

**United Nations Population Fund (UNFPA) ANGOLA 8th  
Country Programme (2020-2022) Country Programme  
Evaluation**

**FINAL EVALUATION REPORT**

April 08<sup>th</sup>, 2022



### ANGOLA MAP

Image 1: Angola Map



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Table 1: LIST OF ABBREVIATIONS

A&Y	Adolescents and Youth
ABYM	Adolescent Boys and Young Men
AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARVs	Antiretrovirals
ASRH	Adolescent Sexual and Reproductive Health
AWP	Annual Work Plan
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CO	Country Office
COAR	Country Office Annual Report
CP	Country Programme
CPD	Country Programme Document
CPE	Country Programme Evaluation
CPR	Contraceptive Prevalence Rate
CRVS	Civil Registration & Vital Statistics
CSO	Civil Society Organisation
DD	Demographic Dividend
DESA/UN	Department of Economic and Social Affairs - United Nations
DGPNP	General Guidelines of the National Population Policy
DHS	Demographic Health Survey
DMT	Disaster Management Team
EM	Evaluation Manager
EQA	Evaluation Quality Assessment
ERG	Evaluation Reference Group
ESARO	East and Southern Africa Regional Office (UNFPA)
ET	Evaluation Team
FGD	Focus Group Discussion
FGM/C	Female Genital Mutilation/Cutting
FP	Family Planning
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GEWE	Gender Equality and Women Empowerment
GEWE	Gender Equality and Women's Empowerment
GNI	Gross National Income
GoA	Government of Angola
GPI	Gender Parity Index
GPP/PPB	Gabinete para a Política de População/Population Policy Bureau
HCT	Humanitarian Country Team
HDI/IDH	Human Development Index
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
IIMS/MIHS	Multiple Indicator and Health Survey
IMMS	Multiple Indicator Health Survey (IIMS- 2015/2016)
IMR	Infant Mortality Rate
INE	National Institute of Statistics
IP	Implementing Partner
JO	Joint Office
KII	Key Informant Interview
LtDC	Least Developed Countries
MMR	Maternal Mortality Ratio
NDP	National Development Plan
NGO	Non-Governmental Organisation
NPP	National Population Policy
NWOW	New Way of Working
P&D	Population Dynamics
PMTCT	Prevention of Mother to Child HIV Transmission
PoA	Programme of Action ICPD
PSEA	Prevention of sexual exploitation and abuse
RHR	Reproductive Health and Rights
RMNCAH	Reproductive, Maternal, Neonatal, Child and Adolescent Health
SDGs	Sustainable Development Goals
SGBV	Sexual and Gender-Based Violence

SRHR	Sexual and Reproductive Health and Rights
TFR	Total Fertility Rate
ToC	Theory of Change
ToR	Terms of Reference
TWG	Technical Working Group
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
UNPAF	United Nations Partnership Agreement Framework
UNSDCF	United Nations Sustainable Cooperation Framework
UNFPA	United Nations Population Fund

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## EXECUTIVE SUMMARY

### Background

UNFPA has been working with the Government of Angola since 1978 towards enhancing sexual and reproductive health and rights (SRHR), advancing gender equality, realizing rights and choices for young people, and strengthening the generation and use of population data for development.

UNFPA is currently implementing the 8th CP in Angola. The 8th CP (2020-2022) is aligned with Angola National Development Plan (2018-2022), the 2063 African Union Agenda, the UNSDCF (2020-2022), and UNFPA strategic plan (2018-2021) and contributes to the Sustainable Development Goals 3 and 5. It was developed in consultation with the Government, civil society, bilateral and multilateral development partners, including United Nations organizations, the private sector and academia.

### Evaluation objectives and intended audience

The UNFPA Angola Country Office (CO) has commissioned this Country Programme Evaluation (CPE) with the purpose to: (i) To provide the UNFPA Angola CO, national stakeholders and rights-holders, the UNFPA East and Southern Africa Regional Office [ESARO], UNFPA Headquarters as well as a wider audience with an independent assessment of the UNFPA Angola 8th Country Programme (CP) (2020-2022); and (ii) To broaden the evidence base to inform the design of the next programme cycle

It is anticipated that the evaluation will outline recommendations which will be useful in contributing to the growing body of knowledge for the coming UNFPA planning cycle. The evaluation serves as an important accountability function, providing an

impartial assessment of the results achieved so far.

### Methodology

The methodological framework for conducting this Evaluation of UNFPA Angola Country Programme (2020-2022) was based on the United Nations Evaluation Group (UNEG) *Norms and Standards for Evaluation* and the OECD *Glossary of Key Terms in Evaluation and Results Based Management*, as well as by the UNFPA evaluation policies.

In line with UN's gender mainstreaming strategy, the evaluation examined the level of gender mainstreaming across the country programme and operations. The methodology was purpose-designed to address the objectives of the evaluation within their context. The evaluation applied a theory-based contribution approach to assess the CPD results. The Evaluation used a mixed methods approach with instruments to collect data for the ten evaluation questions.

The evaluation methodology was developed as a process involving the systematic collection of information about the activities, outputs and outcomes of the CP to determine its merit or worth. The methodology incorporated the use of qualitative and quantitative techniques. The identification of evidence led to the formulation of conclusions and recommendations and, to avoid the error of causal interpretations, a triangulation system of the information was applied.

### Main findings and conclusions

- The 8CP is fully **aligned** with international frameworks and agreements and with UNFPA global strategic direction and objectives, and the UNSDCF 2020-22. It is also fully aligned with national priorities in

all its thematic areas, and addresses the needs of diverse populations. However, there is a need to reach some of the most marginalised and vulnerable. Responsiveness to partner requests and changing population needs has been demonstrated across the programme.

- *The UNFPA CP was effective in adapting to the Angola COVID-19 context and to provide the country with timely and crucial support during COVID-19.* The UNFPA helped the Government to sustain livelihoods and ensure the continuity of basic SR health. There are still challenges to adapt UNFPA strategies to the post COVID-19 country context as the crisis is still ongoing.

- *In the area of SRH, the CP enhanced the capacity of the country to provide access to information and integrated sexual and reproductive health services and rights for young people and marginalized populations.* The CP in the area of SRH has contributed to (i) support to the national COVID-19 response focusing on the continuity of services; (ii) develop of Youth-friendly services in 60 health services; (iii) provide menstrual health management information and products to girls and women; (iv) mobilization of adolescents and young people to combat AIDS; (v) response to the drought emergency in the south of the country aimed at guaranteeing an integrated package of reproductive health services; and (vi) develop the diagnosis and treatment of women with Obstetric Fistula.

- Some area challenges that limit the CP contribution are: (i) the sustainability of the interventions due to the limited capability of the Angolan Government to allocate funds to directly support SRH; (ii) low use of FP among adolescents aged 15 to 19 years old; (iii) the limitations of the Health Information System; (iv) the impact of the COVID-19 and the need to reallocate resources caused a delay in some interventions.

- *In the area of A&Y the CP has significantly empowered the youth, particularly the AGYW as well as strengthened the capacity of youth led organization in the SRHR/STI/HIV/GBV. In addition, the CP contributed to the GBV prevention.* The CP in this area has contributed to (i) increase AGYW SRHR/STI/HIV and GBV knowledge and skills; (ii) guarantee the participation of youth led organizations in development actions, including in policy dialogue spaces; (iii) build AGYW knowledge and skills for economic empowerment; (iv) policy/legislation revision; (v) strengthen the capacity of institutions, government and CSO, to engage in the prevention of GBV and; (vi) availability of SRHR/GBV information and support online platforms

- Despite the progress made, constraints remain related to the (i) lack of implementation of gender transformative approaches and male engagement; (ii) limited demonstration of the extent to which the youth capacity has been improved to engage in decision making spaces/dialogues as well as to participate in humanitarian actions; (iii) insufficient economic empowerment due to lack of funds to start the business; (iv) limited clarity on how the program contributed to the provision of comprehensive and integrated GVB services.

- *In the area of Population Dynamics, the CP has contributed to the dissemination and discussion of the Demographic Dividend as an important population moment to trigger socioeconomic development.* The feedback received from the discussions will make it possible to define the national population policy very soon. Important analytical studies were carried out and, as a result, reports on the SDGs' status are available. In order to monitor demographic dynamics, the CP has collaborated with INE and important efforts have been made to carry out pre-census activities, namely those dedicated

to capacity building. Wider discussions that would allow everybody to understand the DD and to better contribute to the NPP formulation and monitoring was not possible due, in part, to huge changes in the central administration of the Government that coincide with the period that covers CP.

- ***In the area of Human Rights, Gender Mainstreaming and Leaving No One Behind*** the CP has succeeded in mainstreaming gender and implementing human rights, nonetheless, limitations remain to reach the most vulnerable, particularly people with disability.
- ***In humanitarian assistance***, the UNFPA contributed to mitigate sexual and reproductive health crisis in provinces affected by droughts. UNFPA arrived to the field in 2021, positioning itself strategically investing to strength its areas of mandate in humanitarian assistance – GBV and SRH. This strategy mitigated potential conflict over partners mandates and resources, and increased opportunities for interagency cooperation at the field and decision-making levels. UNFPA's efforts in articulating with the stakeholders involved in humanitarian assistance helped to strengthen the institutional capacities of local governments, especially for the provision of SRH and GBV services from a gender and human rights approach. However, the provision of basic and comprehensive emergency obstetric care needs to be fostered.
- *The UNFPA support has been essential for the development of Angola in the areas of UNFPA mandate. The sustainability of the CP interventions depends to a great extent on the continuity of the UNFPA and involvement of the international partners in the country. Some good sustainability practices were identified, such as the Training of Trainers approach and support for the installed capacities of NGOs at the local level. Despite the CP being initially designed for providing institutional support*

to UNFPA priorities, a shift in national priorities due to the COVID pandemic and emergency in the south has obliged UNFPA to redirect staff dedication and resources to provide a direct delivery of commodities and services.

- *UNFPA's work is highly valued by international agencies and civil society due to its reputation and high implementation capacity at provincial and local level. It has been a **strategic partner** in several joint initiatives related to the areas of the UNFPA mandate and it has also demonstrated its leadership and effective capacity to coordinate and respond to humanitarian crises in the areas of SRH and GBV.*
- *The programme areas continued to monitor the indicators of their projects and the Country Office monitored the output indicators of the 8th Country Program in accordance with the available tools and institutional guidelines. Although such efforts are relevant, challenges persist in building an integrated **M&E** system across programme areas and capable of measuring the outcome results. This limitation in part is due to the short timeframe of the current CP.*
- *UNFPA actively participated in **UNCT and DMT working groups**, in addition to being involved in several interagency initiatives and projects, demonstrating a genuine willingness to collaborate with other agencies and build joint UN System responses in the country, remarkable in response to the drought in the south. The UN reform aims to strengthen interagency work and the role of the Office of the Resident Coordinator. Despite all these factors, interagency coordination is still a challenge, especially in a scenario of scarce resources and post-covid context.*

### Main recommendations

Recommendation 1: The 9CP should develop an overarching theory of change to

link thematic ones with strategic indicators and ensure measurement of transformative results. Strengthen the M&E system, moving towards a holistic results-oriented system for the whole CP based on the Theory of Change approach, using the SMART (Specific, Measurable, Achievable, Relevant, Time-bound) technique.

Recommendation 2: Maintain the upstream intervention approaches to empower right holders and accelerate behavior change, together with a downstream approach with focus on most deprived geographic areas, most deprived women and youths, cross-cutting areas and oriented to local needs through the strategic selection of seed projects. Strategic use of seed investments in pilot initiatives or with potential for scale is recommended, especially in a context of budget constraints and scarce resources. It is recommended that the Country Office incorporate the development of strategies for systematizing best practices and scaling up pilot initiatives into the budget and planning of its projects from the inception.

Recommendation 3: The CPD should continue the support on SRH services and rights to foster the programme contribution in the post-covid context and sustainability of the results. It is recommended to increase the support to the integration of health data across different health centres within the country, and assist in the operationalization of the National Adolescent Health Strategy. It is also important to foster strategies and resources to improve the policy dialogue and advocacy efforts on FP access to adolescent and youth to raise the FP coverage and reduce FP unmet needs among young people.

Recommendation 4: Its highly recommended to implement a gender transformative approach to address gender roles and stereotypes, social and cultural norms and power relations; and men engagement to work with ABYM, parents, community and religious leaders to address

male attitudes and behaviours and challenge patriarchal norms to transform gender relations to guarantee sustainable changes. It is also recommended to advocate for increased funds for economic empowerment to ensure the initial package to start the business.

Recommendation 5: It is recommended a wider discussion about the DD with more emphasis on how demographic dynamics may benefit the implementation of a more articulated and consistent NPP. Also to adequately monitor the demographic dynamic, up-to-date sources are needed. UNFPA has successfully supported pre-census activities and should continue to do so until a sustainable qualified staff is consolidated. Household demographic surveys and vital statistics should be not left unattended.

Recommendation 6: Promote the development of community leaders and members of civil society empowered to provide sustainability to interventions. Develop a strong joint strategy to mobilize communities to increase their ability to demand services and entitlements that could lead to better implementation of the programmes.

Recommendation 7: The UNFPA to better develop the UNCT programmatic integration of key cross-cutting issues and development accelerators should promote gender equality and women empowerment by identifying behaviours and structures of society which maintain gender inequality to make changes in institutions and systems. Also, in the joint working with UN agencies, keep engagement in policy dialogue and capacity building with a view to further strengthening national capacities for policy formulation through the use of evidence for reasoned decision-making in service delivery planning.

Recommendation 8: UNFPA to partner with organisations of and for people with disabilities to strengthen their capacity

around SRHR and GBV. Inform and train service providers on the rights and needs of people with disabilities, particularly the challenges faced by women and girls with disabilities in relation to SRHR and GBV. Translate and disseminate UNFPA guidelines. The youth engagement principle ‘nothing for us without us should also apply to people with disabilities.

Recommendation 9: Continue advocacy for government budgetary increase. Advocate for rotation plans within the government institutions whereby new people are trained by former colleagues or build a training of trainers “community” to ensure they continually train their colleagues.

Recommendation 10: Develop a resource mobilization strategy, establishing an

effective internal coordination mechanism and system for partnerships management, resource mobilization, resource management and donor reporting. Communicate effectively to position UNFPA in Angola as a thought leader in the areas of mandate on media channels; provide visibility to UNFPA Angola and its partners on the results and impact of work. The country presents opportunities for mobilizing resources from the private sector that can be explored by UNFPA at all levels; given the large amount of extractive industries in Angola and the funding opportunities and options for co-financing with the Government that these present.

## 1. INTRODUCTION

### 1.1 Purpose and objectives of the Country Programme Evaluation

1. The UNFPA Angola Country Office (CO) has commissioned this evaluation. The purpose of the Country Programme Evaluation (CPE) was two-fold:

*i. To provide the UNFPA Angola CO, national stakeholders and rights-holders, the UNFPA East and Southern Africa Regional Office [ESARO], UNFPA Headquarters as well as a wider audience with an independent assessment of the UNFPA Angola 8th Country Programme (CP) (2020-2022).*

*ii. To broaden the evidence base to inform the design of the next programme cycle.*

2. The CPE serves the following three main purposes, as outlined in the 2019 UNFPA Evaluation Policy: (i) demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making; and (iii) contribute with key lessons learned to the existing knowledge based on how to accelerate the implementation of the Programme of Action of the 1994 ICPD.
3. The global COVID-19 pandemic has presented the Country Office with considerable challenges in implementing its ongoing programme of work in line with the 8<sup>th</sup> CPD. Even more so than usual, the UN globally has been required to be adaptable, refocusing and restructuring its development work to meet the challenges of the pandemic and country's need to effectively prepare, respond and recover from the wider COVID-19 crisis, including its socio-economic consequences. Thus, this CPE also considered the degree to which the Country Office has been able to adapt to the crisis and supported the country's preparedness and response to the pandemic, and its ability to recover while meeting the new development challenges that the pandemic has highlighted, or which may have emerged. Thus, the objectives of the CPE were:
  - i. To provide an independent assessment of the relevance, effectiveness, efficiency and sustainability of UNFPA support.
  - ii. To provide an assessment of the geographic and demographic coverage of UNFPA humanitarian assistance and the ability of UNFPA to connect immediate, life-saving support with long-term development objectives.
  - iii. To provide an assessment of the role played by the UNFPA Angola CO in the UNCT coordination mechanisms, with a view to enhancing the United Nations collective contribution to national development results. In addition, to provide an assessment of the role of the UNFPA Angola CO in the Disaster Management Team (DMT) coordination mechanisms, with a view to improving humanitarian response and ensuring contribution to longer-term recovery.
  - iv. To draw key conclusions from past and current cooperation and provide a set of clear, forward-looking and actionable recommendations for the next programme cycle, which also take into account the possible continuation of the ongoing COVID-19 pandemic.

