNICEF Angola is moving progressively to more upstream policy development, advocacy, leveraging and capacity development, the CO continues to maintain a ground presence, by directly supporting scaled-up service delivery interventions that ensure access to essential services. During 2013 UNICEF provided critical support to the National Campaign for Universal Coverage of LLINs led by the Ministry of Health’s National Malaria Control Programme (NMCP), through in-kind donations, financial contribution and indirect assistance to capacity development efforts. To support the Community Management of Severe Acute Malnutrition, in addition to capacity building efforts, UNICEF contributed with almost 1,000 cartons of therapeutic milk and approximately 70,000 cartons of ready-to-use food that were distributed to nutrition health centres, benefiting 1,147,560 children in 11 drought-affected provinces.

UNICEF supported three national polio campaigns this year, in April, June and December. UNICEF procured and distributed 23.3 million doses of oral polio vaccine (OPV), leading to the vaccination of 7,017,546 children under the age of 5 for the first round; 6,825,688 in the second round; and 6,980,560 in the third round.

In addition the CO completed construction of 14 schools, benefitting several municipalities across Cunene Province, as part of the overall target for the current country programme and the change in programme focus from access to ensuring equitable, quality education. Moreover, as part of UNICEF’s contribution to the Water for All Government programme, safe water was provided to 230,000 people in rural and peri-urban areas through the construction of 91 water points and rehabilitation of 89 existing structures in the provinces of Luanda, Huila, Bié, Mexico and Cunene. An estimated 50,000 children benefitted from the construction of 16 new, and rehabilitation of 25 existing, water points in 31 primary schools across three provinces.

In 2014 UNICEF will continue to build solid foundations, including developing national logistical capacity, as it progressively shifts its programmatic focus from service delivery to support for the strengthening of Angolan systems in the new Country Programme strategy (2015-19).

**Strategic Partnerships**

*Partially met benchmarks*

This year, UNICEF continued to further its collaboration with several central, provincial and municipal government entities, line ministries and other relevant national bodies, such as research centres, universities and institutes, to advance programme priorities and actions. Partnerships were also strengthened with international actors, such as the Government of Japan, Government of Norway, USAID and Bill and Melinda Gates Foundation. Building on previous collaboration, a major agreement was established with the EU for the new country programme, including a financial pledge to support upcoming projects in the area of Child Protection and Social Policy beginning in 2014. UNICEF’s resource mobilisation strategy has been updated and now encompasses private sector partners, such as Chevron, BP, Maersk Oil and ConocoPhillips; however, funding source diversification both at the international and national levels continues to pose a challenge. Strategically, UNICEF has also leveraged these partnerships to raise awareness on corporate social responsibility through the dissemination of “The Children’s Rights and Business Principles” publication. UNICEF’s overall strategic view of private sector collaboration is to build long-term, planned partnerships, encompassing not only funding, but also attempting to influence businesses’ commitment to support children’s rights. The breadth of possible activities ranges from ethical conduct, use of comparative advantage of the company to support the children’s agenda, in kind contributions and funding for specific, UNICEF added value interventions.

Non-governmental organisations, such as World Vision, Africare, People in Need and Catholic Relief Services were instrumental in ensuring successful programme delivery during the emergency response period.

**Knowledge Management**

*Partially met benchmarks*
The CO focused its Knowledge Management strategy on strengthening monitoring systems, documentation and sharing of evidence and experience, and technical support. Monitoring of the crisis was strengthened by regular collection and analysis of nutrition data, which is shared with GoA and other partners as a component of humanitarian performance monitoring.

This year the CO offered contributions to the UNCT for the CCA, and started to mobilise resources for an upcoming SitAn, which will be a flagship office publication during 2014 or 2015 the latest. All UNICEF-supported studies completed in 2013 were shared with Government counterparts to inform decision-making and programming.

“Friday University” activities have become a weekly tradition in the office, providing space for knowledge sharing between staff members on key issues pertaining to UNICEF programmes and procedures and the Angolan context. This year, Friday University activities covered the following areas: a) UNICEF Systems and Procedures (VISION, intranet resources, SOPs, etc); b) General Interest topics (Angolan Social Security System, Nutrition, Healthy Nutrition Behaviour, Media in Angola, etc.); c) Technology and Software (Excel, Lotus Notes, etc.); and d) Programme-Related themes (Social Norms, Core Commitments for Children in Humanitarian Action, Social Protection, UNICEF Strategic Plan 2013-17, CRC) and the history of UNICEF, among others.

Monday Morning Meetings (weekly) and monthly Programme Meetings continued to be key opportunities for knowledge sharing among all programme staff, serving to create synergies among the different activities led by the CO.

**Human Rights Based Approach to Cooperation**

*Mostly met benchmarks*

CO programming is based on principles and norms enshrined in international and regional Human Rights documents ratified by Angola, and is influenced by the Concluding Observations of the CRC Committee as well as the UPR Recommendations of the Human Rights Council. The CO continued to advocate for human rights at the country level and to mainstream the principles of non-discrimination, participation and best interest of the child across all its strategies and activities.

The CO took part in the preparation of human rights reports and support for oversight mechanisms, as evidenced by the positive results achieved this year with regards to protecting children against child labour. Moreover, UNICEF actively supported the visit of the UN High Commissioner for Human Rights to Angola, whose official statement was used by the CO to ground subsequent activities and actions.

Significant progress was achieved through continued implementation of the Family Competencies initiative, which seeks to build greater understanding of access to rights and services by communities. The principle of participation is documented in several UNICEF programmes. Key examples include the adoption of the Modelo de Gestao Comunitaria (MOGECA) and its acceptance by the GoA as a tool for guaranteeing sustainable management of community water points; the integration of People Living with HIV, especially women, in training and service delivery; as well as advocacy for child participation, especially within the context of the post-2015 agenda, which culminated in the drafting of a Child Participation Strategy.

During 2013 the office focused on addressing the specific needs of the most vulnerable groups (principle of non-discrimination) in several interventions, including, for instance, progress in the area of social assistance, with the drafting of a National Social Assistance Policy. Moreover, the EU-UNICEF partnership in the areas of birth registration and justice for children will ensure greater access to fundamental human rights by Angolan children and families. In the education sector, UNICEF has provided critical support for the advancement of the free education policy, which, once implemented, will guarantee increased access to schooling for boys and girls, helping to bridge the gender gap.

One of the most important external obstacles to application of HRBA remains the fact that certain issues are perceived as politically sensitive, and are thus neglected by relevant actors. The CO has nonetheless worked to bring attention to these delicate themes, stimulating constructive discussions and providing responses to address complex political situations. The CO took the lead in the emergency response of the drought situation in the southern provinces, ensuring that the most vulnerable populations were cared for. Moreover, through advocacy and awareness the CO helped to shed light on a number of other sensitive themes, such as reform
of the family code, the age of criminal responsibility, HIV/AIDS among high-risk groups and child labour. Through targeted communication strategies, the office increased considerably access by rights-holders to information on rights and services, but accessibility to Government information of public interest still remains a challenge.

**Gender Equality**

*Partially met benchmarks*

The CO plays a lead role in advocating for the mainstreaming of gender equality, as well as in strengthening the capacity of national information systems to collect, analyse and use gender-disaggregated data.

In recognition of women’s strategic role in ensuring protection, development and care for children, especially in the early years, and their primordial function as a catalyst for change at the household and community levels, gender constitutes a core pillar of the Family Competencies Programme’s approach and implementation strategy.

Education is another area where gender considerations have been consistently raised. Angola has now achieved almost 100 per cent gender parity in primary schools. However, disparity between urban and rural areas in terms of equitable access to primary and secondary schools remains high and is marked by sharp gender inequality: in rural areas 37 per cent of girls (compared to 46.8 per cent of boys) six years or older attend school, while in urban areas there is almost complete gender parity. UNICEF is assisting the GoA to tackle this issue by supporting the development of a free education policy which, once implemented, will guarantee greater access to school to poor families, particularly girls, who are often more affected by poverty and intra-household power imbalances that lead to low-enrolment rates. Moreover, UNICEF’s interventions in the area of Education have focused on strengthening data collection methods, to improve monitoring systems for qualitative indicators. Gender disaggregation is a key element in this strategy. Lastly, within the concept of Child Friendly Schools, gender issues tied to health and sanitation are given explicit attention by UNICEF in the planning, construction and upgrading of physical infrastructure.

Gender issues were also integrated into the WASH sector by ensuring that the draft National Sanitation and Environmental Policy incorporated a gender-sensitive perspective. Moreover, UNICEF’s WASH strategies and actions are underscored by gender considerations and all structures established to support community-level programme implementation encourage women’s participation. Specific provisions are also made to guarantee gender balance within sanitation committees that oversee Community-led Total Sanitation (CLTS) implementation and on water management committees. Overall, UNICEF’s work to improve rural sanitation has been an opportunity to advance gender-oriented thinking at the community level and to advocate for gender equality.

Women’s health needs are a critical programmatic priority for the CO, especially considering the high levels of maternal mortality in Angola, and these have been tackled with specifically designed interventions in both policy advocacy and service delivery. UNICEF prioritised activities that seek to improve quality and access to maternal and child health programmes (immunisations, malaria, HIV testing, nutrition) under Project 18 of the National Programme of Disease Prevention within the PNDS 2012-2025.

**Environmental Sustainability**

*Initiating action to meet benchmarks*

In 2013 the CO incorporated risk assessments in WASH, Health and Education during the response to the drought crisis. UNICEF began mobilising, alongside other UNCT agencies, to undertake an assessment of past emergency response efforts, seeking to better understand how these environmental situations affect vulnerable groups and can be more effectively addressed by concerned stakeholders.
South-South and Triangular Cooperation

The Programme for Acceleration of Civil Registration and Vital Statistics for Africa CRVS (APAI-CRVS), supported by the United Nations Economic Commission for Africa (ECA), the African Union Commission (AUC), the African Development Bank (AfDB), UNICEF, UNHCR, WHO, among other partners, emerged as a mechanism to bring together the various CRVS initiatives currently being implemented in the continent under a common and cohesive policy and advocacy framework. The overall objective of APAI-CRVS is to provide management and programmatic guidance to the regional agenda of reforming and improving CRVS systems. More specifically, this programme provides guidance on institutional and operational linkages, workflows and results management mechanisms in a more comprehensive and holistic manner, encompassing inter-disciplinary and inter-sectorial interfaces of CRVS systems within each participating country.

As a member of the APAI-CRVS core group, UNICEF is responsible for supporting countries in implementing CRVS standards and reporting on progress and achievements to the African Commission. This year, UNICEF worked intensively to secure interest from the Angolan Government to integrate this regional programme. As part of the preparatory work for the comprehensive assessment and planning process that underpins the APAI-CRVS programme, UNICEF has played a pivotal role in establishing an inter-sectorial coordination body, comprised of representatives of the Ministry of Justice, Ministry of Health and National Institute for Statistics to support the programme. UNICEF is also facilitating the visit of an expert consultant who will, starting in 2014, perform a thorough analysis of the CRVS in Angola and support the development of an action plan to improve the national system. In parallel, UNICEF is also leading an in-country UN Task Force to ensure coordinated support for APAI-CRVS from UN agencies and the AfDB.
### Narrative Analysis by Programme Component Results and Intermediate Results

#### Angola - 6810

**PC 1 - Child survival and development**

- **On-track**

**PCR** 6810/A0/05/911 ACSD women will have benefited from increased access of a package of Health & Nutrition, WASH and HIV/AIDS services with particular focus on the most vulnerable, for accelerating achievement of the 11 Commitments for Children and MDGs 1, 4, 5, 6 and 7.

**Progress:**

**HEALTH**

This year, UNICEF provided technical assistance to the Child and Adolescent Health Section of the Reproductive Health Department of the Public Health National Directorate to update the Integrated Management of Child Illness (IMCI) training modules. All seven modules were revised and will be printed and distributed to health professionals, following WHO standards. This material will support municipal-level health workers to provide better integrated healthcare services to children.

Following the issuing of National Health Development Plan guidelines in November 2013, five Municipal Health Development Plans were elaborated in the Province of Huila, through workshops facilitated by UNICEF. These sessions brought together 200 representatives of Huila’s 14 municipalities to discuss priorities under the coordination of UNICEF-supported experts. Draft plans were submitted to the Ministry of Health at the end of the workshop. These policy documents represent an important step towards better integrated local planning and monitoring of health services. It is expected that their effective implementation will strengthen municipalities’ capacity to manage their local health resources and systems. UNICEF is also working on integrating a community-based approach to malaria prevention and treatment to the IMCI.

**NUTRITION**

UNICEF’s intensive advocacy efforts with key stakeholders led to the implementation of an updated national protocol on integrated management of acute malnutrition across the country. As a result of these harmonisation efforts, for the first time in Angola a specific section was included in the National Health Development Plan 2015-2025 on critical nutrition interventions and strategies, with corresponding budgetary provisions for their implementation, thereby ensuring a more efficient and cohesive approach for preventing malnutrition among children.

**HIV/AIDS**

As a follow-up to the adoption of Option B+ and the approval of the National Plan for the Elimination of Mother-to-Child Transmission by the Government in 2012, UNICEF provided technical support to the National Institute for Combatting AIDS (INLS) for developing a home-based care manual and training material for HIV treatment, and updating HIV-related counselling and testing protocols. It also supported the revision of national norms for ARV treatment for adults, children and pregnant women.

**WASH**

UNICEF’s WASH section provided technical assistance to support the development National Environmental Sanitation Policy. The document has been finalised and is awaiting approval by the Government.

Efforts were also made to ensure better integration of water supply efforts into policy frameworks. The UNICEF-supported model for community-management of water points (MOGECA) was finalised and approved by the Government in 2013. The model has been fully endorsed by Government representatives, who view this instrument as the most efficient way to ensure adequate management and long-term sustainability of communal water infrastructures. Following its official launch in January 2014, mainstreaming and implementation will be led by the GoA.