## 1.2 Scope of the evaluation

- The evaluation focused on the 8<sup>th</sup> CPD including on the implementation modalities during its current programme cycle, 2020-2022, with a view to contributing to the preparation of the next country programme starting in 2023, in alignment with the new National Development Plan and UNSDCF.

### Geographic Scope



- The evaluation covered the national level interventions and specifically all regions and provinces of Angola where UNFPA implemented interventions, including the following specific provinces: Benguela, Bié, Cuando Cubango, Cuanza Sul, Cunene, Huambo, Huíla, Luanda, Lunda Sul, Moxico and Namibe.

### Thematic Scope

- The evaluation covered the following thematic areas of the 8th CP: (sexual and reproductive health and rights; adolescents and youth; gender equality and women's empowerment [within Outcome 2]; population dynamics; and COVID-19 response. In addition, the evaluation addressed cross-cutting issues, such as human rights; humanitarian; disability, and transversal functions, such as coordination; monitoring and evaluation (M&E); innovation; resource mobilization; strategic partnerships.

### Temporal Scope

- The evaluation covered interventions planned and/or implemented within the time period of the current CP: 2020-2022, taking into account that the evaluation is being carried out in 2021 in order to inform the preparatory phase of the 9<sup>th</sup> CPD, and therefore none of the 2022 interventions were reviewed as they had not yet taken place.

## 1.3 Methodology and process

- The evaluation methodology adhered to the United Nations Evaluation Group (UNEG) norms and standards<sup>1</sup> and Standards for Evaluation and the Organisation for Economic Co-operation and Development (OECD), including the UNEG Ethical guidelines for Evaluations, as well as in conformity with the UNFPA evaluation guidelines<sup>2</sup>. Another reference document used was the *Guidance on Disability Inclusion in UNFPA Evaluation – Integrating Disability Inclusion Dimensions in UNFPA evaluation methodology and Evaluation Quality Assurance and Assessment (EQAA)* as well the *Integrating Human Rights and Gender Equality in Evaluation – Towards UNEG Guidance*. In line with the UN's gender mainstreaming strategy, the evaluation examined the level of gender

<sup>1</sup> See website of the United Nations Evaluation Group: <http://www.unevaluation.org/document/detail/1914>.

<sup>2</sup> UNFPA Evaluation Handbook (UNFPA, 2013, Revised Edition 2019)

mainstreaming across the country programme and operations. The methodology was purpose-designed to address the objectives of the evaluation within their context. The evaluation applied a theory-based contribution approach to assess the CPD results. The Evaluation used a mixed methods approach with instruments to collect data for the ten evaluation questions.

8. Contribution analysis utilized an explicit Theory of Change for each CPD outcome, proceeding through a process to test the theory against logic and evidence to test that CPD has contributed to expected results. To operationalize the ToC, the interventions have been organized by CPD outcomes. The six steps proposed in the inception report have been applied:<sup>3</sup> (i) the first step was to understand and assess the impact pathway or the CPD logic model for each outcome (find the model in Annex). At this stage, in addition to understanding the logic model, the relevance analysis of the CPD was carried out according to the evaluation questions (find evaluation matrix in Annex). (ii) The second step was to apply the ToC, ex-post<sup>4</sup> assessment, by outcome. For this evaluation, it was developed a sub-theory of change for each outcome—a **nested theory of change** or theory of reach<sup>5</sup>, adding the assumptions to the causal links in the logic model. The evaluation team analyzed, for each key level of CPD interventions, the causal links with the assumptions. (iii) the third step was to gather evidence and assemble all readily available material, leaving more exhaustive investigation until later after interviews and FGD (please refer to the data collection description in this document). The (iv) fourth step was to assess the contribution story by outcome, analyzing if the results chain is strong and which are weak. The (v) fifth step was to seek out additional evidence. The evaluation team used triangulation techniques to assure technical quality.

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<sup>3</sup> According to the model outlined by John Mayne, 2008. BETTER CRITERIA FOR BETTER EVALUATION OECD/DAC Network on Development Evaluation. January, 2020.

<sup>4</sup> Theories of change are models of how change is expected to happen (ex ante case) or how change has happened (ex post case). Mayne, 2015

<sup>5</sup> Nested theories of change offer a way to break down a more messy theory of change into something more understandable and practical.

Finally, the (vi) sixth step was to revise and strengthen the contribution story, before including it in this evaluation report.

9. Gender, human rights and disability inclusion has been included as a cross-cutting theme which permeates the evaluation criteria. On practical terms, for each evaluation criterion, a gender specific question has been added to do the analysis in combination with the dimensions of human rights and disabilities. The evaluation relied on information collected from different sources and then triangulated:

- A review of UNFPA CO strategic and programme documents, project documents and monitoring reports, evaluations, research papers and other available country-related publications. The main documents consulted by the evaluation team are listed in Annex.
- An analysis of the programme portfolio and the development of theories of change, by programme area, to map the projects implemented against the goals set in the CPD.
- As travel restrictions prevented field visits, the interviews and Focus Group discussions were carried out online. In total, 40 stakeholders, including CO staff, government representatives, development partners, civil society organizations (CSOs) and beneficiaries were consulted through interviews and FGD. The interviews were used to collect data and assess stakeholders' perceptions of the scope and effectiveness of programme interventions, determine factors affecting performance, and identify the strengths and weaknesses of the programme. A full list of interviewees is available in the Annex.
- Two Focus Group Discussions (FGD) have been conducted in Luanda: 8 girls beneficiaries in the field of the MINJUD and 7 girls beneficiaries in the field of the CAJ.

10. The draft CPE report was quality-assured by CO reviewers, for factual errors and comments, and finally shared with the Government and other national partners.

## EVALUATION QUESTIONS

To what extent is the country programme adapted to: (i) the needs of diverse populations, including the needs of marginalized and vulnerable groups (e.g. young people and women with disabilities, etc.); (ii) national development strategies and policies; (iii) the strategic direction and objectives of UNFPA; and (iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action, Agenda 2063 and the SDGs?

To what extent has the country office been able to respond to changes in national needs and priorities, including those of vulnerable or marginalized groups, or to shifts caused by the COVID-19 pandemic and consequent economic crisis?

To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme?

To what extent has UNFPA successfully integrated human rights, gender perspectives and disability inclusion in the design, implementation and monitoring of the country programme?

To what extent has UNFPA made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures and tools to pursue the achievement of the outcomes defined in the country programme?

To what extent has UNFPA been able to support implementing partners and rights-holders (notably, women, adolescents and youth) in developing capacities and establishing mechanisms to ensure the durability of effects?

To what extent has UNFPA contributed to the functioning and consolidation of the coordination mechanisms of the UNCT and the DMT?

To what extent have UNFPA humanitarian interventions systematically reached all geographic areas in which affected populations (women, adolescents and youth) reside?

To what extent has UNFPA been able to respond to emerging and evolving needs of national health authorities and other stakeholders at the national and subnational levels as a result of the COVID-19 pandemic?

To what extent has UNFPA contributed to developing the capacity of local and national actors (government line ministries, youth and women's organizations, health facilities, communities, etc.) to better prepare for, respond to and recover from humanitarian crisis?

Table 2: Category of stakeholder consulted via Semi-Structured Interviews and Focus Groups

Category of Stakeholder	Number	Data Collection Method
National Public institutions (national and local)	10	Semi-structured interviews
Civil Society Organizations	7	Semi-structured interviews
Development Partners/Donors	3	Semi-structured interviews
UNFPA CO staff	5	Semi-structured interviews
Beneficiaries	15	Focus Group
<b>Total</b>	<b>40</b>	

### 1.4 Evaluation limitations

11. This evaluation has taken place during the COVID-19 pandemic. This was mitigated by drawing on team members’ previous experience in the country, frequent interactions with the CO and more extensive document review. In order to minimize the impact of covid context, special attention has been given to triangulation and to reaching new interviewees identified in the data collection process with a view of verifying discrepancies, varying perspectives etc.
12. Inability to conduct an independent survey with capacity building interventions recipients. The evaluation team originally intended to conduct an online survey with partners recipients of trainings. However, discussions concluded that partners may not be very responsive to a subsequent and separate survey conducted specifically for this evaluation due to survey fatigue and the fact that online surveys usually yield low response rates. As such, the interviews and FGD were used as a replacement data source.

## 2. ANGOLA COUNTRY CONTEXT

13. The Republic of Angola is located at the Southwest Atlantic coast of the African continent with a surface area of 1,246,700 km<sup>2</sup> and borders Namibia, Democratic Republic of Congo, Republic of Congo and Zambia. It is one of the African countries that has suffered from serious social conflicts since the struggle for independence from Portugal in the 1970s. Following independence, Angola faced a 27-year long civil war that was further intensified due to the so-called cold war interests of the parties involved. The beginning of relative social stability practically coincided with the arrival of the 21st century<sup>6</sup>. This historical conjuncture, together with the type of social and economic organization, has brought some prosperity to the country in recent years. It has not, however, managed to reduce social inequalities, which are often reflected in the low performance of development indicators.

<sup>6</sup> The recent history of Angolan geopolitics can be seen, for example in: Meredith, Martin, 2005: *The fate of Africa: from the hopes of freedom to the heart of despair: a history of fifty years of independence*. Cited by Cecilia Mendoza (UNAM/Programa Universitario de Estudios sobre Asia y África) La Guerra Civil angoleña y la Guerra Fría (Blog - <http://pueaa.unam.mx/blog/guerra-civil-angolana>).

14. Angola elected a new president for the first time in 38 years, and the current government has declared commitment to strengthen democratic governance, justice and human rights, promoting transparency and anti-corruption measures. In addition, local governments were elected for the first time in 2020, occurring during the implementation of the current Country Programme.
15. As of January 2022, administratively, the country is organized into 18 provinces, 162 municipalities and 518 communes and 44 urban districts<sup>7</sup>; a proposed redivision of provinces is currently taking place at the government level. Luanda is the province that contains the capital city of the same name. Angola enters the third decade of the 21st century with an estimated population of almost 33.1 million inhabitants in 2022, as per INE projections<sup>8</sup>, after having had estimates that ranged between 26 and 34 million<sup>9</sup>. In fact, the 2014 census, taken over an interval of more than 40 years, is the basis for reviewing and producing reliable and updated estimates and it is the source for most of the indicators that describe the Angolan context, in addition to the Multiple Indicator Health Survey (IIMS- 2015/2016). To summarize the current Angola socioeconomic context, Annex 6.9 presents a brief overview of the SDG status related to Angola based on the Voluntary National Report (VNR)<sup>10</sup> and the most recent report by Sachs et al (2021)<sup>11</sup>

## Demography

16. The population growth rate reported by INE is around 3 per cent per year, and has remained at this high level since the 1980s, when, probably, some return migration flows began to gain relevance<sup>12</sup>.

The sex and age composition of the Angolan population is the best indicator for documenting the demographic dynamics behind the Angolan population. It is displayed in Figure 1 with the relative distribution according to sex and age groups as released by the National Institute of Statistics (INE) of Angola for 2014 and the forecast for 2020 made by DESA/UN. The pyramids reveal a decidedly young population structure (median age around 17 years). The rather broad base format (ages 0-4 years) with rapid narrowing in the immediate age group and beyond are strong indications of high birth

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<sup>7</sup> <https://mat.gov.ao/>

<sup>8</sup> Instituto Nacional de Estatística (2016) *Projeção da População 2014-2050* – Luanda, 74 pages.

<sup>9</sup> As presented in the 2011 and 2019 population projections by United Nations, Department of Economic and Social Affairs, Population Division.

<sup>10</sup> Government of Angola (2021) Voluntary National Review (VNR) on the implementation of the 2030 Agenda for Sustainable Development (https://sustainabledevelopment.un.org/content/documents/286012021\_VNR\_Report\_Angola.pdf)

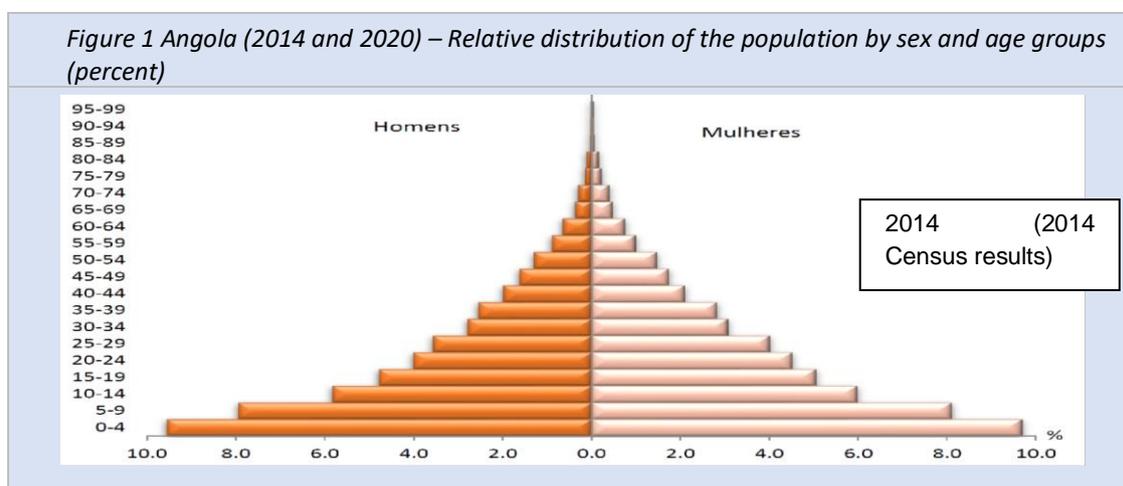
<sup>11</sup> Sustainable Development Report 2021, the Decade of Action for the Sustainable Development Goals Sachs, J.,S.,D., Kroll, C. Lafortune, G., Fuller, G. Woelm, F. (DOI 10.1017/97 In: <https://dashboards.sdgindex.org/downloads>

<sup>12</sup> Note that the 2014 census records a natural growth rate of 2.7 without specifying the period to which this rate refers.