**IR** 6810/A0/05/911/022 2013-ACSD/HIGH IMPACT INTERVENTIONS Improved national capacity of health systems to increase coverage of high-impact interventions (Vaccines, LLINs, Vit. A, Albendosol, Iodised salt, ORS/Sinc and hand washing) at national level.

**IR** 6810/A0/05/911/023 2013-ACSD/HIGH IMPACT INTERVENTIONS Improved national capacity of health systems to increase coverage of high-impact interventions (Vaccines, LLINs, Vit. A, Albendosol, Iodised salt, ORS/Sinc and hand washing) at national level.

**IR** 6810/A0/05/911/024 2013-ACSD/HIGH IMPACT INTERVENTIONS Improved national capacity of health systems to increase coverage of high-impact interventions (Vaccines, LLINs, Vit. A, Albendosol, Iodised salt, ORS/Sinc and hand washing) at national level.

**IR** 6810/A0/05/911/028 (Inactive) WASH

**IR** 6810/A0/05/911/030 2013-ACSD/HIGH IMPACT INTERVENTIONS Improved national capacity of health systems to increase coverage of high-impact interventions (Vaccines, LLINs, Vit. A, Albendosol, Iodised salt, ORS/Sinc and hand washing) at national level.

**IR** 6810/A0/05/911/032 2012- ACSD/POLICY AND ADVOCACY Policies, strategies and plans for health/nutrition, WASH and HIV/AIDS are available and implemented, with particular focus on the most vulnerable and marginalised children and families.

**Progress:**
Considerable advances were made in the areas of health, water and sanitation, HIV/AIDS and nutrition this year. Partnerships with Government counterparts, at national and subnational levels, as well as with implementing NGOs and CSOs have been instrumental to move all these actions forward.

At the policy level, UNICEF was actively involved in discussions around the National Health Development Plan (NHDP), which was approved in March 2013. UNICEF worked closely with policy-makers to ensure comprehensive and socially responsive regulation by providing expertise in areas related to immunisation, malaria control, nutrition and primary health care, while calling special attention to the needs of children and women. The Plan sets clear objectives to address priority communicable and non-communicable diseases, promote maternal, new-born and child health and nutrition, improve population's access to healthcare services and strengthen the decentralisation of health services, as well as referral and counter-referral mechanisms. In addition, UNICEF’s advocacy efforts to increase community-level access to basic health services during this process resulted in the inclusion of a commitment to develop a Community Health Workers (CHW) National Policy by 2014 within the NHDP. The Public Health National Directorate has already begun to mobilise technical expertise to assist with the design of this policy.

**NUTRITION**

As a Nutrition cluster lead agency, UNICEF significantly contributed to the GoA’s efforts to save children’s lives and improve their health and nutrition. In 2013 UNICEF extended its support to the Ministry of Health (MOH) both at national and provincial levels to support the planning, implementation and monitoring of emergency response to drought-related acute malnutrition. This contribution helped to strengthen the focus on vulnerable children under five, especially those living in high-risk or poor areas within drought-affected provinces.

The Community-Based Management of Acute malnutrition (CMAM) programme implemented by UNICEF in partnership with World Vision, Africare, People in Need and Catholic Relief Services (CRS), in support of the Nutrition Section of the Ministry of Health, reached 1,147,560 children under age five in 11 drought-affected provinces. A total of 124,526 children were treated for acute malnutrition from January to November 2013. The outreach CMAM model operational in four provinces was endorsed by national and local authorities, who have recognised its potential for replication and sustainability. In combination with UNICEF’s progressive scaling-up of its CLTS work, links were established between nutrition responses and broader water and sanitation interventions, to increase synergies and maximise impact in target locations.

**WASH**

This year, substantial advancements were made in scaling-up the implementation of the CLTS programme and in developing, harmonising and disseminating the programme’s M&E tools and systems. Coverage expansion efforts were accompanied by the development and dissemination of implementation toolkits to partners in the field and strengthened M&E systems. Trainings were also held on how to use the tools.

Still within the scope of water and sanitation, UNICEF worked with representatives from the Ministry of Environment to draft the National Environmental Sanitation Policy (PNSA) and its follow-up implementation strategy. While this policy represents an opportunity for greater engagement of key concerned stakeholders to accelerate sanitation in the country and ensure that it reaches the most vulnerable, advocacy is required to move this instrument forward and ensure approval, as well as to ensure effective operationalisation and monitoring.

In 2013 UNICEF also supported improvements in national WASH M&E data systems through the development of the Information System of the Water and Sanitation Sector (SISAS).

**HIV/AIDS**

UNICEF helped the national AIDS programme (NAP) improve and expand the Prevention of Mother-to-Child Transmission (PMTCT) services. Following the adoption of the task-shifting approach and Option B+ approach by the Government, UNICEF advocated for and supported greater involvement of people living with HIV (PLHIV) in building the capacity of nurses to expand delivery of PMTCT services. UNICEF also helped NAP update protocols and guides for Anti-Retroviral therapy for adults, children and pregnant HIV+ women.

**6810/A0/05/911/033 2012-ACSD/HIGH-IMPACT INTERVENTIONS** Improved national capacity of health systems to increase coverage of high-impact interventions (Vaccines, LLINs, Vit. A, Albendazol, Iodised salt, ORS/Sinc and hand washing) at national level.

**Progress:**

**HEALTH**

During 2013, UNICEF provided critical support the National Campaign for Universal Coverage of LLINs led by the Ministry of Health’s National Malaria Control Programme (NMCP), through in-kind donations, financial contributions and indirect assistance to capacity development efforts. Approximately US$240,000 was donated to the NMCP to strengthen the entity’s technical capacity to provide management, logistics and C4D. This support also allowed the NMCP to train around 60 provincial and municipal professionals on logistics and micro-planning in preparation for the campaign. Additionally, UNICEF procured and distributed 830,000 LLINs, which will protect approximately 1,660,000 beneficiaries against malaria, and delivered 600,000 donated rapid-diagnostics test kits to be stocked at the NMCP's central facility, helping to mitigate common stock-out shocks of this essential item.

Additionally, UNICEF is supporting a WHO initiative aimed at strengthening community-based interventions for malaria prevention and
control. UNICEF is providing technical assistance for rolling out this approach to the Government, to strengthen implementation of the existing National Malaria Control Program.

This year’s Child Health Week (CHW) project, a partnership between UNICEF and the Ministry of Health, targeted 8,000 families and 24,000 under-five children in the municipalities of Caconda and Cacuaco (Huila and Luanda provinces). As a pilot effort, these experiences continue and be monitored over three years. Results will be used as evidence to support advocacy efforts for scaling-up CHW as an effective strategy to reduce maternal, new-born and child mortality.

**NUTRITION**

Advocacy efforts for high-impact interventions also yielded results in the area of nutrition, resulting in the inclusion of vitamin A and albendazole administration in the national polio immunisation campaign for children under five years old in June 2013. In addition to being immunised against polio, the synergies created by these joint efforts resulted in 5,228,758 (84 per cent) of children being supplemented with vitamin A dose and 4,572,431 (83 per cent) with albendazole.

UNICEF supported the Ministry of Health to develop and implement provincial micro-plans for nutrition emergency response for seven drought-affected provinces (Benquela, Huila, Cunene, Bie, Huambo, Kwanza Sul and Saire). Technical support was also extended to the National Nutrition Section for updating and implementing the national protocol and training modules on treatment of children suffering from severe acute malnutrition. These modules, tools and job aids are reference documents for healthcare service providers in in-patient and out-patient programmes. Additionally, municipal supervisors were trained in six provinces to use a monitoring and supervision checklist at health facilities to improve the quality of assistance and treatment provided to children affected by severe acute malnutrition.

Targeted technical support provided by UNICEF to 11 provinces for the expansion of the programme on integrated management of acute malnutrition led to an increase in the number of in-patient facilities from 35 to 59, and an increase in existing outpatient therapeutic programmes from 119 in December 2012 to 560 in November 2013. Expansion of the programme also resulted in an increase in the number of children screened and treated. During the corresponding period, a total of 1,147,560 children under five were screened while 124,526 children were treated for moderate or severe acute malnutrition from January to November 2013. The recovery rate of the 59,045 children treated for severe acute malnutrition was 70 per cent; nonetheless, high death rates still remain a challenge (13 per cent in IPF).

The outreach CMAM model operationalised in four provinces was endorsed by national and local authorities, who have recognised its potential for replication and sustainability. In combination with UNICEF’s progressive scaling-up of its Community-Led Total Sanitation (CLTS), links were established between nutrition responses and broader water and sanitation interventions, in order to increase synergies and maximise impact in target locations.

**HIV/AIDS**

Towards the end of 2013 UNICEF collaborated with UNAIDS in the development of an accelerated response for 2014-2015, to increase coverage of high-impact HIV/AIDS interventions to support effective implementation of the national HIV/AIDS response. This strategy aims to eliminate new infections in children, with PMTCT services reaching 90 per cent of HIV-infected pregnant women by 2015.

**WASH**

As part of the emergency response, in June 2013 a rapid assessment was conducted by UNICEF in the southern provinces most heavily affected by the drought (Cunene, Huila and Namibe) to gather information on WASH and nutrition status to support targeted interventions in these areas. Based on these data, measures were taken by UNICEF to ensure that minimum conditions were met at the Health Nutritional Centres (UEN) in order to reduce risks associated with water shortages and inadequate sanitation and hygiene. Mitigatory interventions included the distribution of hand-washing and water treatment supplies and material to scale-up community sanitation. UNICEF continues to advocate with various concerned GoA partners to allocate resources to complement UNICEF efforts targeting UENs, mainly by providing water treatment supplies to these facilities.

This year, the expansion and consolidation of Community-Led Total Sanitation, with the triggering of 177 communities in the four target provinces of Cunene, Bie, Mexico, Huila, has allowed the programme to reach a total of 325,722 beneficiaries. Certifications are in progress to ascertain the number of Open Defecation Free communities (ODF) achieved in the areas encompassed by the programme, which implies full coverage of self-built latrines and hand-washing facilities.

**On-track**

**IR 6810/A0/05/911/034 2012-ACSD/POLIO AND ROUTINE IMMUNISATION** By 2013 wild polio virus transmission is interrupted through support for high-quality Supplemental Immunisation Activities (including for measles and tetanus) and improved routine immunisation coverage.

**Progress:**

Angola remains polio-free 29 months after the last polio case was registered in July 2011. UNICEF supported three national polio campaigns this year, in April, June and December, procuring and distributing 23.3 million doses of oral polio vaccine (OPV). A total of 7,017,546 children under age five were vaccinated during the first round, 6,825,688 in the second round, and 6,980,560 in the third round.

Campaign quality was low in Luanda, Cabinda, Mexico and Namibe provinces, where more than 5 per cent of children were missed (the maximum threshold set for a high-quality campaign). Vitamin A and Albendasol distribution were integrated into the second polio
campaign round to increase the scope of high-impact interventions.

In support of the MoH programme to eradicate polio, UNICEF targeted support for routine immunisation activities in 11 provinces, six sharing borders with DR Congo, to revitalise the polio border barrier strategy and prevent virus infiltration. Under this initiative, nine municipal areas in Cunene province received financial support to strengthen routine immunisation. In addition, 29,657 children under age five residing in isolated communities were vaccinated with routine vaccine antigens, including Penta 3 (94 per cent), Polio3 (75 per cent), Pneumo 13 and measles (117 per cent), and 19,236 women of child-bearing age were vaccinated against tetanus. Nonetheless, seven provinces presented low-coverage for the third dose of polio, attributed to stock-outs of oral polio vaccine at central, provincial and municipal levels in the first half of 2013. To address this challenge UNICEF and partners supported a third round of national polio immunisation in December 2013.

In October 2013 UNICEF supported a sub-national tetanus campaign targeting 66 municipalities. As part of these efforts, the Expanded Program of Immunisation (EPI) Section of the Ministry of Health was supplied with 3,551,100 doses of vaccine, 3,800,000 AD syringes, 43,950 safety boxes and 3,195 rolls of cotton wool. To ensure increased coverage, financial support was provided to build capacity of 70 EPI provincial staff on issues related to micro-planning, and mapping of remote areas with high concentration of women of child-bearing age. By the end of the campaign, 2,537,287 (89 per cent) women had been vaccinated. In 53 municipal areas the coverage mark surpassed the 85 per cent target; only 13 municipal areas presented coverage rates of less than 80 per cent. To address this shortfall, UNICEF is providing technical support to the Government to update the neo-natal tetanus immunisation strategy.

Throughout the year UNICEF supported supervision and monitoring of routine immunisation activities to ensure better tracking systems for immunisation coverage at provincial and municipal levels. It also provided technical assistance on micro-planning, placing special focus on children in hard-to-access areas and on cold chain maintenance. For the latter, UNICEF distributed 9,300 vaccine carriers to enhance cold chain capacity of key municipalities in the 11 targeted provinces. Lastly, it assisted local and provincial level governments to systematise and analyse field data to support assessments of campaign quality.

At the level of policy and strategy, UNICEF worked under the Interagency Coordination Committee (ICC) technical team, alongside the WHO and USAID/CORE, to assist the MoH's EPI Section to finalise its 2013 Operational Plan and the National Health Development Plan draft document. UNICEF also supported the planning and implementation of the first national vaccination coverage survey. UNICEF's technical guidance was instrumental in the introduction of the new Pneumo13 vaccine. As part of this process UNICEF updated the manual used to train health system social mobilisers and built the capacity of 70 EPI staff at central and provincial levels to ensure effective service delivery. Within broader capacity building efforts in the area of immunisation, UNICEF facilitated the training of 40 EPI staff from 18 provinces in logistics, maintenance, supervision and monitoring of cold chain systems.

Challenges included limited funding for the introduction of new vaccines in target provinces and constraints in cold chain systems. Moreover, for the first time in three years there were shortages of routine vaccines, which significantly affected polio vaccination coverage nationally, particularly in seven of 11 target provinces. Additionally, poor quality of administrative data on immunisation activities continues to be a major obstacle for effectively planning, monitoring and evaluating the quality of national immunisation campaigns.

IR 6810/A0/05/911/035 2012-ACSD/MONIT & EVALUATION, COORDINATION By 2013, key experiences and results are documented using evidence provided through effective monitoring and evaluation tools.

Progress:

HEALTH

During 2013 UNICEF provided financial support to Huila and Bie provinces to strengthen revitalisation processes related to the Integrated Community Care Management (ICCM) programme, including malaria control. These funds allowed provincial governments to improve the technical capacity of healthcare workers at the municipal level, including the training of 20 doctors in malaria prevention and management in Cunene province. In the municipality of Caconda (Huila Province) 300 health workers, nurses and Community Health Workers (CHW) were trained on ICCM principles, enabling them to integrate aspects of the CHW programme that is currently ongoing in this province into the ICCM programme. Additionally, in partnership with the Ministry of Family and Women Promotion (MINFAMU), 50 traditional birth attendants were trained and 50 kits for safety and clean delivery were distributed to trainees.

At the national level UNICEF supported an initiative coordinated by the Reproductive Health Department of the Public Health National Directorate to elaborate a Maternal and Child Health Manual. This manual covers key information on pregnant women, new-borns and child development and will be used to improve the quality of health services offered to mothers and children in health clinics. Once finalised, medical staff in 8 healthcare facilities across the province of Luanda will be trained in its use, and services in these facilities will be monitored throughout 2014.

NUTRITION

This year, capacity building activities were carried out in 11 provinces for nursing staff and medical doctors on integrated management of acute malnutrition. A total of 29 doctors, 2069 nursing staff and 2428 community health volunteers were trained on community-based management of acute malnutrition cases outside of health facilities, thereby helping to ensure programme outreach in remote areas.

These efforts were coupled with in-kind support to all 11 drought-affected provinces. UNICEF critical life-saving donations included, among other items, anthropometric equipment, training modules, job aids, registers, tools and communication and sensitisation material, such as posters, leaflets, radio spots, video film and newsletters.
HIV/AIDS
UNICEF continued during 2013 to focus on developing the capacity of PLHIVs to support PMTCT expansion through nurse task-shifting. Workshops were conducted with 32 PLHIV volunteers in chronic HIV care and ARV therapy in the provinces of Bié and Huila. These sessions were followed by coaching and review of monitoring tools aimed at capturing subsequent activities undertaken by PLHIVs, such as support to ART adherence among HIV+ pregnant women. This has allowed UNICEF to improve and strengthen its capacity development strategy in this key programmatic component. Moving forward, UNICEF will capitalise on the involvement of PLHIVs in PMTCT services to provide psycho-social support to HIV+ pregnant women and to improve referral channels and linkages with community systems.

WASH
As part of UNICEF’s contribution to the ‘Water for All’ Government programme, safe water was provided to 230,000 people in rural and peri-urban areas through the construction of 91 water points and the rehabilitation of 89 existing structures in the provinces of Luanda, Huila, Bié, Moxico and Cunene. An estimated 50,000 children benefitted from the construction of 16 new, and rehabilitation of 25 existing, water points in 31 primary schools across three provinces. Once rendered operational, sustainability will be an ongoing challenge as, on average, 40 per cent of existing water points not are functioning.

A partnership was established with a local university to enhance capacities on water quality management. Under this partnership, portable water testing kits were distributed to 15 municipalities in the provinces of Luanda, Cunene, Huila, Bié and Moxico to help ensure better quality water services to the local population.

With the aim of consolidating synergies between interventions, WASH promotion in schools is being integrated into the CLTS programme. Thus wherever a community is triggered, a school located in that same community is also triggered and encouraged to take the appropriate steps to guarantee safe sanitation standards at its facilities. In parallel, UNICEF is currently conducting a survey, in collaboration with the Ministry of Education and the Ministry of Energy and Water, to identify schools’ present situation with regard to access to safe water and sanitation in six target provinces.

On-track

**IR 6810/A0/05/911/036 2012-ACSD/MONIT & EVALUATION, COORDINATION** By 2013, key experiences and results are documented using evidence provided through effective monitoring and evaluation tools.

**Progress:** This year, UNICEF’s ASCD and Communication teams worked together to produce newsletters disseminating information about the nutrition situation, in an effort to update all concerned actors on actions taken as part of the emergency response in drought-affected areas.

Moreover, UNICEF began to monitor and document its experience with the Child Health Week initiative, with the aim of gathering evidence on the effectiveness of this approach in improving health conditions at the community level, especially among children under five and pregnant women. A baseline assessment will be finalised in early 2014, while a monitoring system is being established to allow for periodic evaluations.

WASH
As the CLTS programme reaches maturity, capturing lessons learned and assessing the programme’s effectiveness and sustainability are critical to determining its viability as a Government-led initiative. Since 2012 UNICEF has been organising seminars on a variety of programme-related topics to relevant audiences. This year the focus has been on discussing technical harmonisation of monitoring and evaluation systems. A workshop was organised with a broad range of stakeholders, including experts from the National Technical Unit for Environmental Sanitation (UTNSA), the Ministry of Territorial Administration and provincial government officials, as well as community leaders, private sector representatives and partner NGOs, to assess overall progress in target provinces and, more specifically, reach agreement on the programme’s M&E framework. As a follow-up to this event, provincial partners committed to mobilise resources in their respective provinces to gather and compile CLTS-related data. These will subsequently be sent to UTNSA for national consolidation. Although the seminar represent a major step towards greater M&E cohesiveness, UNICEF will continue to offer its technical expertise and support for the implementation and management of the system.

UNICEF has also financed a case study on Bottleneck Analysis of Water in Schools, in partnership with Emory University. This baseline assessment, which maps access to water in schools across several provinces, is a useful tool for supporting effective resource mobilisation and allocation.

During 2013 UNICEF also played a major role in the establishment of the National WASH monitoring database, the Management Information System for Water and Sanitation Sector (SISAS). This system is seen by the Government as an important resource for tracking progress toward the MDGs and national targets. Moreover, operationalisation of the SISAS at the national and provincial levels will also help to improve planning and budgeting for the WASH sector. UNICEF’s contribution to the consolidation of this system included technical and financial support for platform design, software development and training on information and database management for GoA officials.

On-track

**IR 6810/A0/05/911/040 2012- ACSD/PROGRAM SUPPORT** Efficient and effective use of resources (this component covers staff salaries and related entitlements, travel and training).

**Progress:** Programme support is provided in accordance with programme needs

**IR 6810/A0/05/911/050 2013-ACSD/HIGH IMPACT INTERVENTIONS** Improved national capacity of health systems to increase coverage
of high-impact interventions (Vaccines, LLINs, Vit. A, Albendasol, Iodised salt, ORS/Sinc and hand washing) at national level.

**IR 6810/A0/05/911/051 2013-ACSD/HIGH IMPACT INTERVENTIONS** Improved national capacity of health systems to increase coverage of high-impact interventions (Vaccines, LLINs, Vit. A, Albendasol, Iodised salt, ORS/Sinc and hand washing) at national level.

**IR 6810/A0/05/911/052 2013-ACSD/HIGH IMPACT INTERVENTIONS** Improved national capacity of health systems to increase coverage of high-impact interventions (Vaccines, LLINs, Vit. A, Albendasol, Iodised salt, ORS/Sinc and hand washing) at national level.

**IR 6810/A0/05/911/053 2013-ACSD/HIGH IMPACT INTERVENTIONS** Improved national capacity of health systems to increase coverage of high-impact interventions (Vaccines, LLINs, Vit. A, Albendasol, Iodised salt, ORS/Sinc and hand washing) at national level.

**IR 6810/A0/05/911/054 2013-ACSD/HIGH-IMPACT INTERVENTIONS** Improved national capacity of health systems to increase coverage of high-impact interventions (Vaccines, LLINs, Vit. A, Albendasol, Iodised salt, ORS/Sinc and hand washing) at national level.

### PC 2 - Social policy

- **Constrained**

**PCR 6810/A0/05/916 By end of 2013, vulnerable and poorest children benefit from a better social protection and increased budget for children.**

**Progress:**

During 2013 UNICEF provided extensive support for the development and finalisation of the new National Social Assistance policy. The policy, which had been in the making for several years, is a landmark towards the Government’s stated goal of substantially scaling-up basic social protection for vulnerable families, and was presented to media representatives and other key stakeholders in the course of a high-level national social assistance conference held in October. The three-day event, supported by UNICEF, was attended by several international speakers from countries where social protection programmes have been successfully implemented and had significant echoes in the public media, thus contributing to fostering and shaping national dialogue on this critical topic. It is expected that policy implementation will start after the document is officially approved by the Council of Ministries.

This year, UNICEF also succeeded in securing a large (US$30 million) grant from the EU to support the expansion of social assistance to vulnerable Angolan families. Through this grant, UNICEF will provide support to the GoA to operationalise the main provisions included in the new social assistance policy.

UNICEF employed multiple strategies, including provision of highly qualified technical assistance, continuous capacity development through training sessions and on-the-job guidance and advocacy. UNICEF work in this area also benefited from a partnership with the Work Bank that contributed in 2011-12 to a diagnostic study that informed policy development. Close dialogue with the IMF in Angola was also instrumental, as it contributed to building a common advocacy front for the expansion of social protection, linked to a possible phasing down of highly regressive energy subsidies.

During 2013 UNICEF supported a vulnerability analysis that served as an input to the national post-MDG consultation. The analysis also served as the basis for the development of the UNICEF Country Programme Document 2015-2019, and will be further developed to become the UNICEF SitAn, a high-quality office flagship publication that highlights key priority areas for UNICEF advocacy in the new country programme.

Despite progress made in the past year, the overall PCR established for the period 2010-2013 was not fully achieved by the end of 2013, because the social assistance policy has not yet been translated into action or led to increased budget allocations for the social sector. Changes in UNICEF’s Social Protection section human resources, combined with a prolonged period of understaffing, contributed to delayed progress toward the stated PCR result.

Moving forward, UNICEF will build on 2013 achievements to support operationalisation of the social assistance policy and to produce evidence to underpin advocacy for greater alignment between national policy and budgetary frameworks and the 11 Commitments for Children. It is thus envisaged that, with continuous UNICEF engagement, the PCR result will be achieved in the biennium 2014-2015.

- **On-track**

**IR 6810/A0/05/916/038 IR3: Efficient and effective use of resources (this component covers staff salaries and related entitlements, travel and training).**

**Progress:**

Programme support is provided in accordance with programme needs.
**IR 6810/A0/05/916/046 IR1**: By 2013, the legal-policy framework of social assistance is established and used as a base to expand and improve government intervention in the support of the most vulnerable families.

**Progress:**
UNICEF provided extensive support for the development and finalisation of the new National Social Assistance Policy during 2013. The policy, which had been in the making for several years, is a landmark towards the Government’s stated goal of scaling-up basic social protection for vulnerable families. The policy was presented to the media and to a wider stakeholder audience during a high level national social assistance conference held in October. The three-day conference, supported by UNICEF, was attended by several speakers from countries where social protection has been successfully implemented and had significant echoes on the public media, contributing to fostering and shaping the national dialogue on social protection. It is expected that the operationalisation of the Policy will start after its official approval by the Council of Ministries.

UNICEF also succeeded in securing a large (US$30 million) grant from the European Union to support the expansion of social assistance to vulnerable families during 2014-2018. Through this grant, UNICEF will provide support to the Government for operationalising the main provisions of the new Social Assistance Policy.

UNICEF employed multiple strategies to advance its goals in the social protection sector; including provision of highly qualified technical assistance, continuous capacity development through training sessions and on-the-job guidance and advocacy. UNICEF work in this area also benefited from a partnership with the World Bank that contributed to a diagnostic study that informed policy development. Close dialogue with the IMF in Angola was also instrumental and contributed to build a common advocacy front for the expansion of social protection in Angola.

In 2014 UNICEF will continue to pursue its goal to achieve the expansion of social assistance in Angola.

**IR 6810/A0/05/916/047 IR2**: Strengthen capacity for planning, implementation and monitoring of the resources available to public institutions to implement the 11 commitments in favour of child

**Progress:** The initial plan to conduct an analysis of the 2014 provisional state budget as part of the implementation of the CNAC biennial plan could not be implemented in 2013.

Based on consultations with key stakeholders, UNICEF reached an agreement with the CNAC Secretariat regarding the focus and scope of the state budget analysis, which resulted in a detailed ToR for the study approved by the relevant CNAC commission. However, difficulties in establishing a dialogue with the Ministry of Finance on the matter, as well as in obtaining a formal agreement with CNAC’s Presidency to kick start the process resulted in delays, leading to the rescheduling of this activity to 2014.

Constraints related to the somewhat limited access to public finance management information appear to be decreasing, as the Ministry of Finance continues to pursue its policy towards increased transparency in the release of public finance-related data and information.

Building on the preparatory work conducted in 2013, UNICEF aims to undertake the analysis of the state budget during 2014. The analysis is expected to serve as the basis for technical discussion and to support advocacy efforts towards changes in public financial management, progressively ensuring greater alignment between the national budget and its execution with objectives stated in the 11 Commitments for Children.

**IR 6810/A0/05/916/048 IR 3**: The post-MDG national consultation process is strengthened and benefits from quality contributions developed through an inclusive and participatory consultative process.

**Progress:**
Angola was one of the countries where Post-MDG national consultations were held. UNICEF provided substantial contributions to this process. More specifically, UNICEF supported a Vulnerability and Poverty Analysis focusing on inequalities in income and social indicators. The study, which highlights the major deprivations of rights of the Angolan population, was used as an input to several different streams during national consultations.

UNICEF also coordinated the consultation process with the National Assembly of Angola, using this platform as an entry point to sensitise MPs about key development challenges, particularly in relation to inequalities. UNICEF engagement was instrumental to ensuring that the Angolan consultation adequately addressed and focused on issues related to vulnerability and inequality reduction, both within Angola and the global post-2015 agenda.