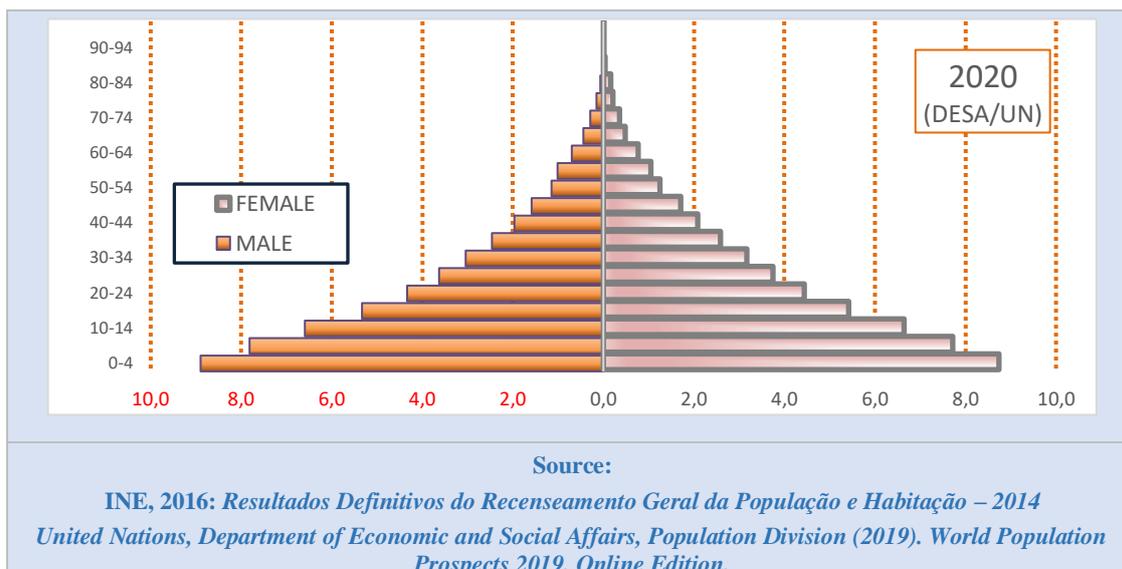
and mortality rates in childhood. Forecasts for 2020 indicate –if the DESA/UN statistics scenarios are implemented– a significant reduction in the birth rate, that however, will remain high: from 42.6 (2015) to 39.9 (2020). This rate implies an average number of children per woman, that is, a Total Fertility Rate (TFR) of 6.2 births per woman according to IIMS 2015-2016, which may remain even above 5 in the 2020-2025 period<sup>13</sup>.

17. Angolan population dynamics is a product of its current demographic transition stage, located at the initial phases relative to the world situation. In fact, according to a number of sources, the TFR is still at high levels and while it may show evidence of shy decline, the trend is not clear yet. Figure (AC-2 in Annex) shows the high level of inconsistency among the few sources available, here included the 2015-2016 DHS. Some of them suggest increases in the risk of having a baby at important ages of the reproductive period, as it may be the case of adolescents and women aged 20-24 years. It is possible that Angola has also presented the stall trend recognized among most of the African Sub Saharan countries. There are a number of factors associated with the stalling, among them, weakness or failure of family planning programmes, increasing levels of desired family size or growing negative attitudes towards family planning (Mentioned by Ezeh et al, 2009). If the stall is confirmed, one direct consequence on the population dynamics is the continuity of the dramatic population growth. At the current TFR estimated by the DESA/UN (medium variant scenario) Angola is currently receiving, each year, an average of 1.3 million live births and must, accordingly, meet all the demands that these events imply. This number might surpass 1,5 million over 2025-2030.

Figure 1 Angola (2014 and 2020) – Relative distribution of the population by sex and age groups (percent)



<sup>13</sup> The TFR was 5.7 births per woman in 2014 according to DESA/UN.



18. Though it's expected a decrease in children under 15, this will not happen without changes in the high fertility trends, above 45 per cent up to 2022, (Angolan Census and DESA/UN)
19. The irregular narrowing in young and adult ages, captured in the 2014 census, suggests a relevant presence of migratory flows. However it is expected, on the part of DESA/UN, a zero migration balance from the 2020-2025 period onwards, which would occur if the social stability initiated in the 2000s continues. This is one of the challenges faced by Angola and it begins with the lack of reliable data to know the magnitude, intensity and trend of possible and diverse migratory flows.
20. Related to Infant Mortality (IM), the estimates remain above 50 deaths per thousand among children under one year (DESA/UN, 2019) with relatively little progress in relation to the SDGs. Adult mortality is high and it may remain so, considering that life expectancy at birth (60 years), captured in the 2014 Census, would rise to 62 years in the 2020-25 period (DESA/UN) during normal circumstances. The COVID-19 pandemics will probably hold back any potential improvement in the mortality levels. In any case, this indicator places Angola among the 10 per cent of countries with the highest mortality levels in the world.
21. Angola has a high and close to 100 per cent dependency ratio due to the high proportion of the young population (0-14 years old) coupled with high adult mortality. The high dependency ratio – *poses a challenge to economic growth due to the high costs to the State and families of meeting the essential child needs*<sup>14</sup> – will only decrease if the fertility level decreases. In the short and medium term, however, this ratio will still remain very high.

<sup>14</sup> "Aproveitar o Potencial da Juventude para Colher o Dividendo Demográfico em Angola". Ministério da Economia e Planeamento. 2019. Luanda, Angola (page 56)

## Economy and poverty

22. The difficult socio-economic scenario that involves the Angola population context over the period 2020-2022 can be understood considering three important indicators: (i) the Human Development Index by the UNDP<sup>15</sup>; (ii) the educational index, due to the importance in the HDI; and (iii) gross National Product - GNP PPP per capita
23. Angolan HDI is low compared to the world average estimate, occupying the 148<sup>th</sup> position out of 189 nations. It is not far from the average presented by sub-Saharan countries and by the average of the Least Developed Countries (LDC). Over the last 20 years, Angola performed relatively better than the average of the subset of countries mentioned. While in the 2000s, the country had a lower HDI than that registered for much more socially vulnerable countries (0.400 and 0.423 respectively), in 2019, Angola performed better than this last group of countries, as well as from the average of sub-Saharan countries. It should be noted that, despite the higher average increase in the period, over the last three years, Angola's HDI interrupted the upward trend, remaining between 0.582 and 0.581.<sup>16 17</sup>
24. Reproducing the described HDI pattern, Angola shows increases in the educational level: a very low index at the beginning of the period, in part, a consequence of the tragic past that ended in 2002. It is lower than the average for sub-Saharan Africa and even lower than that of LtDC. When reaching 2019, however, the order inverts and Angola has an educational index (0.500) above the average of the two population groups mentioned. Despite the good performance, the index is far from the world average of 0.637. The analyses made in 2018 by UNICEF<sup>18</sup> on the educational situation in Angola, however, indicates that the country is still struggling.
25. The critical situation of the social indicators in the second quinquennium of the 2010s relates to the negative growth of the Gross National Product. As of 2014, GNP growth was negative, to the point that in 2020, GNP per capita was US\$5.7 thousand or a decrease of more than 25 per cent.
26. The country has reduced the national poverty incidence from 68 per cent to 36.6 per cent between 2000 and 2015 (2019, Ministry of Economy and Planning). However, recent estimates suggest a backward step, with an estimated poverty incidence around 40,6 per cent (INE, 2019)<sup>19</sup>. The deterioration is confirmed in the Sachs's 2021 report:

<sup>15</sup> <http://hdr.undp.org/en/countries/profiles/AGO>

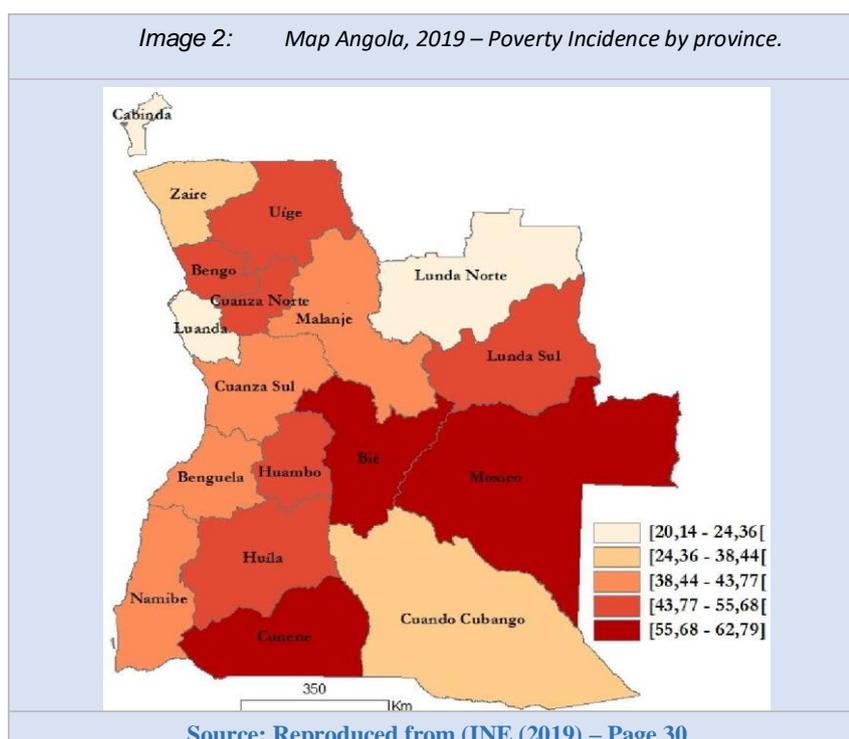
<sup>16</sup> The Education Index has undergone several revisions since its beginning. See for example, Anand, S. & Sen, A. (1994). "Human Development Index: Methodology and Measurement," Occasional Paper 12. Human Development Report Office, New York - Ingrid Majerová (2012) "Comparison of Old and New Methodology in Human Development and Poverty Indexes: A Case of the Least Developed Countries" In: Journal of Economics Studies and Research - Vol. 2012 (2012), Article ID 290025, 15 pages. - <http://www.ibimapublishing.com/journals/JESR/jesr.htm>

<sup>17</sup> The level of each education index components available on the UNDP website <http://hdr.undp.org/en/countries/profiles/AGO>

<sup>18</sup> UNICEF, 2018 - ORÇAMENTO GERAL DO ESTADO, 2018 (<https://www.unicef.org/esa/media/2436/file/UNICEF-Angola-2018-Education-Budget-Brief.pdf>)

<sup>19</sup> Instituto Nacional de Estatística/ República de Angola (2019) - *Relatório de Pobreza para Angola – Inquérito sobre receitas e despesas*.

percentage of the population living below the national poverty line of \$1,90 is 53.9 per cent<sup>20</sup> An additional concern is the inequality within the country; between the urban and rural population, for instance, the incidence of poverty of the former is almost twofold the latter (57.2 and 29.8 percent respectively). An exacerbated internal inequality is observed at the provincial level where Poverty Incidence ranks from around 29 percent up to more than 60 percent (Image 2 Map, reproduced from the INE report). The aforementioned figures clearly illustrate the very difficult economic situation of the Angolan people at the end of 2021, triggered by the COVID-19 pandemic and its subsequent economic crisis.



## Reproductive health

27. Given the high birth rate aforementioned, it is easy to understand that SRH (sexual and reproductive health) in Angola is a dimension that must be considered in any development strategy, given the demand for health care services that it implies and its strong relationship with sustainable development goals (SDGs). Angola has a young population with high fertility rates. Teenage pregnancy is a result of poverty or social economic situation, lack of dialogue or sexual education between teenagers and their parents due to tabus around sex and sexuality, lack of teachers preparedness to provide comprehensive sexuality education, social, cultural and religion norms around sexuality

<sup>20</sup> SUSTAINABLE DEVELOPMENT REPORT 202, The Decade of Action for the Sustainable Development Goals Sachs, J.,S.,D., Kröll, C. Lafortune, G., Fuller, G. Woelm, F. (ce to the DOI 10.1017/97) In: <https://dashboards.sdgindex.org/downloads>

and low usage of family planning and contraception use.<sup>21</sup> As a consequence, it may be a cause of or result in school drop outs, lack of access to employment, early and forced marriages, HIV/AIDS and gender-based violence. Pregnancy at young ages is strongly associated with the general fertility level. In the case of Angola, with a TFR above 5 children per woman one or two of these children will be a result of a teenage pregnancy (age 15-19). Both the Census data and the IIMS 2015-2016 (Multiple Indicators and Health Survey) indicate the high risk associated with an adolescent girl having a live birth. This risk, which definitely remains above 100 and with some frequency close to 200 in every thousand women, also indicates the extremely high risk of becoming pregnant and which can culminate in an induced or spontaneous abortion or stillbirth not recorded in the statistics. The aforementioned social inequality is also manifested in this indicator; according to IIMS (2015-2016), the risk of having a child born alive in rural areas is almost double compared to the risk of an urban adolescent: 239 and 132 per thousand, respectively. In Angola, approximately a third of girls aged 15-19 are pregnant or have had at least one child. This phenomenon is close to 60 per cent in several provinces, including Cuanza Sul and Lunda Sul. According to IIMS-2015-2016, one out of every twenty girls in the 15-19 age group had their first child before 15 years of age<sup>22</sup>. The persistent high incidence of pregnancies before the age of 20, given the cost of opportunity that this event represents for Angolan girls, is, without a doubt, one of the biggest challenges that Angola has.

28. Given the high and general fertility level in Angola, one of the SRH care services is the provision of family planning and, within it, the contraceptive practice, which is quite low in Angola: 13 per cent of the total of women aged 15-49, with almost no difference whether the indicator is limited to married women only (IIMS, 2015-2016)<sup>23</sup>. The contraceptive mix is mostly of modern methods, including the male condom as the most used. Its use is concentrated among unmarried but sexually active. Among married women, the low contraceptive prevalence is concentrated in hormonal methods (oral or injected) and represents 60 per cent of total users.
29. This low prevalence is associated with the desire of having a large family if considered the wanted fertility indicator whose level is above 5 children per woman, and even 6.5 among women with low education. In any case, besides the fact that contraception practice is among the lowest, there is an unmet demand of 38% without much difference according urban/rural residence (Angola IIDS, 2015-2016) that is likely to increase if, as expected, fertility starts to decline. The provision of SRH services within the goal of universal access to health has an enormous challenge.

Among the Sustainable Development Goals related to universal access to health, the guarantee of a safe pregnancy and consideration as a basic right of SRH is a national challenge. Similar to what happened with the vast majority of sub-Saharan countries,

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<sup>21</sup> Vitumbaca, A. Leopoldino, 2017; A Gravidez Precoce como Factor no Abandono Escolar: Breve Olhar Sobre a Realidade na Escola José Manuel Salucombo (Saurimo/Luanda)

<sup>22</sup> 2015-16 Multiple Indicator and Health Survey - (IIMS) <https://dhsprogram.com/pubs/pdf/OF37/OF37.pdf>

<sup>23</sup> Inquérito de Indicadores Múltiplos e de Saúde em Angola 2015-2016. Instituto Nacional de Estatística (INE), Ministério da Saúde (MINSÁ), Ministério do Planeamento e do Desenvolvimento Territorial (MINPLAN) e ICF. 2017. Luanda, Angola e Rockville, Maryland, EUA: INE, MINSÁ, MINPLAN e ICF.

over 25 years (between 1990 and 2015), the MMR left the thousand mark, placing in 2015 around 500 deaths per 100,000 live births. Findings of IIMS-2015-2016 -always pointing out the appropriate variation interval– indicates an MMR of only 239 pregnancy-related deaths<sup>24</sup>. This apparent inconsistency is largely due to the difference in concept, but it is also a challenge that signals the need for better sources of information. It should be noted that even in that sharp decline process, maternal mortality is still at high levels if we consider the world average, and also the average for countries in the southern region of Africa (See AC-4 in annex). The comparison is a reminder of the possibility of programmatic interventions in the region that can impact maternal mortality. The still high Maternal mortality in Angola reflects the conditions of maternal health care that discloses evidence of poor prenatal care, qualified care/assistance during childbirth and postpartum care.

## Education

30. Regarding access and retention in education, although the net enrolment rate in primary school was estimated at (76.1% in 2020)<sup>25</sup>, the transition from primary to secondary education is quite low. The net enrolment rate in lower secondary education is just 27.9% and in upper secondary education is even lower, at 17.2 percent<sup>26</sup> due to grade repetition and dropout with literacy rates of young women aged 15 to 24 years at 36.5 percent.<sup>27</sup> According to UNESCO, 2015, 33 percent are enrolled in technical education while 8.5 percent are enrolled in tertiary education.<sup>28</sup> As a consequence, low access to education and technical formal education may limit women's access to information and services including those related to family planning and contraceptives as well as women's participation in the labour force as it prevents them from acquiring the skills and training necessary for productive employment.<sup>29</sup> This is reflected in the fact that the unemployment rate in the population aged 15 or older, is estimated at 30.6 percent and higher for women (32.1%) than for men (29.1%), with the unemployment rate for people (aged 15-24 years) at 55.3 percent.<sup>30</sup> In addition, the majority of employed people are in informal employment (74.5% in 2019), disproportionately affecting women (79.5%) compared to men (43.7%)<sup>31</sup> including in agriculture whereby 96 percent of women employed are unskilled compared to 85% for men.<sup>32</sup> Moreover, women representation and participation in public institutions is also low as they account for 29.6 percent in Parliament; 39 percent in Central Government, 12 percent are State Secretaries; 22.2

<sup>24</sup> Note that the concept in the case of IIMS refers not to the cause, but to pregnancy-related-deaths, i.e. associated to pregnancy, that is, events that occurred during pregnancy, childbirth or the puerperium.

<sup>25</sup>GoA, 2021, Voluntary National Review on the Implementation of the 2030 Agenda for SDG

<sup>26</sup>GoA, AFIDEP, UNFPA, 2019; Tapping the potential of youth to reap the Demographic Dividend in Angola

<sup>27</sup>UNFPA, Angola Country Program Evaluation Terms of Reference, 2021

<sup>28</sup>GoA, AFIDEP, UNFPA, 2019; Tapping the potential of youth to reap the Demographic Dividend in Angola

<sup>29</sup>GoA, AFIDEP, UNFPA, 2019; Tapping the potential of youth to reap the Demographic Dividend in Angola

<sup>30</sup>GoA, 2021; Voluntary National Review on the Implementation of the 2030 Agenda for SDG

<sup>31</sup>GoA, 2021; Voluntary National Review on the Implementation of the 2030 Agenda for SDG

<sup>32</sup>GoA, AFIDEP, UNFPA, 2019; Tapping the potential of youth to reap the Demographic Dividend in Angola

percent Provincial Governors, 19.5 percent Vice-Governors, 25.6 percent lead Municipal Administrations; 27.4 percent in diplomacy. In the Judiciary, they represent 34.4 percent in the Public Prosecution, 38 percent in the Judicial Magistracy, and 31 percent in the Legal Profession.<sup>33</sup>

31. Although Angola is not amongst the countries in the region with the highest child marriage rate, 30 percent of girls were married before the age of 18 compared to 6 percent of boys and 8 percent of girls were married before they turned 15 years.<sup>34</sup> Some of the reasons for child marriage include poverty rooted in the widely perceived need for families to marry off their daughters early due to financial and social reasons, early pregnancy, lack of girls power to make their own decisions, impunity and inadequate laws as well as religious and cultural norms such as the male and female rites of initiation<sup>35</sup> perceived as the period in which the child is prepared to have a sexually active life and from then on the child is also considered fit to start family life.<sup>36</sup>

### **Gender equality and women's empowerment**

32. Angola ranks 149th in the World Gender Inequality Index. It has a patriarchal system grounded in cultural norms of male superiority, attributing the dominant role to men and identifying women as weaker limits women's exercise of their rights to education and health, and their access to positions of power in social, economic and political life, access to and control of resources, and to formal and dignified employment contributing to their vulnerability to gender based violence. This is further shown in the Gender Parity Index (GPI) whereby the country is ranking worst when it comes to women's right to inheritance rights and divorce, which is only permitted after three years of marriage.<sup>37</sup>
33. Gender-based violence remains a major issue in Angola with about 33 percent of women aged 15 to 49 experiencing some type of physical or sexual violence.<sup>38</sup> According to the 2015-2016 IIMS data, it was revealed that 32 percent of women had experienced physical violence since the age of 15 and 8 percent had experienced sexual violence at some point in their lives. Amongst married women (aged 15-49) 34 percent, had at some point experienced marital, physical or sexual violence.<sup>39</sup> Due to the economic situation, unemployment, the stereotypes surrounding the separated woman, the low level of education, the protection of the children, acceptability and blame for the violence that

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<sup>33</sup> Angola National Voluntary Review on the Implementation of the 2030 Agenda for Sustainable Development, 2021

<sup>34</sup> Girls Not Brides website, <https://www.girlsnotbrides.org/articles/angolan-organisation-addressing-child-marriage-through-girl-power/>, accessed 22th November, 2021

<sup>35</sup> Mwanapwo Website, <https://mwanapwo.com/en/2021/07/05/apenasumacrianca/>, accessed 15<sup>th</sup> November, 2021

<sup>36</sup> Segundo, Desiderio, 2016; Estudo Sobre os Casamentos Infantis na Província de Benguela: O Caso dos Municípios de Ganda e Cubal

<sup>37</sup> IIMS 2015-2016.

<sup>38</sup> UNFPA, Angola Country Program Evaluation Terms of Reference, 2021

<sup>39</sup> Angola National Voluntary Review on the Implementation of the 2030 Agenda for Sustainable Development, 2021

women have suffered, women remain in abusive relationships.<sup>40</sup> Civil society organisations (CSOs) have been key in lobbying and advocating for law reforms, building community awareness, GBV services such as medical psychological, social and legal support for survivors of domestic violence shall be provided free of charge, legally the cases have priority, among other benefits. Regardless, gender-related barriers continue to be inherent in the legal environment, such as unequal age of consent to marriage, inheritance rights for female widows and gaps in sexual and reproductive health rights, absence of specific budgets from the gender perspective, feminisation of the gender approach and little engagement of men in the fight against discrimination against women.<sup>41</sup> In addition, challenges remain related to the lack of awareness of rights, lack of financial and human resources, lack of infrastructure for proper protection due to, for example, the absence of shelter homes, insufficient psychosocial support, the lack of qualification of the technicians in the areas in which they act and of their own means that assist the survivors which makes it very difficult for them to act in cases of violence.<sup>42</sup> This is particularly relevant in a context whereby the department responsible for assisting victims of domestic/conjugal violence, Directorate for Family and Women Promotion, limits itself to advise/counselling families on the conduct of each of its members and also refers the cases to other competent institutions when the issues go beyond the level of counselling.

### Covid-19

34. According to available world statistics, the relative number of cases and deaths associated with the Covid-19 is well below any expected number due to under registrations of either cases or fatalities (See Figure 2). The number of cases or deaths per million are extremely low when compared with nearby countries with higher HDI and therefore, better registration systems. It is included here, for comparative purposes, Namibia and South Africa that register around 1,5 thousand deaths by million population, while the equivalent number in Angola is just 53. (See the central panel in Figure C-4). European countries, Brazil and the USA illustrate the situation in different contexts, also demonstrating the prevalence of Covid-19. Profile on number of cases is another evidence strongly suggesting under-registration in the case of Angola. Lethality, notwithstanding, is quite high revealing that the pandemics may have affected Angola worse than the average world (See last panel on figure C-4). At the moment that the Omicron Covid variant impact is unknown in Angola, vaccination coverage is only 12,7 percent of the total population (WHO statistics as for January 12<sup>th</sup>, 2022).
35. Summarizing, world statistics indicate extreme fragile reliability on national Covid-19 information. The pandemic has probably affected the country very seriously at every

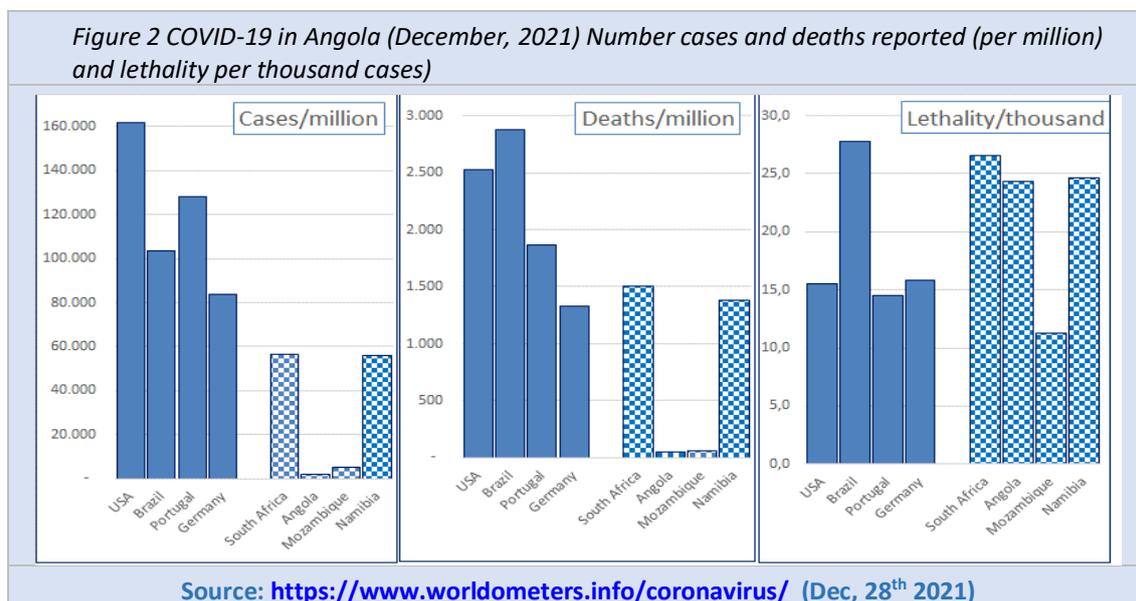
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<sup>40</sup> Segunda, N. Uzia, 2017; Violência contra a mulher. Procedimentos de atendimento as vitimas pelos órgãos do estado angolano: caso do Dundo

<sup>41</sup> MASFAMU, 2019; Relatório Sobre a Implementação do Plano de Acção da Plataforma de Beijing, 2014 - 2019

<sup>42</sup> Segunda, N. Uzia, 2017; Violência contra a mulher. Procedimentos de atendimento as vitimas pelos órgãos do estado angolano: caso do Dundo

level. Any program or social intervention needs to approach the direct and indirect tragedy consequences well beyond these numbers.



### 3. UNFPA STRATEGIC RESPONSE AND PROGRAMME

36. UNFPA has been operating in Angola since 1978. Regionally, it is part of East and Southern Africa Regional Office (ESARO) which is the region whereby the adolescent birth rate is doubled than the global rate; the region has more than 50% of people living with HIV in the world. In addition, despite the reduction in maternal mortality (56%), it remains higher than the 44% reduction observed at the global level. The region has a very high risk for humanitarian emergency, which translates into increased sexual and reproductive health risks as well as GBV/PSEA.<sup>43</sup> Therefore, positioning Angola as a critical country to receive support with the view to overcome these constraints .
37. Together with the other UN specialized agencies, funds and programmes, UNFPA is part of the UN Country Team (UNCT) contributing to interventions under the UNSDCF 2020-2022. The current CP contributes to the four UNSDCF outcomes and within the UNCT, UNFPA is the lead agency for outcome 2 and assumed a prominent role by being responsible for leading the working group and the monitoring and evaluation sub-group. During the period under review, the UNFPA exerted great influence on the humanitarian response particularly with regards to GEWE, focusing on GBV<sup>44</sup>.
38. The role played by the UNFPA Representative as Resident Coordinator, OIC (Officer in Charge), should also be highlighted, having assumed these functions several times

<sup>43</sup> UNFPA Regional Intervention Action Plan for East and Southern Africa Regional Office (ESARO), 2018-2021

<sup>44</sup> United Nations Sustainable Development Cooperation Framework (UNSDCF): Angola, 2020-2022

during the reporting period<sup>45</sup>. Finally, the CO is being implemented at the national and provincial levels, covering Luanda, Benguela, Huila, Cunene, Namibe and Cuando Cubango<sup>46</sup>.

### 3.1 UNFPA Strategic Response

39. The UNFPA Strategic Plan 2018-2021 outlines a strategic direction exemplified in the bull's eye model, below, centralising sexual and reproductive health with women and young people as the key beneficiaries. Respect for human rights, gender equality, and population dynamics enable achieving the core objective. The principle is to reach the most vulnerable first and to leave nobody behind.<sup>47</sup>
40. The global approach mainstreams gender and human rights, including for people with disabilities and all those left behind, in line with the principles and goals of the 2030 Agenda for Sustainable Development Goals. The strategic response of UNFPA is also guided by the Sendai Framework for Disaster Risk Reduction, the Paris Agreement of Climate Change and the 2015 Addis Ababa Action Agenda for the 3<sup>rd</sup> International Conference on Financing for Development. The box, below, shows the outcome areas of the UNFPA Strategic Plan 2018-2021 that guided the 8<sup>th</sup> CPD development<sup>48</sup>.

#### UNFPA Strategic Plan (2018-2021) Outcomes

**Outcome 1.** Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.

**Outcome 2:** Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.

**Outcome 3:** Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.

**Outcome 4:** Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.

41. These build on the outcome areas of the previous UNFPA Strategic Plan 2014-2017 which addressed sexual and reproductive health and rights, adolescents and youth, especially young adolescent girls, gender equality and women's empowerment, and evidence-based analysis of population dynamics to inform sustainable development policies, SRHR, HIV and gender equality<sup>49</sup>.

<sup>45</sup> Angola 7<sup>th</sup> CPE Report

<sup>46</sup> Angola 8<sup>th</sup> CPD 2020-2022

<sup>47</sup> UNFPA Strategic Plan 2018-2021

<sup>48</sup> UNFPA Strategic Plan 2018-2021

<sup>49</sup> UNFPA Strategic Plan 2014-2017

### 3.2 UNFPA Response through the Country Programme

#### 1.1.1 The Country Programme

42. The 8<sup>th</sup> Country Programme (2020-2022) was prepared with the Government of Angola, United Nations agencies, civil society organizations, bilateral and multilateral development partners, among others. It is aligned with the UNFPA Strategic Plan (2018-2021), the UNSDCF (2020-2022), the principles of the International Conference on Population and Development (ICPD), the Angola National Development Plan (2018-2022), and contributes to the Sustainable Development Goals, especially SDG 3 on health and well-being and SDG 5 on gender equality and the empowerment of women and girls, as well as the 2063 African Union Agenda. In addition, the CP is strategically aligned to relevant national strategies and policies for each thematic area of programming such as the National Youth Policy, FP 2020, Law Against Violence, among others. The CO operates in line with the New Way of Working (NWOW) in which each agency uses its comparative advantage to pursue common, long-term outcomes of reduced needs, risks and vulnerabilities and also espouses the Grand Bargain between major donors and development actors to empower people in need with greater access to resources. In addition, the CP delivers its programs through the following modes of engagement (a) Advocacy and policy dialogue; (b) Capacity development; (c) Knowledge management and (d) Partnership and coordination. Finally, the 8<sup>th</sup> CP build up in the Delivering as One modality which offers new possibilities for joint programming with the view to strengthen accountability, transparency and effectiveness.
43. The following table highlights the changes in the Angola 7<sup>th</sup> CP to the 8<sup>th</sup> CP.