Findings presented in the Vulnerability Analysis report are also being used to support the drafting of the UNICEF Angola SitAn, a document intended to become the Country Office flagship publication. In addition, the material was used to generate reflections for key priority areas for action and advocacy in the preparation of UNICEF’s new country programme document for 2015-2019.
**PCR 6810/A0/05/912** By 2013 Angolan children, particularly the most vulnerable, will have increased equitable access to quality education and opportunities to develop life skills and healthy life patterns.

**Progress:** During 2013 UNICEF’s programme shifted its focus from expanding access to education through the construction of physical infrastructure to enhancing equitable access to quality education and opportunities by assisting the Ministry of Education (MED) to formulate policies, strategies and action plans. As a result of these efforts, the Child Friendly School (CFS) approach is now integrated in the Education For All Plan, 2013–2020 (Educação para Todos). Capacity for CFS data collection, planning and implementation is being enhanced through training and technical assistance. UNICEF is also assisting the MED to refine and adjust the Acceleration of Education and Literacy Programme (Programa de Alfabetização e Aceleração Escolar, PAAE), that gives second-chance education to youth who dropped out of school. Further support includes technical assistance for enhancing life skills as a component of the national youth HIV prevention strategy.

Additionally, UNICEF is supporting teacher capacity strengthening in collaboration with the National Institute for the Training of Cadres (INFQ), and through the Zones of Pedagogical Influence (ZIPS) approach, which is a cluster school strategy that seeks to optimise teacher training efforts.

The main barriers faced for advancing programme goals include weak national information and monitoring systems that impose serious barriers for benchmarking and measuring progress made in terms of access and quality of education. Lack of human and financial resources to fully implement the Education for All policy, and an overall lack of prioritisation in relation to allocating available funds and resources to certain fundamental issues (such as low-completion, high drop-out and out-of-school children rates and low quality of teaching, access to clean water at schools) hinder progress toward set targets.

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**On-track**

**IR 6810/A0/05/912/036 Enhanced Government capacity to provide quality primary educational services to out-of-school children and other vulnerable populations, including those subjected to complex emergencies.**

**Progress:** Working towards the achievement of improved and equitable access to education, this year, UNICEF funded the construction of 321 classrooms in the provinces of Bié, Moxico and Cunene. New infrastructure has allowed more than 30,000 children to gain access to primary education in some of the most remote and unserved areas of the country. Additionally, 248 School in a Box kits, comprised of basic school material (pens, notebooks, etc.) were distributed in the provinces of Bié, Cunene, Moxico and Luanda, benefiting approximately 9,900 students.

Responding to Government requests for targeted interventions, UNICEF supported the Provincial Directorates of Education in Moxico and Bié to improve institutional implementation and organisation of the Programme for Accelerated Education in these provinces. With UNICEF assistance, a team of 36 trainers, 20 supervisors and nine coordinators of nine different municipalities received pedagogical training and learned about the successful management and organisational PAAE model currently being implemented in Kuansu Sul. It is expected that this training will result in smoother implementation of the PAEE programme in target areas.

Additionally, UNICEF sponsored a preparatory study for the regulation of free education, which aims to contribute to the advancement of the Education Law 13/2001. Findings were presented to national directors and government representatives from Luanda Province. By explaining several key implications stemming from the possible implementation of a free education policy for primary and 1st cycle of secondary education, the study helped the Ministry to gather the necessary technical information to plan and prepare regulations. One of the important suggestions deriving from this study was the need to undertake an analysis of per capita costs prior to drafting the policy. The MED has already begun preparing for this follow-up study.

This year, UNICEF also completed a study on children most at risk of dropping out school, which included both regular education and PAAE programmes. Evidence presented in the study will allow UNICEF to advance discussions with Government counterparts on effective strategies to ensure better quality education and increase retention rates.

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**On-track**

**IR 6810/A0/05/912/037 Efficient and effective use of resources.**

**Progress:**

Support in accordance with programme needs. A new Education Specialist P3 will be part of our team in 2014 to assist with the implementation of ECE-activities.

**Constrained**

**IR 6810/A0/05/912/039 By 2013, a national multi-sectoral ECD policy is developed and a plan exists to operationalise it that includes diverse, quality ECE services with a focus on the most vulnerable children.**

**Progress:**

Enrolment rates for early childhood education are very low in Angola, only 6.7 per cent of children between the ages of 0-to-5 are currently attending a learning establishment. Presently, two different ministries oversee early childhood education programmes, the MED, which is responsible for the pre-school level (year 0) and the Ministry of Social Assistance and Reintegration (MINARS), which is responsible for early childhood education for children aged 0-to-5. Both entities lack systematic mechanisms to control quality of service delivery or to identify and coordinate priority areas for expansion. Furthermore, no joint national strategy for advancing access and improving quality of early learning programmes exists. Fragmented dialogue, combined with the absence of reliable data and low
awareness on the importance of early childhood learning, create continued challenges for defining a national strategy, outlining an action plan, and building momentum for ECD programmes.

In 2013 UNICEF’s efforts to ensuring increased equitable access to quality education largely focused on supporting activities that would contribute to the expansion and uptake of early education programmes. Under this approach, UNICEF provided substantial expertise and technical support to the drafting of the Law for Protection and Holistic Development of Children, which places strong emphasis on ECD and early childhood education. Additionally, UNICEF’s advocacy efforts during the VI Forum on Children, held in June 2013, sought recognition of early childhood education as a critical national priority.

This year, UNICEF also worked with MINARS to accelerate the Education for All programme. An agreement with the MED was also reached to assist in the formulation of a strategy for expansion and better utilisation of pre-schools in 2014.

**Progress:**

Data sources on the spread of HIV and knowledge and attitudes of individuals most prone to infection are limited and outdated, constituting a major bottleneck in planning and devising effective HIV/AIDS protection and education strategies. Information on youth awareness around issues relating to HIV transmission and prevention date back to data from the 2009 Household Survey, which shows that only 52.8 per cent of youth are aware of the two main prevention measures to be adopted.

In an attempt to address this limitation, UNICEF finalised a study in 2013 on "Risk Behaviour among Adolescent and Young People in the context of HIV/AIDS". The study began in 2012 as part of broader efforts to support the Ministry of Youth and Sports (MINJUD) with strategic planning. This year, findings and recommendations were shared with the Ministry Council Board. Another presentation, which will include a wider group of stakeholders (such as civil society organisations and development partners) is scheduled for early 2014 and will kick-start a process to develop an action plan. This study has also served as a foundation for production of a manual and guide for peer education programmes on HIV/AIDS. The products were developed in 2013 and are in the process of being revised and adapted to the local context and specific profile of the target audience.

Through technical and financial support, UNICEF contributed to the revision of HIV prevention plans by the Ministry of Education and the Ministry of Youth. At the end of the process, a national workshop was held to validate the National Strategic Plan for Prevention of HIV, Malaria and TB within the Education Sector.

**Progress:**

UNICEF’s Child-Friendly Schools (CFS) model was progressively mainstreamed by the GoA in key policies and programmes, such as the National Education Plan for All and 11 Commitments for Children. In order to ensure that this approach is translated into tangible results for children, UNICEF has sensitised and trained 11 Government focal points in different provinces on Child-Friendly Schooling (CFS) principles. These trainers were prepared to lead and facilitate a series of follow-up trainings across 15 provinces for directors of 195 schools, transferring the knowledge received to other community agents. At the end of the training cycle, it was estimated that 967 teachers had been mobilised to learn about the CFS principles. Moreover, UNICEF also developed a draft proposal for a self-evaluation tool that assists school directors to evaluate their establishments against CFS principles. This resource was handed to the MED, which will ensure its subsequent distribution to schools nation-wide. UNICEF also supported the development of a guideline identifying the required standards for educational facilities to be considered compliant with Child Friendly Schooling principles. The draft document was submitted to the MED and awaits validation.

Within the scope of improved quality education, School clusters (ZIPs) is a strategy employed by the Government to ensure enhanced teacher training coverage and outreach. This year, UNICEF supported ZIPs through the training of trainers and by developing and distributing training modules to key partners. In 2013, a project was also implemented by UNICEF, in collaboration with the NGO People In Need, to support improvements in the organisation and coordination of teacher trainings in the province of Bié.

Finally, a partnership was established with the National Institute for the Training of CADRES for the development of long-distance learning materials in Portuguese and Mathematics.

### PC 4 - Planning, monitoring and evaluation

**Progress:**

By 2013, the CNAC and selected provinces and municipalities have the institutional capacity to plan, implement and monitor equity and impact of child related programmes using data evidence.
UNICEF continued to work in close collaboration with the National Council for Angolan Children (CNAC) to support GoA efforts to implement the 11 Commitments for Children at the local level and to help municipal authorities to plan actions to ensure children’s wellbeing. The 11 Commitments correspond to key interventions for achieving the MDGs, the Millennium Declaration and CRC and cover the full range of child rights, including generating, prioritising and allocating public resources for children.

UNICEF has been assisting the Government to incorporate the System of Indicators for Children in Angola (SICA) into the framework used to benchmark, monitor and assess the performance of municipalities in implementing the 11 Commitments and attain the status of ‘Child Friendly Municipality’ (MAC). During 2013 UNICEF supported theGoA in developing a system of certification using SICA indicators, whereby municipalities that show progress towards the achievement of MAC requirements will be certified by the Government and may receive financial incentives. UNICEF successfully advocated for inclusion of SICA indicators (which will be used by municipalities to plan and monitor performances around the 11 commitments for children) in the national framework for elaborating municipal profiles.

An important achievement was the GoA’s decision to fully embrace the MAC initiative and its commitment to lead and sustain it in the long run, in tandem with the ongoing decentralisation process. To this end a decree is being prepared that regulates national implementation of the MAC, which will also be progressively integrated into relevant public policies. A major challenge for moving this process forward is the limited capacity of municipalities to adhere to the institutional requirements needed to effectively implement the framework within their local systems. To address this issue, the Ministry of Territorial Administration is currently working on a programme to train municipal and provincial authorities on strategic planning and data collection and management.

**On-track**

**IR 6810/A0/05/918/009** At least 80% of UNICEF internal planning is effectively aligned with both the CNAC Biannual Plan and global priorities, properly translated into VISION, with regular monitoring and reporting. (Partners: CNAC)

**Progress:**

UNICEF aligned its 2011-2013 rolling plan to CNAC’s bi-annual plan for the corresponding period, in collaboration with the different sectoral teams and CNAC specialised committees. The CNAC is currently working on developing a five-year plan to respond to the priorities set by the GoA’s 2013-2017 National Development Plan. UNICEF is awaiting the finalisation of this plan to re-align its priorities, strategies and activities with CNAC’s. In the meantime, UNICEF teams continue to work bilaterally with Government counterparts to ensure effective and cohesive planning for 2014 and beyond.

**On-track**

**IR 6810/A0/05/918/012** Efficient and effective use of resources (this component covers staff salaries and related entitlements, travel and training).

**Progress:** Programme support is provided in accordance with programme needs

**Constrained**

**IR 6810/A0/05/918/014** Improved evidence on the situation of women and children is available and used in decision-making processes by GOA, UNICEF and other UN Agencies. (Partners: INE/MINPLAN)

**Progress:**

During the drought period, UNICEF supported the GOA and UN agencies to review and harmonise the current monitoring framework and develop and implement improved M&E systems and tools for effective assessment of the nutrition situation and response in eight provinces. This assistance included strengthening capacity for data collection, analysis and reporting of nutrition information from municipal to central level, and supporting the introduction of rapid SMS technology as part of the overall M&E system. Trainings were administered by a UNICEF-supported consultant to staff from the National Nutrition Section and to provincial nutrition managers. The SMS service system was fully designed and a free telephone line was established; however, it has not yet been made operational by the MINSA. Although UNICEF support to this process helped to enhance data collection processes and improve overall data quality, fundamental challenges still prevent the adequate flow of information and impair the proper functioning of routine reporting systems. These include lack of transport to carry out supportive supervision, lack of communications, turnover or limited availability of trained staff at health facilities and low prioritisation of nutrition (and therefore nutrition information) within MINSA. UNICEF continues to work in close collaboration with its partners to address these bottlenecks and ensure that the M&E tools are adapted to the needs and capacities of local partners.

In 2013 UNICEF completed two studies in the area of Education, one assessment in C4D and one in HIV/ACSD. One study and two other assessments are on track to be finalised in early 2014. Findings have been shared with relevant internal and external stakeholders, such as the Ministry of Education, to shed light on critical issues and inform decision-making processes. Follow-up actions have been taken by UNICEF and partners to ensure that recommendations are implemented. The CO did not undertake any full-fledged programme evaluations during 2013.

The Health and Nutrition Survey, initially planned by the MoH for 2013, was put on hold, and may be integrated into a national household survey being considered for 2015, which will follow the Population Census. In view of these ongoing processes, results from the QUIBB 2011 and 2014 Census will be used for MDG reporting and to assess progress against major outcome indicators outlined in the CPD, by the end of 2014.
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**Discontinued**

**IR 6810/A0/05/918/023** By 2013, a system of certification of Child Friendly Municipalities is established at national level and effectively implemented in at least 16 municipalities, using SICA as a monitoring and evaluation tool for certification. (Partners: CNAC, MAT, INE/MINPLAN)

**Progress:**
An important advocacy achievement in 2013 was the GoA’s decision to fully embrace the UNICEF-supported Child Friendly Municipality (MAC) initiative, and its commitment to lead and sustain it in the long run, in tandem with the ongoing decentralisation process. With the GoA’s decision to lead the MAC initiative, UNICEF’s planned results for this component, such as the establishment of pilot projects in two municipalities, have not advanced further. Nonetheless, UNICEF worked closely with the Government to develop a set of instruments and procedural documents to facilitate implementation of the MAC initiative, such as manuals and certification systems. UNICEF also provided technical expertise to the GoA in converting the MAC framework into a legal decree.

As the initiative's long-term sustainability is largely dependent on Government leadership, UNICEF will continue to support the GoA in driving this process forward, mainly through monitoring and technical assistance.