Table 3: Angola 8<sup>th</sup> CP and 7<sup>th</sup> CP Outputs and Programme Component Areas<sup>50</sup>

8 <sup>th</sup> Country Programme 2020-2022		7 <sup>th</sup> Country Programme 2015-2019
Strategic Outcome Area	Outputs	Outputs
Sexual and Reproductive Health	<p><b>Output 1:</b> National and provincial institutions have strengthened capacity to provide access to information and integrated sexual and reproductive health services and reproductive rights for young people and marginalized populations, including in humanitarian settings.</p> <p><b>Output 2:</b> Sexual Reproductive Health supply chain management and delivery systems improved to address unmet sexual and</p>	<p><b>Output 1:</b> Increased institutional capacity of the Ministry of Health to provide high quality, integrated family planning, maternal health and STI/HIV prevention services, with a particular focus on adolescent girls.</p> <p><b>Output 2:</b> National capacity to provide modern contraceptives strengthened, with a special focus on young people.</p>

<sup>50</sup> Angola 8<sup>th</sup> CPD and 7<sup>th</sup> CPE Report

	reproductive health needs of young and marginalized people.	
<b>Adolescents and Youth</b>	<p><b>Output 1:</b> Young people, especially teenagers and young women have knowledge and skills to make informed decisions about reproductive health and reproductive rights and to participate fully in development and humanitarian actions.</p> <p><b>Output 2:</b> Strengthened capacities of institutions at the national level and in selected provinces to provide comprehensive and integrated gender-based violence prevention and response services and empower communities</p>	<p><b>Output 1:</b> Increased capacity of primary and secondary school teachers and community health workers to implement comprehensive sexuality education (CSE) programmes in school and community.</p>
<b>Gender Equality and Women Empowerment</b>	N/A	<p><b>Output 1:</b> Strengthened capacity of the Ministry of Family and Advancement of Women to promote gender equality and equity as well as gender-based violence advocacy capacity.</p> <p><b>Output 2:</b> Strengthened capacity of government health units to provide treatment for survivors of gender-based violence.</p>
<b>Population Dynamics</b>	<p><b>Output 1:</b> Government institutions at both national and provincial levels are better able to generate and use disaggregated data to inform policies and programmes that address developmental inequalities, including in humanitarian settings.</p>	<p><b>Output 1:</b> Strengthened national capacity to produce, analyse and disseminate disaggregated and reliable data on population and development to map demographic disparities and socio-economic inequalities.</p>

44. The 8<sup>th</sup> CP builds on the previous CP, the main overarching developments at output level being:

- i) The focus has been expanded to go beyond strengthening service providers or duty bearers' capacity to deliver but as well as to strengthen the demand or right holders side to ensure that 'beneficiaries' are equipped with knowledge and skills to make informed decisions and actively participate in development and humanitarian settings therefore implementing a human rights approach.

- ii) The 8<sup>th</sup> CP underlies the need to include other marginalized people, in addition to women and youth, as well as to focus on humanitarian settings given the country's vulnerability to natural disasters.
- iii) Although Gender equality and women's empowerment (GEWE) is not a stand alone outcome in the CP, it has been duly mainstreamed in Outcomes 1 and 2 in addition to a specific Output on GBV prevention and response services under outcome 2.

### 1.1.2 The Country Programme Financial Structure

45. The proposed assistance cited in the 8<sup>th</sup> CP Country Programme Document is indicated in the table below.

Table 4: Proposed Indicative Assistance in Millions of US\$<sup>51</sup>

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

46. The indicative assistance for the 8<sup>th</sup> CP is lower (at USD 8.7 million)<sup>52</sup> than the indicative assistance for the previous CP (at USD 20.3million)<sup>53</sup>, with the main change being a decrease of USD 11.6 million<sup>54</sup>.

47. During the evaluation process, the UNFPA CP has been extended until December 31, 2023, to be aligned with the country's development strategy framework.

<sup>51</sup> Angola 8<sup>TH</sup> CPD 2020-2022

<sup>52</sup> Angola 8<sup>TH</sup> CPD 2020-2022

<sup>53</sup> Angola 7<sup>th</sup> CPE Report

<sup>54</sup> It should be noted that the Angola 7th CPE was a duration of 5 years (2015-2019), versus the 8th CPD being a 3 year program.

## 4. EVALUATION FINDINGS

### 4.1 Relevance criteria

48. The relevance criterion evaluates the extent to which the GOA/UNFPA 8th Country Programme (CP8) objectives are consistent with Angola's development priorities and its alignment with international regulatory frameworks, government policies and the UN agencies' global strategies. It specifically considers the internal political changes and the socio-economic crises that took place in the second quinquennium of the 2010s and the emergence of the Covid-19 pandemic that forced local, national and international interventions.

EQ1: To what extent is the country programme adapted to: (i) the needs of diverse populations, including the needs of marginalized and vulnerable groups (e.g. young people and women with disabilities, etc.); (ii) national development strategies and policies; (iii) the strategic direction and objectives of UNFPA; and (iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action, Agenda 2063 and the SDGs?

*Preliminary Finding 1: UNFPA CO in Angola has a long-standing relationship with the National Government. It has played a central role in developing and following up the Angola National Development Plan (NDP 2018-2022) in the mandate area of the UNFPA. The CPD was developed from a joint analysis of the PEDS, the UNSDCF, UNFPA's global plans in a common framework, where national priorities, SDGs and agency priorities are explicitly identified.*

### **International Frameworks and Agreements and UNFPA Strategic Direction – The GOA/UNFPA 8th Country Programme (8CP)**

49. The 8th Country Programme (8CP) of UNFPA in Angola is fully aligned with international frameworks, conventions and agreements in all areas of its mandate. The 8CPD is fully aligned with the UNSDCF (2020-2022), the 2063 African Union Agenda and the principles of International Conference on Population and Development (ICPD) Programme of Action, and the Sustainable Development Goals 2016-2030, especially SDG 3 on health and well-being and SDG 5 on gender equality and the empowerment of women and girls, the Sendai Framework for Disaster Risk Reduction, the Paris Agreement of Climate Change and the 2015 Addis Ababa Action Agenda for the 3rd International Conference on Financing for Development.
50. In addition, the 8CP is strategically aligned to relevant national strategies and policies for each thematic area of programming such as the Angola National Development Plan (2018-2022), the National Health Development Plan (PNDS 2012-2025), the National Youth Development Plan (NYDP 2019), the Strategy for Comprehensive Health Care for Adolescents and Youth (2016-2020), the National Policy for Gender Equality and Equity (2013), the Law 25/11 - Law Against Domestic Violence and its Regulation, among others (presented in Chapter Two).
51. The 8CP is also fully aligned with the strategic direction and objectives of the UNFPA Strategic Plan 2018-2021 highlighted in the bull's eye, with the transformative goals of

ending preventable maternal deaths, unmet need for family planning, and harmful gender practices, and with the three UNFPA global strategic outcomes.

Figure 3. The UNFPA Bull's Eye



Source: UNFPA Strategic Plan 2018-2021

52. All UNFPA COARs<sup>55</sup> identify which strategic outcome and output(s) the programme outputs support. The Strategic Plan endorses lower-income countries such as Angola to apply all five modes of engagement at the national and/or sub-national levels, and the 8CP utilises all five. They are: (a) Advocacy and policy dialogue; (b) Capacity development; (c) Knowledge management; (d) Partnership and coordination, and (e) Service delivery. All are highly relevant in the context of Angola.
53. The GOA/UNFPA 8th Country Programme (8CP) builds on national development needs and priorities articulated, specifically the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2020-2022. The CP supports the country's international commitments, including Agenda 2030, African Union Agenda 2063, the NDP, 2018-2022 and key national strategies, and the UNDP Strategic Plan, 2018-2021. These priorities center four national strategic areas of partnership:
- Economic and social transformation;
  - Adolescents, youth and women's empowerment;
  - Environment and resilience of the vulnerable population;
  - Democracy and stability.
54. Based on a common understanding of the country's situation and challenges and aligned with the national programming cycle to ensure optimal support for the Government, the Partnership Framework identifies a set of priorities. They look forward to contributing to the consolidation of equitable, inclusive and integrated country, whose legitimate ambition is to graduate from a less advanced country (LDC) and achieve an average human development index (HDI).

<sup>55</sup> Country Office Annual Reports

“The National development Plan (NDP) 2018- 2022 is the second medium term planning exercise carried out under the auspices of the National Planning System in force, following the National Development Plan 2013-2017, and is intended to promote the social, economic and territorial development of the country. The NDP has a forward-looking and multiannual approach which includes the national, sectorial and provincial levels of planning, and implements the long range strategic development options of the country, included in the Long-Term Strategy (LTS) Angola 2025. The UNSDCF also conforms to the Agenda 2063 of the African Union which constitutes the strategic benchmark for the social and economic transformation of the continent over the next 50 years” (UNCT, 2019; page 10).

55. This United Nations Sustainable Cooperation Framework (UNSDCF) for the period 2020-2022 was produced under the coordination and leadership of the Ministry of Economy and Planning<sup>56</sup>. It is the main instrument for the planning and implementation of development activities of the United Nations System at the national level, in support of the execution of 2030 Agenda for Sustainable Development.
56. The CP8 assumes the UNFPA commitment towards the Global goal of the Strategic Plan, 2018-2021 “to achieve universal access to sexual and reproductive health, realise reproductive rights, and reduce maternal mortality to accelerate progress on the agenda of the Programme of Action of the International Conference on Population and Development, to improve the lives of women, adolescents and youth, enabled by population dynamics, human rights and gender equality” UNFPA, 2017; page 3<sup>57</sup>. Table 5 outlines the linkages of the 8th UNFPA CP with the UNSDCF and national development agenda. It also shows the SDG associated with the CP outcomes in the last column.
57. The CP contributes to the implementation of the 2030 Agenda with the aim to reflect its principles including the pledge to leave no one and to reach the furthest behind first. The final CP outputs corresponding to the four outcomes related to SRH, Y&A, GEWE and PD will produce indicators to monitor the SDG, particularly, 3, 4, 5 and 10. Outcome 4 related to population dynamics, that have a rather macro level approach will allow to evaluate and monitor SDGs 1 and 16 that together focus on the poverty and famine eradication and promotion of peace and inclusive societies, provide access to justice for all and build effective, accountable and inclusive institutions at all levels. Finally it is also clear that the CP 4th outcome on population dynamics envisages international partnership for sustainable development.

Table 5: 8<sup>th</sup> Angola CP - UNFPA strategic plan outcome and country programme outputs according National priorities and UNSDCF outcomes

Outcomes and Results framework for Angola (2020-2022)	UNFPA 8th national Programme 2020-2022		2030 Agenda and SDG correspondence
	Strategic plan outcome	Country programme outputs	

<sup>56</sup> United Nations Country Team in Angola/UNCT (2019) - *United Nations Sustainable Development Cooperation Framework Angola 2020 – 2022*; Luanda, Angola - 76 pages- <https://angola.un.org/sites/default/files/2020-10/Doc-UNSDCF-Angola-ENG-0804.pdf>

<sup>57</sup> UNFPA (2017) – Strategic plan, 2018-2021 [https://www.unfpa.org/sites/default/files/resource-pdf/DP.FPA\\_2017.9 - UNFPA\\_strategic\\_plan\\_2018-2021 - FINAL - 25July2017 -\\_corrected\\_24Aug17.pdf](https://www.unfpa.org/sites/default/files/resource-pdf/DP.FPA_2017.9_-_UNFPA_strategic_plan_2018-2021_-_FINAL_-_25July2017_-_corrected_24Aug17.pdf)

<p><b>National Priority</b></p> <p>Axis 1: Human Development and well-being; Axis 2: Inclusive and Sustainable Economic Development; Axis 3: Infrastructure necessary for Development; Axis 5: Harmonious Development of the Territory; and Axis 6: Ensuring Stability and Integrity Territorial Organization of Angola and Strengthening its role in International and Regional context.</p> <p><b>UNSDCF Outcome 1:</b></p> <p>By 2022, population in Angola, particularly the most vulnerable, with greater access to quality-integrated social and productive services and a diversified economy generating dignified employment and income, aimed at reducing poverty.</p> <p><b>UNSDCF Outcome 3:</b></p> <p>By 2022, the vulnerable population is resilient to climate change and disaster risk with sustainable and inclusive production; and the territory, cities, natural resources and environment are planned and managed in an integrated, sustainable, resilient and inclusive way.</p>	<p><b>Outcome 1:</b> Sexual and reproductive health (SRH)</p>	<p><b>Output 1:</b> National and provincial institutions have strengthened capacity to provide access to information and integrated SRH services and reproductive rights for young people and marginalized populations, including in humanitarian settings</p> <p><b>Output 2:</b> SRH supply chain management and delivery systems improved to address unmet SRH needs of young and marginalized people.</p>	<p><b>Goal 3.</b> Ensure healthy lives and promote well-being for all at all ages</p> <p><b>Goal 4.</b> Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all</p>
<p><b>National Priority</b></p> <p>Axis 1: Human development and well-being.</p> <p><b>UNSDCF Outcome</b></p> <p>By 2022, adolescents, young people, women and the most vulnerable prioritized in sectorial policies and programs, mainly in the social, economic, cultural and environmental spheres, including in humanitarian contexts.</p>	<p><b>Outcome 2:</b> Adolescents and youth (A&amp;Y)</p> <p><b>Outcome 3:</b> Gender equality and women’s Empowerment (GEWE)</p>	<p><b>Output 1:</b> Y&amp;A and young women have knowledge and skills to make informed decisions about reproductive health and reproductive rights and to participate fully in development and humanitarian actions.</p> <p><b>Output 1:</b> Strengthened capacities of institutions at the national level and in selected provinces to provide comprehensive and integrated GBV prevention and response services and empower communities</p>	<p><b>Goal 5.</b> Achieve gender equality and empower all women and girls</p>
<p><b>National Priority</b></p> <p>Axis 4 and 6: Ensuring Angola’s stability and territorial integrity, and reinforcing its role in the international and regional context.</p> <p><b>UNSDCF Outcome</b></p> <p>By 2022, citizens participate and monitor governance, all people have access to justice and human rights are observed, in an environment of regional peace and security</p>	<p><b>Outcome 4:</b> Population dynamics</p>	<p><b>Output 1:</b> Government institutions at both national and provincial levels are better able to generate and use disaggregated data to inform policies and programmes that address developmental inequalities, including in humanitarian settings.</p>	<p><b>Goal 1.</b> End poverty in all its forms everywhere</p> <p><b>Goal 16.</b> Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels</p>

Source: United Nations Population Fund - Country Programme Document for Angola, DP/FPA/CPD/AGO/8

58. While table 5 refers mostly to the linkages of the CP with the UN system and national priorities. The CP is also relevant for the regional and global development agenda. The CP outcomes has considered the African 2063 Agenda (The African Union Commission, 2015) that is an endogenous, shared, strategic initiative for inclusive growth and sustainable development over a 50-year period. CP integrates this initiative that will make - at continental and regional levels- significant strides in building the institutions required for political and economic integration addressing the social problems. Namely, there are still far too many people living in abject poverty, the pervasive lack of decent jobs, especially for the youth, and the continent lags behind other regions of the world with respect to social development indicators. Finally, both the CP and the 2063 Agenda are aware that any progress made is threatened by rising inequalities of incomes and opportunity, particularly for the youth and women.
59. Nationally, the Country Office relates to a wide range of country databases and has implemented a broad dialogue to define Country Program priorities in line with the country framework. Evidence also demonstrates the CP adequately focusses its central thematic components: Sexual and Reproductive Health (SRH), Adolescents and Youth (A&Y), Gender equality and women’s Empowerment (GEWE) – here included Gender Based Violence (GBV) – and Population Dynamics (PD).
60. The subjects of the programming were thus chosen with the participation of national counterparts and international advisory, aligned with the needs of the population; most of them with documented results and agreements. Government stakeholders are usually the primary implementing partners that acknowledge UNFPA role in the development of the country. Formulation of the 8CP has a solid partnership with the National Institute of Statistics (INE) and researchers from the Department of Demographic and Social Statistics and the Minister of Economy and Planning (MEP), specifically the National Population Cabinet.

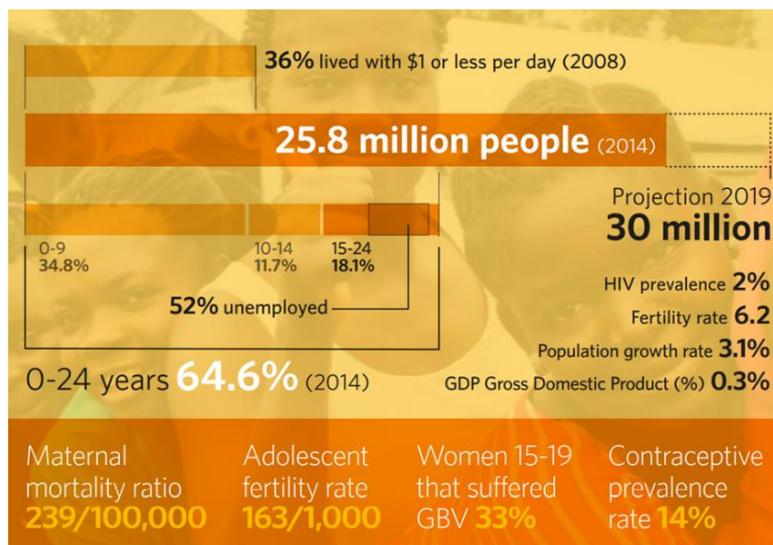
#### Relevance to national needs

*Preliminary Finding 2: The 8th UNFPA CPD is aligned with the national needs. It is focused on young people, particularly adolescent girls, to increase access to quality SRH services, a better prevention of and protection from GBV, strengthened life skills to pursue their full development and exercise their SRH rights and promote their well-being. UNFPA’s high level commitment is to reach 150,000 adolescents and youth in focus provinces with integrated sexual and reproductive health services by 2022. However, challenges remain to reach people with disabilities.*

61. Angola’s population is projected to reach 30 million by 2019 with nearly two thirds (64 per cent) below the age of 24 years, making it a very youthful population. The total fertility

rate is 6.2 births per woman, and the population growth rate is 3.1 per cent. At this growth rate, Angola’s population will double in twenty years.