**PC 5 - Communication**

**Constrained**

**PCR 6810/A0/05/919** By the end of 2013, children, families and duty bearers have the necessary information to change behaviours and make decisions to improve equity and investment in Angola’s most vulnerable children.

**Progress:**
UNICEF Angola has been progressively positioning itself as a knowledge expert on children’s issues and lead actor on advocacy for children. Tangible results have emerged in the past years at a slow but steady pace. Information on priority issues for child survival, development, protection and participation in Angola has been made available to decision-makers, families and children through different platforms, but UNICEF hopes to achieve more.

Despite contextual challenges, progress has been made in a number of strategic areas, as demonstrated by the qualitative assessment of the UNICEF-supported Family Competencies Programme, which showed a slight improvement in knowledge of high-impact practices for the holistic development of children among families reached by local social mobilisers. The assessment also confirmed the gradual and synergic involvement of different actors of Angolan society in promoting activities and themes related to the wellbeing of children. Communication and social mobilisation efforts for polio eradication have raised awareness on the benefits of vaccination as an effective means of protecting children against different illnesses. The contribution of communication and social mobilisation for positive nutrition practices was instrumental for the success of the Community-based Management of Acute Malnutrition programme.

Moreover, as a result of UNICEF’s efforts, children actively participated in strategic discussions and recommendations directly concerning them, such as the Post-2015 agenda, the VI Forum for Children and the drafting of the national Child Participation Strategy, contributing to the implementation of the 11 Commitments for Children in Angola.

Yet resource mobilisation efforts have been less successful than expected, mostly due to the country’s substantial oil revenues and donors’ perception that, within this context, their funding would not make a major contribution to driving the country's development process forward. To counter this trend, documentation of UNICEF’s programme results has helped to focus attention on specific development needs and priorities, supporting overall resource mobilisation efforts. Nonetheless, greater investments are required to increase the visibility of key programme results at both the national and international levels.

Communication alone cannot move forward without the guarantee that the services promoted are available to meet the demands of end-users, which has not always been the case. The GoA and its partners, including UNICEF, should make greater commitments to invest in communication for development, moving beyond media relations and visibility. Strong advocacy is needed at higher levels for advancing this approach within partner ministries, especially with the Ministry of Health; and for the creation and strengthening of an institutional framework that plans and allocates the necessary human and financial resources, and that implements and monitors strategic actions for communication and social mobilisation activities.

**On-track**

**IR 6810/A0/05/919/007** Efficient and effective use of resources (this component covers staff salaries and related entitlements, travel and training).

**Progress:**
Programme support was provided as planned according to programme needs.

**Constrained**

**IR 6810/A0/05/919/009** By 2013, key issues and interventions for Angola’s most vulnerable children are documented and disseminated for strategic advocacy and fundraising.
Progress: In 2013 dissemination of strategic information on children in Angola was aligned with key programme priorities that were mostly made visible through events, media pitching, Facebook, short videos and info-graphics. This concerted public advocacy effort, targeting opinion makers, led to broader discussions on key topics concerning children’s wellbeing, such as nutrition, birth registration, justice for children, the importance of immunisation, rights and needs of children with disability, malaria, hygiene and sanitation, HIV/AIDS and the relevance of child participation.

Although direct attributions cannot be established, it is possible to see how public dialogue around these issues contributed to strengthen advocacy efforts for the advancement of the 11 Commitments for Children in Angola and have shed more light on the Law on the Protection and Holistic Development of Children.

Within this context, partnerships were strengthened with the Ministry of Social Communication, especially the Centre for Journalists’ Training (CEFOJOR), as well as with the Forum of Women Journalists for Gender Equality, among others. Joint workshops and thematic events organised by UNICEF allowed journalists to gain a better understanding of children's rights in terms of image protection and media engagement in sensitive circumstances. Despite encouraging results, journalists’ capacity to fully assimilate the concepts learned and reproduce them in their daily activities remains limited. Investing systematically in capacity building for this specific group on themes involving child survival, development, protection and participation emerges as a major need.

As a result of UNICEF’s advocacy efforts, the Ministry of Social Communication has been progressively leading awareness campaigns and activities on issues related to the wellbeing of children and families. With considerable Government leadership and buy-in, UNICEF’s role is progressively shifting from implementation to technical backstop. An illustrative example was the Radio and TV coverage of the International Children’s Day of Broadcasting celebration, which was fully led by the Ministry of Communication, building on key messages developed and proposed by UNICEF.

Fundraising was more successful abroad than domestically, despite limitations imposed by the financial crisis. UNICEF’s strategy has been updated and now encompasses many private sector partners, such as BP, Maersk Oil, ConocoPhillips; however, funding source diversification, including in the private sector, both at international and national levels, continues to pose a challenge. Strategically, UNICEF has also leveraged these partnerships to raise awareness on corporate social responsibility, through dissemination of “The Children’s Rights and Business Principles” publication.

Three donor visits were held successfully this year, including the Spanish National Committee, the European Commission and Humanitarian Office (ECHO) and the Japanese Embassy. Special visibility actions on EU-funded programmes were conducted at both national and international levels, reinforcing resource mobilisation prospects, in line with global UNICEF trends.

In 2013 the CO received US$5.6 million of the US$39,673,085 estimated OR funds for the year from bilateral donors (Japanese and Norwegian Governments), multilateral donors (UNDP, BMGF) and National Committees. The total response for nutrition emergency was of US$3.1 million. The EU/ECHO funded US$2.5 million, USAID contributed with US$237,000 to support massive screening and in-kind donation of 20,160 boxes of RUTF, and the BP foundation gave US$100,000.

The funding perspective for 2014 and beyond seems more encouraging with two substantial contributions from the European Union on the pipeline for four-year programmes on Birth Registration and Justice for Children (€15 million), as well as Social Assistance (€22.7 million).

UNICEF needs to make further investments, in terms of specialised human resources, to improve development and management of its digital communication resources (country webpage and social media platforms). Documentation of achievements and successes through life stories should be increased. The limited capacity of journalists to tackle child-related issues with sensitivity and quality sometimes constitutes a bottleneck for effective public advocacy. The financial crisis’ impact on some of the CO’s traditional donors led to a decrease in funding, imposing financial barriers to programming.

On-track

IR 6810/A05/0919/010 By the end of 2013, an increased number of families are aware of and adopting essential practices at the household level and demanding children services.

Progress: The Family Competencies initiative, a programme supported by a strategic alliance with the Ministry of Family and 10 of the most important national faith-based organisations in Angola, is a cross-sectoral C4D strategy aimed at promoting improvements in the wellbeing of children and families. This year, capacity building for Family Competencies in the 12 fundamental practices for guaranteeing children wellbeing took place in selected municipalities in the provinces of Benguela, Bié, Cunene, Huambo, Huila and Luanda. Specific messages on birth registration, WASH and malaria prevention were integrated into programme efforts to increase synergies with other areas of UNICEF work. Messaging on cholera prevention and improved use of treated water were particularly intensified in the provinces of Luanda and Cunene. In Benguela, Bié, Huambo and Huila a special focus was placed on key practices to prevent malaria and to facilitate the distribution of mosquito nets. This year, 408 municipal trainers and 5,733 social mobilisers participated in capacity building activities promoted by the programme. Moreover, 4,782 home visits were performed and some 89,500 community members were sensitised through public meetings held as part of this initiative.

In 2013 a rapid qualitative assessment of programme activities was conducted in two municipalities (Marimba, in the province of Malange, and Cacuaco, in the province of Luanda). The assessment showed improvements in knowledge of high-impact practices for the holistic development of children under 5 among the families counselled by the programme’s social mobilisers and activists. This confirms the assumption that, in combination with relevant printed communication tools, awareness and sensitisation strategies can be powerful vehicles to promote positive changes in household practices.
UNICEF has already begun transferring management of the programme to the MINFAMU; this process should be completed by late 2014. As a result of UNICEF's advocacy work, the MINFAMU has committed to increase human resources for the management of the programme. UNICEF is also coordinating with the MoH, INAC and MINARS, as well as with local provincial governments, for a more direct involvement of these stakeholders in the planning, management and monitoring of programme activities. UNICEF is also providing technical expertise to MINFAMU for the development of a programme M&E platform that will collect information on a range of indicators and will be used to track progress made towards behaviour change in the programme's target areas.

A major challenge is insufficient budget allocations by MINFAMU to ensure that all municipalities identified as priorities are covered by the programme. In terms of implementation, low involvement and buy-in on the part of certain local governments has derailed effective and timely execution of social mobilisation activities and hindered monitoring of activity impact across time. Another key area where progress is still needed is increased local media involvement in the promotion of programme-associated activities, given that these actors play an indispensable role in increasing awareness and outreach within target audiences.

**IR 6810/A0/05/919/011** By the end of 2013, the capacity of partners for developing strategic communication plans is improved to promote and encourage the demand for services (with: MINSA/INLS, MED, MINJUS, MINARS, INAC).

**Progress:** A growing interest exists within the wider stakeholder community in Angola in promoting child participation, a salutary development that has resulted in the drafting of the National Child Participation Strategy. The strategy design relied on UNICEF’s technical support and was supported by the active involvement of INAC, the local child and youth network Twana Twangola and inputs by more than 500 children and adolescents from different sectors (Child Reporters, OPA, Scouts, churches and other NGOs). Children provided their inputs through consultation fora and workshops which, in turn, strengthened spaces for public participation at the local level and in the national media. More broadly, the process also helped to strengthen partners’ capacities to promote and manage participatory processes targeting child audiences.

The main challenges ahead lie in developing a child participation action plan and identifying participatory methodologies and resources for the implementation of the strategy by concerned stakeholders (the INAC, the Ministry of Education, the Ministry of Social Communication, civil society partners and the children themselves).

During 2013 children’s voices were heard as part of the post-2015 agenda process, the VI Forum for Children and the media (child reporters). A final report and advocacy summary document drafted on the basis of inputs provided by children and youth was included in the country’s report for post-2015, contributing to the Angolan vision for key post-MDG priorities worldwide. Children actively participated at the VI Forum for Children, and their recommendations were incorporated into the events’ final strategic document. Moreover, UNICEF supported CEOJUR and INAC in training 70 child reporters and students from all over the country. Children learned how to communicate more effectively and better articulate key issues relating to the 11 Commitment for Children in their communities. Although there is an increased enthusiasm for these types of activities, there is still room for further improvement in the design of such initiatives in terms of periodicity, timeliness for dissemination and content quality.

A key constraint encountered in this area refers to partner institutions’ limited human and financial resource capacity to monitor the implementation of strategic actions on the ground. Their weak understanding of the multidimensional aspects entailed by effective child participation approaches must also be tackled if more opportunities for child participation are to be created and strengthened. Furthermore, poor coordination of child participation actions among allies, including Government institutions, still hampers advancements.

**IR 6810/A0/05/919/012** Timely and adapted communication and social mobilisation strategy are implemented to contribute to polio eradication.

**Progress:** In 2013, the GoA, with support from UNICEF, the World Health Organization (WHO) and other national and international partners, implemented three National Polio Immunisation campaigns and one Maternal Neo-Natal Tetanus (MNT) campaign. UNICEF’s communication and social mobilisation support included continued efforts to strengthen the campaigns’ community-based approach in seven priority provinces, including six provinces bordering the Democratic Republic of Congo (DRC). During the year the Pneumo vaccine was introduced jointly with efforts to improve quality of routine immunisation.

Starting in 2012 and throughout 2013, UNICEF worked to strengthen the immunisation pillar of the Family Competencies initiative (Competency n. 5), stimulating beneficiaries to seek the service, while working with service providers to improve the quality of delivery. This year UNICEF continued providing on-the-job supervision of the 2,700 social mobilisers trained in 2012, the majority of whom are community activists from local churches, the Angolan Red Cross, traditional leaders (known as Zobas) and municipal and provincial supervisors for health promotion.

In addition to the seven target provinces mentioned earlier, four other provinces were included on UNICEF’s priority list for the intensification of the immunisation system. As part of these efforts, 120 social mobilisation volunteers were trained by UNICEF to ensure increased immunisation coverage in these areas. The partnership with CORE Group, which started in 2012, was maintained and extended to include a Smartphone project to map the location of social mobilisers, community volunteers and health centres. This innovative mapping method has great potential for improving campaign quality. In addition, it will provide UNICEF with an opportunity to map and expand its network of trained volunteers.

Overall, the national average number of children missed in 2013 did not change dramatically compared to the previous years (9 per cent) and continues to be above the 5 per cent threshold established for campaign quality. In Luanda, 9 per cent of children are still unvaccinated and this remains therefore a high-risk area.

In 2014 it is expected that immunisation and health promotion communication efforts will continue to be supported by the Bill and Melinda Gates Foundation, Chevron and the Japanese Government. Advocacy will be concentrated on increasing GoA buy-in and funding, as well as private sector engagement.

Further advancements on this key programmatic result were hindered by the lack of knowledge of strategic communication by...
counterparts, which resulted in limited commitment to communication and social mobilisation. Lack of strategic commitment from the MoH to fully support and lead health promotion interventions is a critical barrier to be overcome in the next years.

**Constrained**

**IR 6810/A0/05/919/024** By the end of 2013, the capacity of partners for developing strategic communication plans is improved to promote and encourage the demand for services (with: MINSA/INLS, MED, MINJUS, MINARS, INAC).

**Progress:**

Further investment is needed to improve partners’ capacity to develop strategic plans to promote and encourage service demand. Most planning efforts are still UNICEF-led, even when there is buy-in and collaboration from partners. The majority of counterparts do not have a background in communication and this deficiency compromises the sustainability of communication strategies. Areas such as education for all, child-friendly schools, hygiene and sanitation are currently being tackled and a more long-term perspective and improvement is expected in 2014.