62. The latest national poverty data indicated that in 2008, 36 per cent of the population lived with \$1 or less per day and the Gini index was 42.7. Rising cost of living, high youth unemployment, and high-income inequality remain major challenges, which further disenfranchise the most vulnerable.



63. At the same time, one of the main challenges of the country is the high maternal mortality ratio (239/100,000 live births) and Gender-Based Violence (about 33% of women aged 15 to 49 report experiencing some type of physical or sexual violence).

64. The UNFPA CP faces the substantial youth cohort regarding education, sexual and reproductive health, and employment, and the risk of the country failing to reap the benefits of the demographic dividend of a young population structure. Given high rates of teen pregnancy and of child marriage, it is of great importance the UNFPA focuses on strengthening young people’s knowledges and skills to make informed decisions regarding SRHR and to fully participate in development and humanitarian actions (Output 2.1). The needs of adolescent girls and young women (AGYW) are exacerbated by prevailing gender inequality and inequity in all spheres, and now worsened by Covid-19, and the program was key in ensuring gender mainstreaming in AY programming and prioritising their needs, including to prevent GBV. In addition, SRHR are rooted in and influenced by different factors (eg. economic) and the program attempted to apply an holistic approach to maximise the drivers of change and address constraints to enable AGYW to exercise their SRH rights.

65. The legal and policy environment in Angola endorses the rights of young people to access SRH information and services through the National Youth Development Plan (2019), National Strategy for Adolescent and Youth Health Care (2016), Strategy for Comprehensive Attention to Adolescent and Youth Health (2016-2020), Model Law on Child Marriage (2014) and Comprehensive sexuality education (CSE). In addition, Angola has ratified international and regional instruments such as the African Charter on the Rights and Welfare of the Child (1990), African youth charter (2007), Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriage (1962), Convention on the Rights of the Child (1989) to which is the program is equally aligned. Therefore the approach of UNFPA to young people is thus highly relevant and in line with government and population priorities. Nonetheless, SRH service uptake remains too low as evidenced by the high teen pregnancy rates and the low reported use of

contraceptive methods and it is highly relevant that UNFPA addresses both demand and access.

66. With respect to reach the most vulnerable, key informants (KIs), including activists from JIRO and mentors from CAJ, indicated that young people with disabilities need to be reached to a greater extent (see EQ2) as they have not yet been effectively reached, both as primary as well as secondary beneficiaries, due to reasons of mobility and skills to communicate with “disabled” people (eg. deaf people). In addition, the JIRO and the CAJ mentorship programmes are reported by KIs to be primarily in urban and peri-urban areas rather than in remote areas of the provinces, and resources are needed to expand it more widely, including to reach more young women with disabilities with appropriately tailored approaches. Finally, documents and KIs indicated that UNFPA has not sufficiently addressed adolescents exploited in sex work, or as young men having sex with men, transgender or non-binary young people (or older LGBTIQ+ populations).
67. The contributions of UNFPA towards gender equality and women empowerment (GEWE) are fully aligned to national policies and laws such as the Constitution of the Republic of Angola (1992), Family Code (1988) and its revision, National Policy for Gender Equality and Equity (2013), the Law 25/11 – Law Against Domestic Violence and its Regulation of Law No. 25/11 with measures of support and protection for victim of domestic violence and recovery of the aggressor, and standardizes the operation of shelter and family counselling homes, the Presidential Decree no. 36/15 - Legal Regime of Recognition and Dissolution of the Facto Union by Mutual Agreement, as well as the Convention on the Elimination of All Forms of Discrimination Against Women – CEDAW (1981), the Beijing Platform for Action of the World Conference on Women (1995) and the African Human and Peoples' Rights Protocol Peoples' Rights on Women's Rights in Africa (2003) ratified by Angola.
68. UNFPA has been highly relevant and responsive to government needs regarding capacity development in support for GBV prevention. The Ministry of Social Action, Family and Women (MASFAMU) is the core line ministry with which UNFPA works at both national and sub-national levels for GEWE. This work is strengthened by another ministry (MINJUD) and respective CSOs.
69. With regards to GEWE, UNFPA has been extensively mainstreaming gender in all outcomes with a great focus on GBV prevention as well as training service providers to provide GBV services in humanitarian response, strengthening CSO to advocate for policies and laws as well as to engage in international platforms and economically empowering AGYW. KI interviews and focus group interviews to secondary beneficiaries (duty bearers who were trained) were unanimously positive about the relevance and importance of UNFPA support. In addition, UNFPA supported the creation of two GBV help lines. This is elaborated in EQ2.
70. In line with leaving no one behind, UNFPA selected sites for support based on high indicators for GBV. However, respondents indicated that more is needed to ensure access to and uptake of such services by some of the most vulnerable, such as people with disability and people in more remote or unsafe locations all of whom may be at higher risk of GBV.

71. Relevance (national and institutional) of the GOA/UNFPA 8th CP is demonstrated in the National Population Policy (NPP). It is an important output for the Angola population dynamics that was originally conceived during previous Country Programmes and sees its first version, produced by the current government.

EQ2: To what extent has the country office been able to respond to changes in national needs and priorities, including those of vulnerable or marginalized groups, or to shifts caused by the COVID-19 pandemic and consequent economic crisis?

*Preliminary Finding 3: The UNFPA CO was effective in adapting to the COVID-19 context, helping the Government to sustain livelihoods and ensure the continuity of basic SR health. The UNFPA supported the Government in implementing initiatives which were particularly relevant for fighting the COVID-19 pandemic. Challenges remain to adapt UNFPA strategies to the post COVID-19 country context as the crisis is still ongoing and there are still operational challenges.*

72. UNFPA responded to the urgent needs as a consequence of Covid-19 and was accountable to the challenge of providing financial as well as technical support to government and civil society for programme implementation under Covid-19 and shortage of staff. Several key informants (KI) and document review indicated that the office managed to deliver its operational and technical responsibilities throughout the 8CP.
73. In all thematic areas, key informants and documentation indicate that UNFPA has demonstrated responsiveness to emerging requests, policies, plans and opportunities for strengthened engagement, including involvement in, for example, the multi-country programme JIRO for adolescent girls that has built on the lessons learned and achievements of previous programming. Most importantly, UNFPA showed a strong response to the partners capacity needs and the emerging humanitarian situations in the south of the country affected by the drought contributing in its thematic areas to the overall response.
74. The agency was lauded by key informants for its responsiveness in strengthening partners capacity (eg. Fire Service and Civil Protection) on prevention, mitigation, risk management and humanitarian response and integration of SSR and GBV in emergency contexts. In addition, has provided dignity kits for adolescent girls and women, distribution of clean delivery kits (Health) as well raising awareness on GBV issues, focusing on girls and women whom are at heightened risk as well as the existing mechanisms and referral to response institutions. Nonetheless, it is difficult to assess the extent to which humanitarian response to GBV was effective, given that the information received focuses on prevention. EQ 7 elaborates further on the effectiveness of the contributions of UNFPA to the humanitarian crises, and EQ 6 on sustainability, given that the country is prone to natural disasters and climate-related crises are highly likely given global climate change.
75. Related to the responses to the need of changes or adaptation caused by the Covid-19 pandemic and consequent economic crisis, in the first place it is necessary an alert about

data reliability as stated in the contextualization chapter and consider that the number of cases and deaths associated with the Covid-19 may be well below any expected number.

76. In 2020, UNFPA had to adapt along with all partners to the exigencies of the Covid-19 pandemic, with challenges to communications and outreach for mentor groups and other direct community service provisions. In this context, the program adopted the strategies to use virtual spaces (eg. Zoom) and social media (eg. Facebook pages), radio and TV programs, throughout young social and community mobilizers as well as continuing using the big/open spaces but restricting the number of people, as per the Government decrees issued on a frequent basis, who participated to guarantee continuity of the activities. In addition the program contributed to building of partners' capacity (e.g. CICA/AFRYAN) to implement awareness-raising activities on Covid 19 prevention (distribution and correct use of masks, gel, social distancing measures, etc.), including an economic empowerment component (making reusable masks / dressings) and distribution of sanitary pads amongst adolescent girls in projects to minimize the economic impact of Covid 19 on families as well as to make masks available and facilitate as possible the management of menstrual health and hygiene among girls on needed communities.
77. In any case, as the pandemic's figures in Angola are incomplete, hence the precise impact and need of adaptation were detected differently by stakeholders and according to the nature of the strategic outcomes in the CP8. At the macro level and mostly related to the population dynamics area of action, the chronograms and working plans were adapted, for preventing the COVID-19, due to the sanitary protocols and working from home guidance. Consequently, implementation of central activities as the final definition of the NPP and pre-census activities were modified or postponed. In the case of the NPP both the CO and MEP agreed on doing virtually most, but not all, of the scheduled activities, including advocacy and dissemination seminars; related to pre-census activities, the majority of fieldwork was suspended in order to avoid the virus contamination. Government regulations were strictly followed for presential meetings, and MEP did conduct 3 in-person workshops for the dissemination of the National Demographic Dividend study results and the National Nairobi Commitments across 3 provinces in Q4.

#### 4.2 Effectiveness criteria

78. This criterion looks at the results achieved by the CPD in each of the outcomes and the specific contributions of the CO for their achievement. In addition, it discusses the challenges involved and the extent to which the CO was able to integrate human rights and gender equality in the support of the achievement of the SDGs and under the principle of Leaving No One Behind. A contribution analysis approach theory-based has been applied.
79. For each outcome and output a table shows the achievement of the targets. The indicators are presented using a traffic-light colour scheme as explained below.

Effectiveness matrix - colour legend

Outcome description	
Output description	
Indicators	Target achieved
	In Progress (close to target)
	Not achieved / Nor reported

Note: some of the color's, (e.g. that for "not achieved") have also been used to point out certain issues, for example, when an indicator was not well defined, had no baseline or did not have a target.

80. The logic of each one of the outcomes is also presented after the analysis of the performance of the indicators.

EQ3: To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme? In particular: (i) increased access and use of integrated sexual and reproductive health services; (ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights; (iii) advancement of gender equality and the empowerment of all women and girls; and (iv) increased use of population data in the development of evidence-based national development plans, policies and programmes?

▪ **Sexual and Reproductive Health**

**Outcome 1:** Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.

**Related outputs**

OUTPUT 1.1: National and provincial institutions have strengthened capacity to provide access to information and integrated sexual and reproductive health services and reproductive rights for young people and marginalized populations, including in humanitarian settings.

OUTPUT 1.2: Sexual reproductive health supply chain management and delivery systems improved to address unmet sexual and reproductive health needs of young and marginalized people.

The status of output indicators is the following, according to the CPD Indicators Matrix (find the CP outcome indicators in the Annex):

Output indicators	Baseline	Target 2022	Result achieved 2021
Output indicator 1.1: Number of public health facilities in focus provinces providing quality adolescent-friendly integrated sexual and reproductive health services	Baseline: 8	Target: 15	60
Output indicator 1.2: Percentage of central municipalities in focus provinces providing basic and comprehensive emergency obstetric care	Baseline: 50%	Target: 85%	3%
Output indicator 1.3: Number of women and girls living with fistula receiving treatment with UNFPA support	Baseline: 1,000	Target: 3,000	171
Output indicator 1.4: Number of identified people in emergencies provided with MISP with UNFPA support MISP Package	Baseline: 10,000	Target:95,000	29,000
Output indicator 2.1: % of additional users of family planning for adolescent girls aged 15-19 years in focus provinces	Baseline: 9%	Target: 16%	0
Output indicator 2.2: Percentage of service delivery points in focus provinces with functional Logistics Management Information System	Baseline: 20%	Target: 60%	The target haven't been achieved yet
Output indicator 2.3: Costed Plan for FP2030 Initiative prepared	Baseline: No	Target: Yes	Yes

Source: CPD document 2020-2022

### Contribution analysis of the CPD for the Outcome 1

81. This CPD outcome aimed to progressively improve the SRH services and rights in Angola. It evolves around several interconnected approaches conceptualized as projects by the CO: (i) response to the COVID in the frame of work with the MINSA-DNPS; (ii) Menstrual hygiene management; (iii) Support to SRH programmes; (iv) COVID protocol dissemination; (v) Fund for UN agencies – HIV prevention, (vi) Surveillance of Maternal Mortality; (vii) Communication and documentation of the emergency response; (viii) Continuity SRHR services; (ix) Build technical capacity and (x) Improvement of HI system.

**Preliminary Finding 4: UNFPA CO is acknowledged by the government as a key partner in SRH. Youth friendly services have been successfully fostered in health centres with policy support and pilot experiences. Also, highly relevant was the technical and financial support of the CP in HIV prevention. Challenges remain in mainstreaming and scaling up the provision of youth friendly services across the country and the low family planning coverage among 15-19 years old girls.**

82. The development of Youth-friendly services was a key intervention in this area. Despite the delay due to COVID-19 that paralyzed activities during 2020, in the following year it was possible to work on the information instruments that were implemented in 20 health services in Luanda with the focus on training of professionals and purchasing of equipment. Subsequently, this intervention has been extended to two more provinces. In total, 60 Youth-friendly services in health units have been delivered in partnership with the National Public Health Directorate in 3 provinces (Luanda, Uige and Cuanza Norte).
83. With the Youth-friendly services UNFPA CO advocates for and supports the efficient delivery of a holistic, youth-friendly health-care package of services. These include (i) universal access to accurate sexual and reproductive health information; (ii) safe and affordable contraceptive methods; (iii) sensitive counselling, (iv) quality obstetric and antenatal care for all pregnant women and girls; and (v) the prevention and management of sexually transmitted infections, including HIV. UNFPA CO also worked to promote health services and supportive programmes are available to young people who are marginalized or hard to reach.
84. The UNFPA contributed to the prevention of HIV in Angola through the UN Joint Team on HIV/AIDS. The work approach has focused on the mobilization of adolescents and young people to combat HIV/AIDS, in the UNFPA mandate towards prevention among young people, and vulnerable groups such as prisoners, LGBTI, sex workers.
85. In this field, the partnership with the ANASO Angolan Network of AIDS has been relevant. Among the contributions in this field, the positive south-south cooperation, for example with Mozambique and SADC, stand out. This has made it possible to position SRH as the focus of interventions. The availability of UNFPA cadres for actions is especially valued by the stakeholders, as a key added value to advocacy for SRH in the country. Thus, the main contribution in this area is technical, although economic contributions for specific actions are valued.
86. The main challenge is the sustainability of the interventions. The Angolan Government does not mobilize funds to directly support SRH. The existence of a national policy is verified but it is not developed and, in some spaces, it continues to be a taboo issue. In this framework the UNFPA is making the difference, in specific and key issues such as menstrual education and education for behaviour change.
87. Challenges are also related to low users of FP among adolescents aged 15 to 19 years old, the poor data collection and accessibility of the Health Information System, and the scarce domestic resources to procure and distribute modern FP methods across the country.
88. The CO was successful in adapting the work to online activities and reframing the interventions planned with the Minister of Health. As explained, the global UNFPA mandate in times of the Covid pandemic has been followed: maintain the continuity of services and protect the health workforce.