In response to the nutrition crisis, which has affected several provinces since 2012, communication and social mobilisation activities were implemented and supported the Community-based Management of Acute Malnutrition programme led by the Government, in collaboration with UNICEF and other national and international partners. Since January 2013 more than 2,000 community health activists, including Government representatives, NGOs and community activists were sensitised and trained on social mobilisation for positive nutrition practices. Communication material developed by UNICEF was used by community activists to raise awareness from local and national stakeholders, (Government authorities, religious and traditional leaders) in these efforts. Mothers of children suffering from acute malnutrition were counselled by volunteers on care measures, appropriate breastfeeding and complementary feeding practices, as well as health-seeking behaviour, water and sanitation and diversified diet based on local products.

As a result of this initiative, which successfully combined capacity building and communication strategies, trained agents screened more than 784,000 under five children residing in areas situated within a minimum 3 km radius of existing health facilities. More than 66,000 cases of moderate acute malnutrition and 27,000 cases of severe acute malnutrition were identified and treated.

Limited investment in communication still remains one of the most critical barriers to promoting effective behavioural and social change. More efforts should be allocated to ensuring sustainable and durable GoA-led communication programmes, to better address key care practices and positive behaviour for the wellbeing of children and their families.

**IR 6810/A0/05/919/025 Family Competencies (inactive)**

**PC 6 - PCR Support**

**On-track**

**PCR 6810/A0/05/800** Efficient and effective use of resources. Cross-sectoral entails operational cost of operating business in Luanda, Mexico, Bie, Lubango and Cunene. This component covers non-programme salaries, travel and training, premises costs and telecommunication, some office salaries and maintenance of equipment and premises, programme costs related to supply chain.

**Progress:** In 2013 the CO continued to progressively reduce costs by streamlining, in particular, the staffing structure in operations. The Chief of Operations post level was downgraded to a P4 and recruitment for the vacancy was completed in September. Further cost savings were realised through the elimination of the Administrative Specialist post in May and the consolidation of the HR Specialist position within the UNICEF South Africa HR Hub, serving the BNLSs countries and Angola.

In the last quarter of 2013 upgrades were made to existing office facilities to ensure that physical infrastructure was in compliance with sanitary and environmental standards. Budget assistance was received from regional funds to improve office sanitation in the context of the sub-standard common premises in Luanda, helping to mitigate risks until an audit recommendation issuing a request for the CO to leave its current facilities is implemented.

Oversight structures are in place with clear designation to various specific committees. The CMT met regularly this year to review indicators and the performance of the CO. Capacity gaps were promptly addressed through targeted trainings. The JCC also met regularly to keep the Staff Association abreast of issues related to the high turn-over of senior-level staff in 2013. A visit of the Global Chair of the Staff Association later in the year served as a platform to brief staff on challenges related to the consolidation of operations service into GSSC.

**On-track**

**IR 6810/A0/05/800/001** Governance structures and systems that are necessary to adequately manage risks and achieve programme results. Activities and associated costs corresponding to the Biennial Support Budget Functions at country level, including salaries and related non-staff costs of Representative, Deputy Representative, Chief of Operations, Information Technology, business continuity and risk management.

**Progress:**

VISION operation has stabilised and the CO is utilising the increased efficiency of the new ERP to streamline work procedures and reduce processing time and costs. In combination with remote access tools provided by ITSSD, new opportunities to work remotely and independently of office structures were presented in the design of the latest Business Continuity Plan” (BCP).

The BCP was reviewed and adjusted to address risks identified by the audit, the internal enterprise risk assessment and the UNDSS country risk assessment. BCP and disaster recovery procedures were tested in exercises and in situ, during an actual crash of ICT systems in November. This event showed that the mitigation measures currently implemented allowed business continuity and recovery below the established threshold.

The office conducted HACT trainings for partners in coordination with other UN agencies; UNICEF played a key role in organising and facilitating capacity building during two training sessions in Luanda for Government and civil society partners from UNICEF, UNFPA and UNDP. A finance focal point was identified to conduct mitigation spot checks as well as to assist Government entities in the use of the HACT procedures as a follow-up to the training. In 2014, HACT training will be organised for partners based in the provinces.
IR 6810/A0/05/800/002 Effective and efficient management and stewardship of Financial Resources. Management of financial and other assets of the organisation, including activities and costs associated with office administration, corresponding to the functions including salaries and related non-staff costs of Administration and Finance, rent, office furniture and equipment, office security, maintenance and vehicles.

**Progress:**
In 2013 the CO performed a thorough financial analysis review to ensure proper allocation and utilisation of funds, resulting in some recommendations for adjustments. On a quarterly basis, the expenditure report was shared with Heads of Programme Sections and Heads of Operations units to raise awareness and encourage them to implement corrective actions, as needed. The Office also undertook a review of the structure of Operations units, leading to some changes, mainly by freezing of the posts of Administration Specialist (P/L3) and Administration Assistant (GS6), and by temporarily allocating the Finance Officer to lead the Administration unit. These changes required a review of the workflow processes in Administration and Finance units, to reach the objectives of efficiency, effectiveness and cost-saving.

Further cost-savings were obtained by implementing a policy that reduced overtime and by exercising thorough oversight of overtime inputs logged by programme sections for all programme-related activities. Weekly meetings with staff involved in operational functions resulted in improvement of performance and better customer service for effective programme delivery.

After receiving a “Satisfactory” rating by an internal audit conducted in 2012, the CO made efforts to address residual recommendations, particularly related to HACT training for partners and cash flow management. Close monitoring of key performance indicators were integrated into CMT proceedings. Liquidations of DCT of over nine months have been reduced to less than 1 per cent. Institutional budget and regular resources were utilised to 98 per cent, OR had been utilised to 59 per cent and OR&E to 89 per cent by the end of 2013.

A banking review was conducted in cooperation with UNDP Angola, which resulted in a confirmation of BFA, currently used by UNICEF and Standard Bank. The resulting review of bank charges by these institutions will allow UNICEF to operate banking transactions more efficiently. On-line banking was introduced in 2013, allowing for faster, and more timely and accurate cash management.

IR 6810/A0/05/800/003 Effective and efficient management of Human Capacity. Staff development and learning, staff well-being and staff-related security costs.

**Progress:** HR performance indicators in recruitment, EPAS and PAS were monitored by the CMT, achieving high completion rate for 2013. All key recruitment in 2013 was completed within 90 days. Nonetheless, due to a reduction of funding between 10 and 15 per cent, and RR decrease of 10 per cent, recruitment for vacant posts are currently on hold. Thus the utilisation of local and international consultants increased to meet evolving programme priorities and strengthen the technical capacity of local counterparts.

Staff learning and development focused on ensuring that all UNICEF mandatory trainings were completed. Working with the LTC, HR facilitated the participation of 34 staff members in a two-day training session on Managing Performance For Results, targeting especially Portuguese-speaking employees. Additionally 10 senior and field staff completed the Online Integrity Awareness training, and two staff participated in a Competency-Based Interview Training held at the Regional Office and UNICEF Tanzania Office respectively. Presently, 10 staff members are enrolled in Rosetta Stone language programmes to improve their skills in UN languages.

The BNLS+Angola HR Hub is in the process of being set up in South Africa to consolidate HR services, with implications for the CO’s current HR Section organigram. An HR-NOB was recruited in March 2013 in preparation for the transition, with the consolidation of the Hub. New staff members received training throughout 2013 to become fully integrated with the procedures and guidelines of the HR hub, ensuring the continuation of local HR services after global HR institutional changes are completed.

This year the CO’s HR unit and Learning & Training Committee worked collaboratively to develop, introduce and distribute a new Welcome Kit in English. The CO was complimented by ESARO HR for the initiative. In 2014, similar kits will be developed for national staff and consultants.

An additional Peer Support Volunteer (PSV) was appointed and received specialised training to enhance PSV services to staff.

IR 6810/A0/05/800/011 Activities related to Programme Implementation including Zone Office management.

**Progress:** The four Zone offices located in Bie, Cunene, Huila and Moxico provinces continued to support implementation, monitoring and documentation of the essential package of services, and furnished additional critical ground-level analysis and assistance for the implementation of national initiatives such as CLTS, CFS, and child protection networks, as well as administrative/financial follow-up of Direct Cash Transfers. Under the supervision of the Deputy Representative, the FOs have also been instrumental in advocating with provincial and municipal authorities on issues related to child rights, particularly with respect to the decentralised implementation of the 11 Commitments for Children and a more robust nutrition crisis response.

IR 6810/A0/05/800/888 Prior-Year Commitments

**PC 7 - Child Protection**

**On-track**

PCR 6810/A0/05/920 By end-2014, children will have more equitable access to birth registration, juvenile justice, prevention and
response to violence and unnecessary separation and reduction of impact of HIV/AIDS through strengthened, evidence based and equity focused national child protection system

Progress:

The programme contributes to the full realisation of children’s rights by supporting the effective and efficient implementation and monitoring of the 11 Commitments to Children of the GoA, with special emphasis on Commitment 3 – Birth Registration, Commitment 6 – Juvenile Justice, Commitment 8 – Violence against children, as well as of the recently adopted Children’s Act.

In Angola the concept of child protection and its underlying institutional framework were recently introduced, with the enactment of the Children’s Act legislation in 2012. Since then, UNICEF has been working to help the GoA to mainstream this concept into wider programmes, policies and systems. However, in practice, the overall national child protection system remains weak, under-resourced, and largely marked by isolated and discrete interventions at the grassroots level, while displaying low levels of coordination and very limited space for civil society participation. In this context, poor programming and service delivery, as well as case management and referral mechanisms, are major barriers for ensuring the effective protection of children.

Despite these barriers, in 2013 UNICEF’s work in the area of child protection advanced on three major fronts. Important partnerships with the GoA and international donors were consolidated, paving the way for scaling-up birth registration and strengthening justice for children systems through strategies aimed at tackling both institutional gridlocks and service delivery. Furthermore, UNICEF completed the mapping and assessment of the current child protection system; this tool will help identify cross-sectorial gaps in terms of legislation, policies, regulations, standards, services and linkages, as well as discriminatory norms and practices that contribute to increased violence, exploitation and vulnerability of children. UNICEF also worked on increasing available evidence on issues relating to children in conflict with the law and victims of violence, as well as children in need of alternative care, through the production of studies, conferences and trainings, and by documenting innovative pilot interventions that can be potentially scaled-up.

Acting as a watchdog on child protection issues a joint cross-sectorial assessment on child exploitation was undertaken by UNICEF during 2013, in collaboration with the GoA, to inform the development of a national child labour prevention and response plan. These steps were largely a result of UNICEF’s advocacy efforts, alongside CNAC, to bring to justice private sector actors identified as using children as workers, following evidence brought forward by child protection networks, which showed a significant increase in child labour and trafficking in the country, mainly in the construction and agricultural sectors. With the support of UNICEF, the GoA strengthened oversight and law enforcement, and followed suit with the prosecution of companies engaging in such practices.

Ensuring that child protection mechanisms were effectively mainstreamed into drought-related emergency responses was another area where UNICEF made progress in 2013. Child protection response in drought-affected provinces was modest, due to limited knowledge and understanding of child-related risks and vulnerabilities in emergency settings. UNICEF identified the lack of integrated planning and community-based mechanisms to provide support as key bottlenecks to be addressed. Seeking to reinforce national capacities and contribute to sustained child protection within provincial contingency plans, UNICEF partnered with the National Institute of Children (INAC) and the Ministry of Social Welfare to develop a Child Protection in Emergencies (CPiE) training package for stakeholders from Government and non-governmental sectors. This module involved in-person training sessions and a practical manual based on a strong advocacy approach that sought to raise awareness on protection risks that children could face in emergency contexts.

A pilot training was delivered in the province of Huila and participants were trained on the Core Commitments for Children in Humanitarian Action (CCC) and the Minimum Standards of Child Protection in Humanitarian Action. The CPiE trainings will be replicated in other provinces throughout 2014. This training resulted in improved coordination among child protection actors and their empowerment. In 2014, UNICEF will build on the achievements of this training to assist provincial actors in integrating a child protection component in their provincial contingency plans.

On-track

IR 6810/AO/05/920/001 By the end of 2014 the scaling-up of birth registration is adopted based on documentary evidence, research, strategic partnerships and enhanced capabilities.

Progress: In line with the Government National Development Plan for the period of 2013-2017, UNICEF has been actively advocating for birth registration as one of its core programme priorities. During 2013, UNICEF attended and facilitated several media and advocacy events aimed at shedding light on this issue, opening spaces for debate between the general public, civil society and the Government, in an attempt to raise awareness and momentum for this critical issue.

As a result of these concerted advocacy efforts, in 2013 the Ministry of Justice and Human Rights consolidated its approach toward birth registration, placing it within the broader framework of civil registration and vital statistics. Against this backdrop, UNICEF continued to advocate for the establishment of a national programme directed specifically at the most vulnerable and marginalised population, and for the establishment of linkages between civil registration and national identification systems.

In 2013 a Presidential decree was issued establishing a national birth registration “massification” programme (“Massificacao do registro civil e identidade”), which ensures free civil registration and identification to all Angolan citizens through 2016. It is estimated that more than 8 million individuals will benefit from this initiative, gaining access to a fundamental human right.

By leveraging this window of opportunity, UNICEF was able during 2013 to secure a partnership with the EU beginning in early 2014, which will enable it to advance two sub-programmes in the area of child protection: justice for children and birth registration. The latter will support the GoA to scale-up implementation of the national birth registration programme in seven selected provinces. During 2013 UNICEF and GoA representatives conducted a review of the current situation and identified a number of challenges to be addressed by the four-year, EU-funded programme, including bottlenecks at the level of legislative and policy frameworks, integrated vital statistics system, inter-sectorial extension services and citizens’ practices, knowledge and attitudes towards birth registration.

During 2013 UNICEF contributed to the establishment of a multi-sectoral coordination body (including the Ministry of Justice and Human Rights, the Ministry of Health and the National Institute for Statistics), and provided technical support for the preparation of an overall assessment of the national civil registration and vital statistics system under the UN Monitoring and Evaluation Group, a Task Force also involving UNFPA, UNHCR, WHO, the AfDB and IOM.

Additionally, GoA representatives had the opportunity to learn about the use of new technologies and innovative methods for birth registration during their participation in the Uganda Study Tour in September, during which countries in the region shared their
successful experiences with similar programmes.