89. The initial work plan with the Ministry of Health could not be implemented. The work plan was adapted to purchase individual protection material for health professionals in Luanda. Support was also given in the printing of technical protocols in the Primary Health Level units in Luanda. In total, around 150 units received support. This UNFPA intervention was framed in the National Contingency Plan in response to the request of the Ministry of Health.
90. This adaptation to the COVID context caused a delay in some interventions, such as: (i) in the field of south-south cooperation with the *Fundação Fiocruz do Brasil* to launch the online course on maternal deaths, (ii) in launching the initiative World Family Planning 2020, which was finally extended to 2030; and (iii) in the monitoring of the audit and forecast committees of maternal and neonatal deaths.

***Preliminary Finding 5: During this CP period, UNFPA has contributed to improving menstrual hygiene in the country's young population. The approach applied, the training of trainers, favors the sustainability and scaling of interventions. In addition, pre and post-tests to training recipients have been applied, which constitutes a good practice in the field of capacity development.***

91. UNFPA, the Government of Angola and Be Girl Inc.<sup>58</sup> provided menstrual health management information and products that contribute to fulfilling girls' and women's human rights – and specifically reproductive rights – both as a precondition for attaining rights such as health and education, as well as a matter of dignity in its own right.
92. Trainers from Be Girl's subsidiary office in Maputo, Mozambique conducted two one-week virtual trainings of trainers (TOT) (2020 & 2021) 54 technicians of nominated by seven Governments and Civil Society Implementing Partners based in the provinces of Luanda, Huíla, Lunda Sul, Huambo, Huila, Cuanza Sul, Benguela and Moxico. Virtual training methods employing video streaming and webinar technology were used to ensure safety during COVID-19 lockdown. During the virtual workshops, trainees learned how to teach adolescents about menstrual health and hygiene through educational workshops using the smartcycle methodology. Trainees received manuals and educational banners to use while they taught the workshop as well as an electronic folder of resources needed for successful project execution and data collection.
93. After completing their training, the trainers then conducted 45 educational workshops. A total of 3,000 adolescent girls and 3,000 adolescent boys from disadvantaged families participated. Of this number, in the pilot phase of the project 790 girls and 457 boys filled out surveys both before and after their workshop so that changes in knowledge and attitudes about menstruation and reproduction could be assessed. The average age of participants was 15 years, and 17% of girls reported that they had not had their first period yet. Each workshop reached approximately 15 to 30 participants. Extra time was allotted for limited reading and writing skills. In regard to the boys' workshops, the methodology was adapted to reach boys through an approach called "Building Cycles of Empathy". Girls and boys received a smart cycle learning tool, and girls received two pairs of period panties that can contribute to manage their menstruation for a two year period if used properly.

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<sup>58</sup> Be Girl is a social enterprise that takes a design-driven approach to menstrual health and hygiene so that all girls can understand, own, and love their bodies.

94. Finally, an important contribution in the area of SRH has been made in response to the drought emergency in the south of the country. The support has been aimed at guaranteeing an integrated package of reproductive health services with the objectives of: increasing family planning coverage, achieving adherence of women to prenatal consultation and institutional childbirth, prevention of GBV, and implementing 22 units of youth health friendly services; in addition to buying dignity kits (50,000 thousand) for adolescents and young women. The geographical scope of the interventions in the emergency response was 4 provinces and 22 municipalities: reaching more than one million people affected by the drought. This issue is addressed under the coverage and connectedness criteria, later in this report. The response to the emergency is assessed in detail in the chapters 4.6 and 4.7.
95. 2020 marked the count-down towards the goal of ending obstetric fistula by 2030, according to the last report of the Secretary General<sup>59</sup>. Obstetric fistula is preventable; it can largely be avoided by delaying the age of first pregnancy; the cessation of harmful traditional practices; and timely access to obstetric care. Unfortunately, the current pandemic affects all these preventive measures in Angola where obstetric fistula still exists. More women and girls will be at risk of obstetric fistula due to overburdened health systems. In addition, fistula repairs have widely been suspended as they are deemed to be non-urgent and hospitals have diverted resources to care for patients with COVID-19. UNFPA in Angola has made an important contribution to alleviate this situation. 171 women with Obstetric Fistula were diagnosed and treated.

▪ **Youth and adolescents**

**Outcome 2:** Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.

**Related outputs**

OUTPUT 2.1: Young people, especially teenagers and young women have knowledge and skills to make informed decisions about reproductive health and reproductive rights and to participate fully in development and humanitarian actions

OUTPUT 2.2: Strengthened capacities of institutions at the national level and in selected provinces to provide comprehensive and integrated gender-based violence prevention and response services and empower communities

The status of outputs indicators is the following, according to the CPD Indicators Matrix (find the CP indicators in the Annex):

Output indicators	Baseline	Target 2022	Result achieved 2021
Number of provinces with adolescent sexual reproductive health Programme	Baseline: 8	Target: 18	8
Number of partnerships established for piloting and transition to the scale of	Baseline: 0	Target:3	2

<sup>59</sup> [Secretary-General's message on the International Day to End Obstetric Fistula \[scroll down for French version\] | United Nations Secretary-General](#)

innovations in adolescent sexual and reproductive health.			
Percentage of schools in selected areas that provide comprehensive sexuality education	Baseline: 30%	Target: 65%	Not established
Number of youth-led organizations and networks effectively engaged for the participation of young people in policy dialogue and programming	Baseline: 1	Target:3	4
Inter-agency coordination mechanism for gender and youth established	Baseline: No	Target: Yes	Yes
Number of women and girls, including persons living with disabilities, subjected to violence who received essential services	Baseline: 1,800	Target: 5,000	3303 On track

Source: Source: CPD document 2020-2022

### Contribution analysis of the CPD for the Outcome 2

96. This CPD outcome aimed at empowering youth led organization and AGYW to increase demand for and use of SRHR services as well as improve the availability of comprehensive and integrated GBV prevention and response services in Angola. It evolves around several interconnected approaches conceptualized as projects by the CO: (i) JIRO Program; (ii) CAJ Mentorship Program; (iii) Ser Menina Program; (iv) Nayuca Project; (v) Supporting partners activities (CNJ) ;(vi) COVID prevention and (vii) PSEA.

***Preliminary Finding 6: UNFPA has contributed to strengthen the youth-led organizations capacity to address SRHR as well as to increase knowledge and skills of the youth to make informed decisions regarding SRHR. The approach applied trained activists and mentors to build the youth agency, economic empowerment, use of online platforms looking at sustainability as well as scaling up of the JIRO program.***

97. Through its technical and financial support to the Informed, Responsible and Organized Youth program (JIRO program) and the Youth Support Centre (CAJ) mentorship programs, UNFPA contributed extensively to increase the knowledge and skills of in-school and out of school AGYW therefore building their agency to make informed decisions on SRHR (KII & FGD). JIRO is a multi-sectoral government program coordinated by the Ministry of Youth and Sports (MINJUD) which coordination is made through a Multisectoral Mechanism and integrates the Ministries of Health, Education, Social Action, Family and Women's (MASFAMU) and Ministry of Telecommunications, Information Technologies and Social Communication (MINTTICS) which aims to promote the sexual and reproductive health, gender, STI/HIV/AIDS and risk behaviour change among adolescents and youth<sup>60</sup>. The program was designed with an ecological model that includes adolescent reproductive health services, community mobilisation,

<sup>60</sup> Coordenação Programa JIRO Document

comprehensive sexuality education, advocacy and participation. Overall the program resulted in the empowerment of a mass of secondary beneficiaries (activists most female) which in turn work at the community level influencing change through awareness raising - 'bancadas comunitárias' as well as working specifically with primary beneficiaries (AGYW) through 'bancadas femininas' to empower them with SRHR/STI/HIV/AIDS and GBV knowledge and skills. Though economic empowerment wasn't initially part of the JIRO program, due to Covid-19 it was integrated as an alternative to support AGYW to cope with the negative economic impact of the pandemic. As a result, the JIRO program together with the Nayuca project implemented in partnership with AFRIYAN as well as a entrepreneurship and MHM workshop promoted by UNFPA together with MINJUD, CAJ, CICA and Afriyan contributed to increase AGYW cutting and sewing, and entrepreneurship skills focusing on how to open a business as well as producing reusable pads linked to the menstrual hygiene activities.

98. The CAJ mentorship program is also implemented by trained female mentors that work in the communities and empower AGYW with regards to SRH/ STI/HIV/AIDS and GBV. In partnership with the Netherland Embassy, and with technical support of UNFPA the program contributed to CAJ economic empowerment component by building AGYW skills for decoration, baking, handicrafts and digital marketing therefore addressing one of the major constraints that YW face to make decisions regarding their SRHR.
99. The expansion of the JIRO program and the development of information, communication and innovative solutions by supporting MINJUD to launch and operate the SMS Jovem/U-Report Platform in partnership with UNICEF, and Oi Kambas Digital App as well as the Call Centre greatly contributed to reach, engage and empower 79,500 adolescents and young people in promoting sexual and reproductive health and rights, GBV and COVID-19 beyond direct primary and secondary program beneficiaries.
100. Through the Ser Menina em Angola Project, UNFPA supported partners not only to empower adolescent girls and young people on menstrual hygiene management but as well as guaranteed access to period panties, sanitary pads and reusable pads by the most vulnerable at community level and adolescents with disabilities and therefore less likely to have money to acquire disposable pads, through Nayuca project and jointly with INEE (National Institute of Special Education), while minimizing the negative impacts to the environment given that the pads can be reused for a period of two years.
101. With the view to ensure that HIV/AIDS services are available and closer to the youth UNFPA supported JIRO and CAJ with training on HIV/AIDS counselling and testing and the availability of CAJ mobile clinics at the community level with further referral of the positive cases to the closest health facilities.

***Preliminary Finding 7: Partners recognise UNFPA role in guaranteeing the youth participation in development actions while ensuring the prevention of covid during projects implementation.***

102. UNFPA provided technical assistance for youth leadership and engagement by supporting MINJUD south to south cooperation between Angola and Brazil (with ABC Brazil) and between Angola, Brazil and Mozambique (Daqui pra li, de lá pra cá: conexões e trocas entre juventudes) to discuss adolescent SRH, activism strategies, to build and strengthen networks and learn from each others experiences. It also facilitated youth dialogue through the support of the 3<sup>rd</sup> ASRH national conference and carried out advocacy work for engagement of youth- led organizations in policy dialogue and programming as well as networking for the creation of the National Youth Parliament.

However, due to the political environment characterized by pre electoral campaigns together with the ongoing COVID-19 pandemic the National Youth Parliament is postponed to 2023. Furthermore, the program supported National Youth Council (CNJ) which is a platform that brings together all the youth organisations, political parties, religious, and cultural associations to disseminate youth related policies such as the youth national policy (COAR & KII). In addition, JIRO has a multisectoral coordination with regular meetings that bring together the concerns raised by young people in each of the program sectors therefore providing a platform for each sector to make the necessary changes to respond to the youth needs at the policy level. Similarly, given that CAJ is member of the SRH committee for the youth, the Comprehensive sexual health committee, ANASO (HIV) and IRIS (LGBTI) organization it also uses such platforms to convey relevant issues of interest to the youth. Finally, due to the UNFPA support the youth has managed to participate in three (3) meetings with the President to present their concerns (KII).

103. As per COVID 19 and humanitarian settings, the program supported CICA to produce and disseminate masks together with awareness raising COVID 19 messages as well as supported MASFAMU with the distribution of 2,500 life saving dignity kits for the most vulnerable in the Luanda informal markets.
104. Though JIRO and CAJ mentorship programmes demonstrated an effective approach to raise the demand for SRH services among AGYW, by strengthening their capacity to realize their sexual and reproductive rights, including for HIV prevention, several key informants (KII & FGD) indicated that it was a challenge for them to counter negative social, cultural and gender norms that drive gender inequality and GBV. Furthermore, the focus is on AGYW with limited strategies and tools to engage parents and community and religious leaders that are the guardians of costumes and hold strong views regarding SRHR/GBV that constrains AGYW exercise their SRHR. The same can be said with regards to the limited involvement of adolescent boys and young men, although CAJ is now also starting to include men and boys in their mentorship activities as a specific group (KII). Another challenge raised is related to service providers whereby KII referred that sometimes health professionals request the adolescent girls to come with their parents and refuse to provide them with long term contraceptives recommending them to use condoms. Similarly, in their in-school activities to influence the implementation of age and culturally appropriate comprehensive sexuality education in schools, CAJ is facing resistance from the teachers due to their lack of skills to teach such subjects and the perceived low education sector leadership (KII). This is particularly relevant in a context whereby under the JIRO program the Ministry of education is responsible to ensure that comprehensive sexuality education is embedded in school curricula together with improving the capacity of teachers on SRH/HIV/AIDS, gender and GBV<sup>61</sup>.
105. With regards to economic empowerment, UNFPA supported the creation of 2 sewing rooms (Luanda/Luanda Sul) to allow continuous training and the empowerment of adolescent girls and young women. While it has the potential to contribute to AGYW increased skills in different areas most of it focuses on perceived female activities therefore contributing to the perpetuation of stereotyped work for women rather than challenging. In addition, though there are funds for trainings yet lacks funds or initial kits for the AGYW to start their business (KII & FGD). This is key in a context whereby the program aims to reach the most vulnerable and excluded, consequently with fewer chances of having the start

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<sup>61</sup> Coordenação Programa JIRO Document

up fund for their activities once they have the skills which in turn defeats the purpose of investing in such skills and fails to economically empower AGYW as intended.

106. UNFPA's role in engaging with and strengthening youth capacity, and expanding their networking and integration into different platforms, was reported to have been seen as good practice (KIIIs), however the measure of numbers of organisations engaged does not clarify numbers of youth whose skills were actually capacitated nor the extent to which different capacities were built. In addition, though there have been significant contributions to the youth participation in development actions, it's not clear the extent to which the youth had their skills strengthened to engage and participate in humanitarian actions.

*Preliminary Finding 8: Partners, both government as well as CSO recognise the important role that UNFPA plays in the prevention of GBV in development and humanitarian actions, through awareness raising, facilitating meetings as well as supporting the policy and legal processes internal and externally. In addition, the program is attempting to make progress in engaging men.*

107. UNFPA extensively supported GBV prevention through JIRO and CAJ mentorship programs by including and discussing GBV issues in their training and awareness raising activities, the support mechanisms and making referral of cases that they encounter in their work to MASFAMU. In addition, through the Rede Mulheres 'mesas redondas' and dissemination of GBV legislation to their members and its participation in inter-governmental spaces such as CSW, contributed to increase knowledge and skills of people and organizations to prevent GBV.
108. At the policy level, UNFPA provided technical support to MASFAMU in the revision of legal instruments such as the Domestic violence Law (Lei 25/11) aligning it to the revised Penal Code followed by a national public consultation with the CS and stakeholders and presented at the Round Table on GBV, the development of a Handbook for Assistance to Victims of Domestic Violence, the update of the National Gender Equality and Equity Policy and the National Strategy to prevent and fight early pregnancy and child marriage. In addition, UNFPA supported the creation and the first meeting of the Gender Observatory which includes INE and sectoral gender focal points and will contribute to availability of gender data/indicators and the National Multisectoral Gender meeting that includes the gender focal points at the national level to discuss gender equality e equity issues at the national level therefore providing spaces to share constraints, experiences, success and further reflect together on how to move forward. Furthermore, the CO also carried out advocacy for data collection and reporting on GBV services and supported the establishment of two help lines (145 and 146) for survivors of violence.
109. To ensure prevention and response of GBV during humanitarian context, the CO coordinated the process that led to the establishment of the inter-agency coordination mechanisms on gender and youth with the creation and training implementing partners and the adoption of PSEA Policies into their internal HR Policies with the overall responsibility to develop and implement the PSEA policy and activities as well as staff obligation need to sign the code of conduct and safeguards clauses that include termination of agreement. Furthermore, 760 awareness sessions on GBV prevention were held together with GASFIG in 5 targeted provinces affected by the drought (Benguela, Huambo, Cunene, Huila and Namibe).