**IR 6810/A0/05/920/002** Justice for Child and reintegration programmes are operational in Huila and Luanda provinces, offering a real alternative to deprivation of liberty of children in conflict with the law

- On-track

**IR 6810/A0/05/920/003** Child protection interventions identify and analyse opportunities in the area of legislation, policies, regulations and standards; examine coordination and liaison between the various stakeholders and sectors reflects on standards and discriminatory practices that affect the protection of children

**Progress:** Within its efforts to advance judicial and legislative reforms to benefit children, UNICEF strengthened its partnership with the National Institute for Children (INAC) to undertake a Child Protection system mapping exercise, which was completed in early 2013. The study identified a set of priority areas for action, including: development of a national alternative care policy; revision and strengthening of the national justice system for all children in contact with the justice system; improvement of integrated child protection services (civil registration, law enforcement, justice and social services); referral and case management systems, better articulating the link between formal and non-formal mechanisms; and increasing budgetary allocations for services. The assessment also noted the need to increase availability of evidence, data and knowledge about child protection issues.

Conclusions presented by the study and the subsequent action plan, which was drafted on the basis of evidence presented in the report, are still being discussed with GoA representatives. The study will also assist with development of the Child Protection Programme of the new country programme for UNICEF Angola.

The mapping assessment was complemented by an analysis of an important new law on child protection, the Angolan Act. The "Report on the Analysis of the Angolan Act", completed in mid-2013, co-sponsored by ESARO and UNICEF Angola, significantly contributed to the identification of gaps in the recently approved legislation. It showed that although child protection principles exist on paper, they are not being fully operationalised and translated into tangible actions. Policies and programmes designed at the central level are not being adequately implemented locally, due to limited human and financial resources. Along the same lines, accountability mechanisms are incipient and weak. This study made a significant contribution to spelling out gaps in the child protection system, and will be used to support UNICEF and the GoA in planning and implementing judicial reforms in areas related to children rights.

Both studies finalised this year highlighted the lack of entry services as a major deficiency to be tackled; thus the establishment of a Child Helpline was identified as an essential priority. In 2013 UNICEF supported the Ministry of Social Welfare and the National Institute for Children to develop a strategic plan for implementing the Helpline, and late in the year the Government signed a partnership agreement with a national IT company to set up the central call centre that will serve as a focal point for reference and potential follow-up actions, expected to become fully operational in 2014. UNICEF agreed to develop community-based models to manage the Helpline in partnership with local child protection networks, and sponsored the implementation of a pilot Child Helpline in one municipality. Other weakness identified by these studies, addressed by UNICEF during the course of the year, referred to capacity gaps and weak mainstreaming of a comprehensive approach to justice for children within the justice administration.

Attempting to build a larger cadre of qualified professionals in the area of J4C, UNICEF partnered with the School of Magistrates to conduct a review of the current academic curricula and syllabus, with the aim of improving the material used to teach the various actors in J4C. In addition to the training of magistrates, UNICEF and the INEJ have agreed to develop a course on “Jurisdictional Protection of Child Rights” for judges and prosecutors from all PALOP countries, which will begin in 2014. The full involvement of INEJ will not only guarantee better-trained human resources in the area of J4C, but will also ensure the long-term sustainability of the J4C approach. Similar discussions were initiated with the National Police, aiming to integrate child protection issues into the training curricula of Angolan police officers.

- On-track

**IR 6810/A0/05/920/004** Survey and documentation of pilot interventions with the law, victims of violence as well as children in need of alternative care are available through surveys and documentation of the impact of pilot interventions.

**Progress:**

- On-track

**IR 6810/A0/05/920/005** Efficient and effective use of resources (this component covers staff salaries and related entitlement, travel and training)

**Progress:**

Programme support is provided in accordance with programme needs.

- On-track

**IR 6810/A0/05/920/007** Improved evidence on children in conflict with the law, victims of violence as well as children in need of alternative care is available through surveys and documentation of the impact of pilot interventions

**Progress:** As part of efforts to gather evidence on successful interventions that could potentially be replicated and scaled-up nationally, UNICEF began in 2013 to document a non-custodial pilot model implemented in the Province of Huila through inter-sectoral cooperation between the Ministries of Justice and Human Rights, Interior/Police and Welfare.

The UNICEF-sponsored assessment was undertaken by a local human rights organisation, examining the pilot programme against three criteria: cost effectiveness, social impact and compliance with global standards. The study showed that institutional weaknesses exist, especially with regard to the capacity of actors and coordination; however, the model has piloted a number of successful innovations, such as the creation student school brigades and a self-initiated partnership between the local police and psychologists from a local
university. Based on these and other findings, UNICEF will work with provincial governments to address identified weaknesses to strengthen the model in Huila, and will use the window of opportunity generated by this successful experiment to advocate for national uptake of the J4C approach.

In collaboration with the Ministry of Justice and Human Rights and the National Institute for Judicial Studies (School of Magistrates), in July 2013 UNICEF organised a week-long cycle of debates on the theme “Children and Justice”, which served as a platform for technical discussions around pressing national justice issues concerning children. More than 150 justice professionals attended the event, gaining better understanding of child rights issues within the broader justice framework. The initiative received intense media coverage and, for the first time, the theme “Justice for Children” was viewed through a rights-based approach, moving away from narrow perspectives focusing on “children in conflict with the law”.

Round-table discussions and lectures touched upon a variety of sensitive issues, such as the minimum age for criminal responsibility, juvenile detention centres, the right to legal assistance, revision of the Family Law, the age for sexual consent and the challenges of accessing a properly functioning, child-friendly justice system. National and international experts and local media representatives participated in a workshop discussing the legal protection of children, which specifically addressed ethical reporting principles to be applied in situations involving children in conflict with the law and child victims of violence.

Building on the momentum generated by the National Legal Reform Commission’s attempt to revise the penal code by lowering the age of criminal responsibility from 16 to 14 years-old, UNICEF advocated for a specialised justice system for all children under 18, in line with the CRC, and is working with national stakeholders to draft an alternative to the Commission’s proposal.

In parallel with these efforts, UNICEF also contributed technical expertise to discussions about revision of the Family Code, promoted by the Faculty of Law of Agostinho Neto University in 2013. UNICEF supported the production of several scientific articles on topics related to the revision of the code, advocating for the adoption of a child-centred approach as a guiding principle to any potential legal reform. Lastly, with the aim of ensuring that child labour can be tackled effectively, UNICEF began in 2013 to work with Government and non-governmental partners on a detailed study identifying the factors driving the high incidence of child labour in the Province of Huila, where this problem is most pervasive. This study will provide evidence for the drafting of a new strategy to combat child labour and ensure the effective protection of children against these practices.
Effective Governance Structure

In 2013 the CO continued to progressively reduce costs by streamlining, in particular, the staffing structure in Operations. The Chief of Operations post level was downgraded to a P4; recruitment for the vacancy was completed in September. Further costs savings were realised through the elimination of the Administrative Specialist post in May and the consolidation of the HR Specialist position within the UNICEF South Africa HR Hub, serving the BNLSS countries and Angola.

During the last quarter of 2013 upgrades were made to office facilities to ensure the compliance of physical infrastructure with sanitary and environmental standards. Budget assistance was received from regional funds to improve office sanitation in the context of the sub-standard common premises in Luanda, helping to mitigate risks until an audit recommendation issuing a request for the CO to leave its current facilities is implemented.

Oversight structures are in place with clear designation to various specific committees. The CMT met regularly this year to review indicators and the performance of the CO. Capacity gaps were promptly addressed through targeted trainings. The JCC also met regularly to keep the Staff Association abreast of issues related to the high turnover of senior-level staff in 2013. A visit of the Global Chair of the Staff Association later in the year served as a platform to brief staff on challenges related to the consolidation of operations service into GSSC.

Strategic Risk Management

VISION operation has stabilised and the CO is utilising the increased efficiency of the new ERP to streamline work procedures and reduce processing time and costs. In combination with remote access tools provided by ITSSD, new opportunities to work remotely and independently of office structures were presented in the design of the latest BCP.

The BCP was reviewed and adjusted to address risks identified by the audit, the internal enterprise risk assessment and the UNDSS country risk assessment. The BCP and disaster recovery procedures were tested in exercises and in situ, during an actual crash of ICT systems in November. This event showed that the mitigation measures currently implemented allowed business continuity and recovery below the established threshold.

The Office conducted HACT trainings for partners in coordination with other UN agencies, with UNICEF staff playing a key role in organising and facilitating two training sessions in Luanda for UNICEF, UNFPA, UNDP, Government and civil society partners. As a follow-up to the training, a finance focal point was assigned to conduct mitigation spot-checks and to assist Government entities in the use of the HACT procedures. In 2014, HACT trainings will be delivered to partners based in the provinces.

Evaluation

Eleven studies and assessments were planned for 2013. The IMEP was updated regularly and used as a tool to plan, implement and monitor progress towards key M&E milestones. This system was also used to track management responses and follow-up actions, as well as capacity-building activities undertaken by the CO, internal M&E processes and partner data collection efforts throughout the year. The timely submission of follow-up answers by managers was particularly challenging during 2013, due to high turnover of senior-level staff.

Preparation of the UNPAF, Situation Analysis and new CPD, as well as the focus on the emergency response to the nutrition crisis steered attention away from the planning and implementation of formal evaluations. Nonetheless, in line with the 2013 IMEP, two studies in the area of Education, one assessment in C4D and one in HIV/ACSD were completed. One study and two other assessments are on track to be finalised in early 2014. Delays in the release of completed reports stem from the fact that research efforts are undertaken in full collaboration with Government counterparts, and therefore have to be reviewed jointly by UNICEF and
GoA representatives prior to public dissemination.

Based on findings presented on a comprehensive study completed this year on children most-at-risk of dropping out of school, UNICEF is preparing a presentation for the Deputy Ministry and the Ministry of Education to ensure that the recommendations presented are transferred to decision-makers and used to improve the effectiveness of national programmes. The study, which covered both national and accelerated literacy (PAEE) programmes, shows that key factors motivating school drop-out are grade repetition and poor service quality. Furthermore, it revealed that students in both programmes are over-aged (an average of 4 to 6 years above the official grade-age) and that at least 60 per cent of them are engaged in child labour activities outside the household.

In-country capacity for research and evaluation is limited. Lead institutions offering high-quality technical expertise and resources are scarce, and their availability and willingness to partner with UNICEF is often compromised by lofty financial requirements. Executing organisations with which the CO worked this year were able to deliver products compliant with minimal quality standards, but lack of technical capacity and skilled personnel remain major constraints. These weaknesses affect the quality of the data generated, the comprehensiveness of findings and the reliability of conclusions presented. Acknowledging these challenges, UNICEF worked closely with local executing entities to provide technical guidance and oversight for the implementation of all major research activities planned for the year, pulling on its in-house resources, expertise in thematic areas and knowledge of the country context to ensure that findings and recommendations produced were impartial, objective, fair and capable of generating reliable, evidence-based information to on-the-ground decision-makers. Moreover, as part of its commitment to foster country-led evaluations in coming years, the CO was finalising in late 2013 an assessment of national institutions and capacities in evaluation to better guide its capacity-strengthening strategy in this area.

Effective Use of Information and Communication Technology

This year, UNICEF ICT continued to provide critical and timely support to programme sections and partners. ICT staff worked closely with programmes. In particular it provided technical assistance to a UNICEF-sponsored SMS project, initiated at the end of 2012, aimed at supporting the Health Ministry to monitor Severe Acute Malnutrition in drought-affected provinces. ICT support included research and advice on the most appropriate technology platform to be employed, developer contracting, acquisition of free line and testing. Technical implementation was completed this year but the system is not yet operational, as it awaits Government’s green light.

As UNICEF shares premises with other UN agencies and programmes, opportunities arise for increased collaboration and use of common services. All UN Agencies located in the UN building in Luanda currently share telephone systems and VSAT connectivity. UNICEF ICT unit is responsible for supporting the provision of telephone and radio communications services to all UN agencies within the facility. For two years, UNICEF has been the lead entity on the UN ICT Team, and has been coordinating shared and inter-operable ICT solutions and services across UN agencies and partners.

Currently, all CO team members are equipped with laptops and docking stations to create mobility and allow cost savings. All staff members were trained in the use of ICT tools to access resources (VISION, email, shared files) from outside the office. Despite difficulties in ensuring that internet access is available to all staff, those who have access to this service can take full advantage of ICT tools to work remotely.

With the arrival of new businesses in Angola, the CO has established a contract with a local internet service provider that offers high bandwidth and reliable service. Therefore, EMC VSAT serves as a backup option, while the traffic of all core applications now flows through the local provider.

A “Green Office Committee” has been set up to address environmental concerns. The committee is currently researching businesses that will help ensure safe disposal or recycling of ICT equipment and toxic material. So far this issue remains unsolved, but efforts will continue to identify a suitable vendor.

The CO maintains high availability of ICT services, thanks to different mitigation measures and regular
updates taken in accordance with the Disaster Recovery Plan. A breakdown of the main storage towards the end of the year provided an opportunity to test the Disaster Recovery Plan, one of the main components of the Business Continuity Plan. This test led to the creation of an offsite configuration, which can be activated in response to similar disasters to ensure that operations can remain ongoing during a crisis.

**Fund-raising and Donor Relations**

The Office fundraising strategy was revised and now includes tailored plans for each donor group: bilateral and multilateral entities, National Committees and the private sector. Good relationships and continuous contacts have been maintained with current donors, with the majority of donor reports sent on time; out of 39 donor reports, only 4 were late. Communication material, such as life stories and pictures were included in most reports. National Committees have also been reached through Donor Toolkits (Education available since 2011, Protection since October 2012, HIV and ACSD since August 2013), including detailed information about funding needs and other supporting material.

As of early December 2013, the CO received a total of US$5.6 million of OR funds of the US$39,673,085 OR funds initially estimated for the year. Funds received were mainly for ACSD and Education and came from bilateral donors (Japanese and Norwegian Governments), multilateral donors (UNDP, BMGF) and National Committees.

In response to the nutrition emergency, US$3.1 million were additionally received as ORE (including US$2.5 million from the EU/ECHO and in-kind donation of 20,160 boxes of RUTF from USAID, estimated at US$237,000, to support large-scale screening).

Available funds are utilised effectively to ensure optimisation, and monitored on a monthly basis for timely allocation. Grants expiring in 2013 show a 96 per cent utilisation level.

Two large contributions from the European Union for four-year projects in the areas of Child Protection (15 million Euros) and for Social Assistance (22.7 million Euros) are in the pipeline for 2014. Several new donors have also been contacted and received funding proposals. Established and potential private sector donors were visited locally and have been introduced to the Children’s Rights and Business Principles, a tool that aims to stimulate them to incorporate these practices into their Corporate Social Responsibility (CSR) strategies. The Principles were also presented to the newly created National Network of CSR and during the CSR Forum organised by the Angolan Chamber of Commerce and Industry.

The main constraint in fundraising and donor relations remains the financial crisis affecting the ability of UNICEF’s traditional donors to mobilise funds for humanitarian and development projects, as well as their perception that, due to the high revenues generated by the oil industry, Angola does not need financial support. A continuous advocacy effort to leverage funds from the Government was undertaken by the CO and will be strengthened in the coming years.

**Management of Financial and Other Assets**
After receiving a “Satisfactory” rating by an internal audit conducted in 2012, the CO made efforts to address residual recommendations, particularly related to HACT training to partners and cash flow management. Close monitoring of key performance indicators were integrated into CMT proceedings. Liquidations of DCT of over nine months were reduced to less than 1 per cent. Institutional budget and regular resources were utilised to 98 per cent, OR was utilised to 59 per cent and ORE to 89 per cent by the end of 2013.

A banking review was conducted in cooperation with UNDP Angola, which resulted in a confirmation of BFA, currently used by UNICEF and Standard Bank. The resulting revision of bank charges by these institutions will allow UNICEF to operate banking transactions more efficiently. On-line banking has been introduced in 2013, allowing for faster, and more timely and accurate control of cash management.

**Supply Management**

Against the backdrop of declining donor funding, the CO is making progress towards its broader goal of reducing overall procurement expenditures and advancing its strategy for strengthening local capacities by gradually transferring responsibility for procurement of goods to government counterparts and direct partners. Nonetheless, procurement expenditures increased from US$5.7 million in 2012 to US$6.4 million in 2013, mostly due to purchases of large quantities of mosquito nets and material to support the response to the nutrition emergency in drought-affected areas. These two line items alone account for approximately 70 per cent of total procurement this year. The complex technical specifications of some items and their unavailability in the local market also increased the share of offshore procurement for the period (84 per cent, compared to 16 per cent of local procurement). In 2013, clearing charges accounted for US$621,000. As shown in the list below, the total value of supplies received was US$6.4 million.

<table>
<thead>
<tr>
<th>Programme</th>
<th>Authorised Sales Orders (value in US$)</th>
<th>Obligated Amount by Programme</th>
<th>In per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACSD</td>
<td>5,534,071.17</td>
<td>5,489,565.01</td>
<td>99 per cent</td>
</tr>
<tr>
<td>Communication</td>
<td>330,699.71</td>
<td>301,823.77</td>
<td>91 per cent</td>
</tr>
<tr>
<td>Education</td>
<td>8,183.00</td>
<td>8,183.00</td>
<td>100 per cent</td>
</tr>
<tr>
<td>Planning</td>
<td>15,500.00</td>
<td>15,500.00</td>
<td>100 per cent</td>
</tr>
<tr>
<td>Operations/Admin</td>
<td>116,731.82</td>
<td>111,823.42</td>
<td>96 per cent</td>
</tr>
<tr>
<td>Wash and Sanitation</td>
<td>431,786.00</td>
<td>385,986.11</td>
<td>89 per cent</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>6,436,971.70</strong></td>
<td><strong>6,312,881.31</strong></td>
<td><strong>98 per cent</strong></td>
</tr>
</tbody>
</table>

The 2013 supply plan, which was developed in alignment with sectorial work-plans, was budgeted at US$11.7 million. By the end of 2013, US$ 9.9 million had been spent (85 per cent of planned total). A significant share of these expenditures, approximately US$3.5 million, was for procurement of vaccines to support national immunisation campaigns. Additionally, the CO is in the process of finalising an agreement with the World Bank, totalling US$5.0 million, for the procurement of services to purchase ARVs, to be donated to the MoH.

To enhance national chains, the CO leveraged the window of opportunity opened by an in-kind donation of mosquito nets by the Government of Japan and USAID to negotiate a co-responsibility agreement with the GoA for material delivery to partners in the provinces, thereby strengthening Government distribution systems and minimising transportation costs.

The local market is changing rapidly. The establishment of new companies offering a wide range of specialised services and products provides the CO the opportunity to negotiate LTAs with a more diverse pool of local suppliers, facilitating progress toward implementation of a key audit recommendation. Moreover, as part of its efforts to reduce cost and decentralise service provision, the CO is working closely with partners to help them identify transportation vendors that comply with minimal requirements for participation in bidding processes, which will enable the CO to incur savings in transportation.
The CO continues to implement a series of measures to reduce in-house warehousing costs, mainly by privileging suppliers that are able to transfer purchased material directly to partners. At the end of 2013, stock value reached US$400,000, of which US$21,000 correspond to emergency response-related items, as shown in the list below. As part of warehouse management procedures, an inventory of programme supplies was conducted at the end of the year.

<table>
<thead>
<tr>
<th>Programme</th>
<th>Total Value of Supplies Recd. In 2013 (US$)</th>
<th>Controlled Supplies Inventory, Value (US$)</th>
<th>Emergency Inventory Value (US$)</th>
<th>Regular Inventory more than 12 months</th>
<th>In Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACSD</td>
<td>4,128,753.22</td>
<td>177,152.75</td>
<td>795.00</td>
<td>7,299.75</td>
<td>43 per cent</td>
</tr>
<tr>
<td>Communication</td>
<td>210,947.05</td>
<td>113,229.23</td>
<td>5,329.40</td>
<td>1,661.42</td>
<td>28 per cent</td>
</tr>
<tr>
<td>Education</td>
<td>2,195.24</td>
<td>35,708.20</td>
<td>2,185.33</td>
<td></td>
<td>9 per cent</td>
</tr>
<tr>
<td>Child Protection</td>
<td>7,017.74</td>
<td>2,590.74</td>
<td></td>
<td></td>
<td>1 per cent</td>
</tr>
<tr>
<td>Operations/Admin</td>
<td>101,373.59</td>
<td>16,654.01</td>
<td>13,041.10</td>
<td>3,613.10</td>
<td>4 per cent</td>
</tr>
<tr>
<td>Wash and Sanitation</td>
<td>55,816.07</td>
<td>65,484.20</td>
<td>21,350.83</td>
<td>12,574.27</td>
<td>16 per cent</td>
</tr>
<tr>
<td>TOTAL</td>
<td>4,506,102.91</td>
<td>410,819.13</td>
<td>21,350.83</td>
<td>12,574.27</td>
<td>100 per cent</td>
</tr>
</tbody>
</table>

Human Resources

HR performance indicators in recruitment, EPAS and PAS were monitored by the CMT and achieved high completion rate for 2013. All key recruitment in 2013 was completed within 90 days. Nonetheless, due to a reduction of funding between 10 per cent and 15 per cent and an RR decline of 10 per cent in 2013, recruitment for vacant posts is currently on hold. Thus the utilisation of local and international consultants increased to meet evolving programme priorities and strengthen the technical capacity of local counterparts.

Staff learning and development focused on ensuring that all UNICEF mandatory trainings were completed. Working with the LTC, HR facilitated the participation of 34 staff members in a two-day training session on Managing Performance For Results, targeting especially Portuguese-speaking employees. Additionally 10 senior and field staff completed the Online Integrity Awareness training. Moreover, two staff participated in a Competency-Based Interview Training held at the Regional Office and UNICEF Tanzania Office, respectively. At present 10 staff members are enrolled in Rosetta Stone language programmes to improve their skills in UN languages.

The BNLS-S Angola HR Hub is being set up in South Africa to consolidate HR services, with implications for the CO’s current HR Unit’s organogram. An HR-NOB was recruited in March 2013 in preparation for the institutional transition. The new staff received training throughout 2013 to become fully integrated with the procedures and guidelines of the HR hub, ensuring the continuation of local HR services after global HR institutional changes are completed.

This year, the CO’s HR unit and Learning & Training Committee worked together to develop, introduce and distribute a new Welcome Kit in English. The CO was complimented by ESARO HR for this initiative. In 2014, similar kits will be developed for national staff and consultants.

An additional Peer Support Volunteer (PSV) was appointed and received specialised training to enhance PSV services to staff.

Efficiency Gains and Cost Savings

In 2013 the CO performed a thorough financial analysis review to ensure proper allocation and utilisation of funds, resulting in some recommendations for adjustments. On a quarterly basis, expenditure reports were shared with Heads of Programme Sections and Heads of Operations units to raise awareness and encourage
them to implement corrective actions, if needed.

The Office also undertook a review of the structure of the Operations units, leading to some changes, mainly by freezing of the posts of Administration Specialist (P/L3) and Administration Assistant (GS6), and temporarily allocating the Finance Officer to lead the Administration unit. These changes required a review of the workflow processes in Administration and Finance units, in order to reach the objectives of efficiency, effectiveness and cost-saving.

Further cost-savings were obtained by implementing a policy that reduced overtime, and by exercising thorough oversight of overtime inputs logged by programme sections for all programme-related activities.

Weekly meetings with staff involved in operational functions resulted in improved performance and better customer service for effective programme implementation and delivery.

### Changes in AMP & CPMP

No significant changes in the management of the CP are projected in the 2014 Annual Management Plan. The Office is currently developing the CPD, and subsequently its CPMP, for the Country Programme Cycle 2015-2019, in which new management and coordination mechanisms will be defined.

### Summary Notes and Acronyms

**Acronyms**

- AfDB - African Development Bank
- AIDS - Acquired immuno-deficiency syndrome
- ANC - Ante-Natal Care
- ARV - Anti-Retroviral Treatment
- BCP - Business Continuity Plan
- C4D - Communication for Development
- CAEC - Common Assessment of Essential Commodities
- CARMMA - Campaign for the Accelerated Reduction of Maternal Mortality
- CCC - Core Commitments for Children
- CEFOJOR - Centre for Journalists' Training
- CFS - Child-friendly school
- CHW - Community Health Worker
- CLTS - Community Led Total Sanitation
- CMAM - Community Management of Acute Malnutrition
- CMT - Country Management Team
- CNAC - National Council for Children
- CO - Country Office
- CPIE - Child Protection in Emergencies
- CPD - Country Programme document
- CRC - Convention on the Rights of the Child
- CSR - Corporate Social Responsibility
- CMT - Direct cash transfer
- DNSP - National Director of Public Health
- DRC - Democratic Republic of Congo
- ECD - Early Childhood Development
- eMTCT - Elimination of Mother to Child Transmission
- EPRP - Emergency Preparedness and Response Plan
- EU - European Union
- FAO - United Nations Food and Agriculture Organisation
- FO - Field office
GAS - Grupos de Agua e Saneamento (Water and Sanitation Committees)
GDP - Gross Domestic Product
GNI - Gross National Income
GOA - Government of Angola
HACT - Harmonised Approach to Cash Transfer
HIV - Human Immunodeficiency Virus
IBEP - Joint MICS Household Income and Expenditure Survey
ICC - Inter-ministerial Coordination Committee
IMCI - Integrated Management of Childhood Illnesses
IMEP - Integrated Monitoring and Evaluation Plan
INAC - National Institute for Children
INE - National Institute for Statistics
INLS - National Institutes for HIV and AIDS Control
IOM - International Organisation for Migration
J4C - Justice for Children
LLIN - Long Lasting Insecticide-treated Net
LTC - Learning and Training Committee
M&E - Monitoring and Evaluation
MED - Ministry of Education
MDG - Millennium Development Goals
MIFAMU - Ministry of Family and Women Promotion
MINAGRI - Ministry of Agriculture
MINARS - Ministry of Social Assistance and Reinsertion
MoH - Ministry of Health
MMR - Maternal Mortality Rate
MNCH - Maternal, Neonatal and Child Health
MNT - Maternal Neo-Natal Tetanus
MOGECA - Modelo de Gestão Comunitária (Model for Community Management of Water)
MOH - Ministry of Health
MORES - Monitoring Results for Equity System
MPLA - People’s Movement for the Liberation of Angola
NGO - Non-governmental Organisation
NMCP - National Malaria Control Programme
OTP - Out-patient Therapeutic Care
OOSC - Out of School Children
PAAE - Programa de Alfabetização e Aceleração Escolar (second chance education programme)
PALOP - African Portuguese Speaking Countries
PEI - Polio Eradication Initiative
PLWHA - Persons Living with HIV and AIDS
PMTCT - Prevention of Mother to Child Transmission
PNDS - National Development Plan
PNDS - National Health Development Plan
PSV - Peer Support Volunteer
RUTF - Ready to use Therapeutic Food
SAM - Severe Acute Malnutrition
SICA - Child Indicators System
SitAn - Situational Analysis
TBA - Traditional Birth Attendant
UEN - Health Nutritional Centre
UNCT - United Nations Country Team
UNDP - United Nations Development Programme
UNDSS - United Nations Department for Safety and Security
UNFPA - United Nations Population Fund
UNPAF - United Nations Partnership Assistance Framework (Angolan terminology for the UN Development Assistance Framework (UNDAF))
USAID - United States Agency for International Development
VISION - Virtual Integrated System of Information
WASH - Water, Sanitation and Hygiene
WB - World Bank
WFP - World Food Programme
WHO - World Health Organisation
WPV - Wild Polio Virus
ZIPs - Pedagogical zones of influence

## Document Centre

### Evaluation

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