110. The program also aimed to support scaling-up male engagement in sexual reproductive health and rights and gender-based violence prevention initiatives. Nonetheless male engagement as referred to has not been done with adequate tools and strategies. A first tentative was taken through a SSC initiative with a Cape Verde Association “Pomba Branca” that works in the area of GBV with the perpetrators and MASFAMU. Several Workshops were held with key decision makers, a Men Association “Promuda” was engaged and a photographic exhibition of fathers was carried out with the support of the Dutch Embassy. In addition, MASFAMU is attempting to continue engaging men in their work to address GBV and integrated the theme in their annual GBV conference given that men are the main perpetrators of GBV as well as supporting the revitalization of Promuda design of its respective plan of action.
111. It was anticipated that this output would be delivered through building capacity of faith-based entities and community leaders on addressing the negative social norms driving gender inequality and gender-based violence yet there was no evidence nor indicators to measure. In addition, it was also envisaged strengthening institutional capacity to provide comprehensive and integrated GBV response services on gender-based violence and essential services packages. However, it is not clear what does comprehensive and integrated GBV response services mean nor what aspects of MASFAMU were strengthened to provide responsive GBV services, including in humanitarian settings given that there were no activities defined. This is particularly relevant given that comprehensive and integrated GBV response services speaks to the different institutions with the mandate to provide GBV services namely, MASFAMU, MINSA, Justice and Police and there is a project that aims to provide comprehensive services by creating an integrated support centre for survivors of violence with all relevant services in one place yet has not been approved (KIIs). In addition there is also a commission to combat gender violence which includes all sectors involved in the GBV response which needs to be revitalised and with the respective need for training of staff to provide GBV services (KIIs).
112. The UN strives to reach the most vulnerable and marginalized women, adolescents and youth, hence locating the GBV activities in some districts with high rates of GBV; however, the more remote areas in these districts, where people may be most vulnerable, are not well reached (KIIs).

▪ **Population dynamics**

**Outcome 4:** Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development

**Related output**

OUTPUT 4.1: Government institutions at both national and provincial levels are better able to generate and use disaggregated data to inform policies and programmes that address developmental inequalities, including in humanitarian settings.

The status of output indicators is the following, according to the CPD Indicators Matrix (find the CP outcome indicators in the Annex):

Output indicators	Baseline	Target 2022	Result achieved 2021
National population policy in place.	Baseline: No	Target: Yes	Processing. Both of them planned for the first semester of 2022, as per the 2022 joint annual work plan with MEP.
Number of national planning instruments that integrate recommendations from the demographic dividend study	Baseline: 1	Target: 2	
Project Plan of 2024 Population and Housing Census available.	Baseline: 0	Target: 1	Not achieved. In progress: pre-census activities are carried out

Source: UNFPA CPD document 2020-2022

### Contribution analysis of the CPD for the Outcome 4

113. This outcome 4.1 related to generation and use of disaggregated data, addressing developmental inequalities has three interrelated indicators to be evaluated; although in an effort to measure effectiveness, they are separated in this item, in a way, they depend on each other to evolve.

***Preliminary Finding 9: UNFPA is supporting the GoA in planning and concretizing discussion and dissemination of the National Population Policy. Dissemination of the importance of demographic trends and the efforts to have the NPP implemented has been done but it is still necessary to reach wider audiences. National planning instruments that integrate recommendations from the demographic dividend study are on the way and the second document will be released in early 2022 as a consequence of sound discussions with a number of Society members representatives.***

114. Related to the “National population policy in place”, it is necessary to contextualize, saying that there were a series of preceding studies. One of the most relevant is perhaps the “Long Term Strategy (LTS/ELP) Angola 2025” published in 2007 by the MEP/GoA; it is an extended report where there was explicitly the Section “Population Mega-System: Strategic Policies” demanding policies on both Population and Family (MEP, 2007)<sup>62</sup>. Important to mention that two relevant population uncertainties faced, at that moment, were mentioned: impact of HIV/AIDS on the reproductive behaviour (fertility) and nature of migration (flows, intensity and determinants). A year later, the National Development Plan (NDP) 2018-2022 was released, 2008, where a population policy was mentioned. The plan has six strategic axes of action, with Axis 1 “Human Development and Well-

<sup>62</sup> MEP (2007) “Angola 2025 - Angola um País com Futuro. Sustentabilidade, Equidade, Modernidade. Estratégia de Desenvolvimento a Longo Prazo para Angola (2025) (371 pages) <http://extwprlegs1.fao.org/docs/pdf/ang184675.pdf>

Being” explicitly comprising a Population Policy<sup>63</sup>. A summary of the population policy described in that Axis 1 is included in Annex\_\_\_, Box PD\_1.

115. This last NDP issued in 2018, differently from previous national plans, was carried out in coordination with the provincial governments, sectoral and provincial bodies of planning, seeking to maximize their ownership of the national development process. Thus KIs are confident that provincial partners’ participation may indeed have relevance. After three years of the NDP formulation MEP initiated a reviewing process, which is not finished yet.
116. An important aspect that the Government addresses for the success of the NPP, according to one KI, is the objectivity to formulate it in order to have a final version approved by the current government, legitimate public acknowledgement and plain implementation. This precaution is coherent with the broad outcome pursued by the NPP, which by nature contemplates the long term: the well-being of the population mediated by its own demographic dynamics, which, it is known, carries structural age composition inertia, besides strong cultural determinants of fertility, mortality and migration.

*“The National Population Policy (NPP) is a governmental tool that harmonizes a set of measures issued by the Executive (Political Structure) in order to influence demographic processes (mortality, fertility and migration) to change population trends affecting its size, structure, growth and spatial distribution”*

*“(A Política Nacional de População (PNP) é uma ferramenta governamental que harmoniza um conjunto de medidas do Executivo, que influenciam os processos demográficos (mortalidade, fecundidade e migração), procurando alterar as tendências da população com relação ao seu tamanho, estrutura, crescimento e distribuição territorial)” (MEP/UNFPA, 2020; page 5 – Parágrafo 4) <sup>64</sup>.*

117. Thus, UNFPA government partners are aware that this “National population policy in place” output should reflect a State policy rather than a current government policy. The objective and scientifically convincing work is and must continue to understand transcendence of the NPP. The effort must use inclusive rationality looking forward to the widest audience. The subsequent document “General Guidelines of the National Population Policy and the Action Plan” (See lines below) actually makes it explicit that coverage of the NPP includes the National Population Council members <sup>65</sup> (Paragraph 10, page 6). Discussion of the NPP has reached other provinces besides Luanda, which tends to centralize most decisions. Huila, Malange, Huambo and Moxico, provinces with near a million inhabitants were reported to host seminars to discuss the NPP. In any case, the need for a wider inclusiveness coverage was reported as important. All social classes, all areas of sectoral planning, gender, race and religious diversity, and the entire

<sup>63</sup> Republic of Angola (2018) *Plano de Desenvolvimento Nacional 2018-2022 – V. I*, Abril 2018. 316 pages.

<https://www.ucm.minfin.gov.ao/cs/groups/public/documents/document/zmlu/njax/~edisp/minfin601408.pdf>

<sup>64</sup> MEP/UNFPA (2020) “General Guidelines of the National Population Policy and the Action Plan” – Restricted version

<sup>65</sup> Members of the CNP commanded by the president of Angola are, by law: The National Development Programming and Management; Social action; Family, Child and Gender; Health; Education; Culture; Human rights; Foreign Affairs; Migrations, Territory Administration; Employment and Social Security; Rural Development; Environment; Youth; The Official Statistics and Fight against HIV/AIDS. It also includes two representatives from the Christian Churches, Universities and Civil Society Organizations.

territory considering the provincial and district level, were deemed important to be reached regarding the NPP. Certainly, understanding the NPP in a broad meaning should include all national ideological spectrum and the Angolan power structure.

118. Three workshops were carried out that included the dissemination of the DD and Nairobi Commitments. Interviewed did not have clear notion of this activity explaining that due to the combination of bureaucratic, sanitary difficulties and lack of new evidence may have been the reasons for not carrying these activities satisfactorily. (see in the next item, the comment about the non-realization of the IIMS). The workshops on disseminating DD and interrelationships (national and international) and the Nairobi Summit Commitments continue to be on the MEP agenda due to the importance it has for Angola, and buy-in factor for sectors in regard to the NPP.

***Preliminary Finding 10: Comprehension of how to take advantage of the demographic dividend is well established and government actors have acquired the necessary knowledge to disseminate the conceptual framework thanks to the training and technical advisory provided by the 8CP agreements. There is still dissemination work and advocacy to do in order to entirely accomplish this goal; it would be worthwhile to reinforce that the task should be done objectively, scientifically and in the most democratic way. Structural demographic changes in order to achieve any DD and take advantage of it have their specific determinants. This, in turn, is embedded in the population, and, if the population doesn't understand them or doesn't want them, these changes will hardly happen if imposed from top-bottom.***

119. As a part of the ToC, the NPP incorporates the notion of the Demographic Dividend (DD) and how to take advantage of that particular demographic circumstance, thus innovative changes may occur with positive consequences on the population welfare.
120. A demographic dividend is, in a broad sense, the existence of a demographic pattern characterized by having an age structure with a significant proportion of a young population or at working age, which results in a relatively comfortable dependency ratio for the country. There were already, as a baseline, studies prior to the 8CP that integrated recommendations considering this DD: One of them is “*Tapping the Potential of Youth to Reap the Demographic Dividend in Angola*” (MEP, 2019). It assesses the potential Demographic Dividend that Angola can earn under different policy scenarios and determines the policy actions that the country can invest in to optimize its chances of harnessing the Demographic Dividend.
121. In order to implement the NPP, a general guideline was drawn up illustrating the ways to proceed. This is the “*General Guidelines of the National Population Policy (DGPNP) - Use of Demographic Dynamics to Capitalize the Demographic Dividend of Angola*”. It is a very schematic and didactic technical document that allows us to understand the possible interrelationships between the general conditions of the population considering micro and macro elements and their possible influence on the fertility, mortality and migration. It formally presents what the demographic dividend is and simulates the population profiles to be obtained depending on the micro and macro behaviour of society.
122. For motivating the nation about the best way to take advantage of the DD, a series of activities took place; we mention three of them:
- Technical Assistance that allowed the elaboration of the Action Plan for Monitoring the General Guidelines of the National Population Policy, including technical support

of UNFPA, hiring of a national consultant to review and revise the document, and the hiring of an international consultant to support the development of the respective NPP Plan of Action (PoA). Workshop and meeting including simulations about the demographic future of the Country and specific advisory about the DD.

- The working meeting “How to take advantage of the Demographic Dividend” organized by the Ministry of Economy and Planning (MEP), in collaboration with UNFPA. It was a multi-sectoral workshop held in July, 2021 with the purpose of presenting the DGPNP to be considered and inform the process of using the Demographic Dividend and its respective Action Plan.
- Formal presentation of the NPP and PoA to a high level ministerial audience, subsequent to the working group meeting, in July 2021.

123. That workshop followed the previous working meeting mentioned, and was attended by key sectors, including Health, Youth, Economy, Statistics, Finance, among others, civil society organizations, including religious organizations and youth, and development partners, who provided strategic feedback on the draft policy to ensure a collaborative process and clear support from government and partners to carry out the national population policy and its related action plan.

124. The working meeting took place at MEP, and was an excellent opportunity for promoting the importance of the population and its trends on the social development of the country. On the occasion, the Secretary of State for Planning, Dr. Milton Reis opened the session, followed by presentations by Dr. Adriano Celso Borja, Director of the Population Policy Bureau (PPB/GPP)<sup>66</sup>, Dr. Mady Biaye, Resident Representative of UNFPA in Angola, and Dr. Marden Barbosa, consultant from the Federal University of Minas Gerais in Brazil. The meeting was held on-line and in person, with around 60 participants from the sectors of Education, Health, Planning, National Institute for the Fight Against AIDS, Youth and Sports, Gender, Foreign Affairs, Agriculture and Fisheries, Territory Administration, Statistics, Public Administration, Work and Social Security, civil society partners representing faith-based organizations, youth, people living with AIDS and development partners including NGOs and the UN.



MEP and UNFPA present the General Guidelines for the National Population Policy and the Action Plan (Angola, July, 15<sup>th</sup>)

(Source: <https://angola.unfpa.org/pt/news/mep-e-o-unfpa-apresentam-diretrizes-gerais-da-politica-nacional-de-popula%C3%A7%C3%A3o-e-o-plano-de>)

125. A key informant reassured that participation of stakeholders was satisfactory considering both multi-sectoral and regional diversity. It was also said that a “bottom-top” strategy is used to discuss the implementation of the NPP; this may diverge from other KIs points

<sup>66</sup> From Portuguese: Gabinete para a Política de População (GPP)

of view, external to the UN system and national institutions that perceived a rather *top-bottom process*. KI point of view is based on the fact that “maintaining the natural growth of the population at a relatively high level” (NDP 2018-2022) did not motivate debates/discussion. Growth is mentioned in the NPP in a rather neutral mode:

*“... high fertility and rapid population growth exert negative influences on economic and social development...”*

*“... a alta fecundidade e o rápido crescimento da população exercem influências negativas no desenvolvimento económico e social...” (MEP, 2020; Page 17<sup>67</sup>)*

126. In any case, no matter what methodology is used, it would be of utter importance for the whole process to be widely legitimated by all partners. The PPB/GPP agreed on accepting further contributions and feedback to the documents by mid-August when they would close the reception of any suggestion and get approval from the Minister.
127. There are advances since the first official version of the NPP that incorporated NDP guidelines reviewed in 2018. Its delayed approval is connected to the rather large institutional restructuring that took place in the Angola government administration before 2020. Changes included the adaptation of the National Population Council, whose duty is to coordinate the whole process on approval and implementation of the NPP.
128. UNFPA collaboration, however, has been essential to reach the “almost there” stage of this activity, according to KI. UNFPA supported CONAPO’s process of reformulation besides their formal internal regulation. It continues to collaborate with the MEP on this key policy, providing financial and technical support and promoting ongoing inter-sectoral collaboration.
129. Finally, the more positive output until present is the great importance that most sectoral areas have incorporated the notion of the demographic dividend and the opportunity it may bring to the country. They are sufficiently capable of fulfilling the commitments set out in the 8CP by demonstrating their willingness to carry them out. Although it is still limited, training in terms of understanding the meaning of DD can be considered a goal achieved.
130. The CPE understands that due to institutional reorganizations and sanitary protocols demanded by the coronavirus pandemic a nationally approved NPP will be released early 2022.

***Preliminary Finding 11: UNFPA has played a central role in the implementation of pre-census activities. Related to, INE’s interviewees believe that, as planned, the Population and Housing Census will take place in 2024 and are working for it. To accomplish this commitment, INE is already doing a series of pre-census activities despite the non-existence of a well defined and formalized Census Project Plan. In order to implement every census phase with due harmonization and optimal use of resources, the Plan needs to be formally issued. UNFPA has been essential in giving support to INE staff and there appears to be consensus***

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67 MEP (2020) Diretrizes Gerais da Política Nacional de População - Aproveitamento da Dinâmica Demográfica para Capitalizar o Dividendo Demográfico de Angola

*that capacity building is, no doubt, the highest priority for a successful census and long term institutional sustainable benefits.*

131. Important to remember that behind the purpose of supporting the population and housing census plan there is the larger outcome “Proportion of SDG indicators generated according to the fundamental principles of official statistics”. This explains the UNFPA commitment to this and the other previous two indicators.
132. There are, of course, statistics prior to 2020 that already pave the way for a good performance of this Output. We refer, essentially, to the 2014 Census and the IIMS Survey 2015-2016, which were the basis for prospective approaches of the population, including forecasts i.e. the denominator (the population) that is needed to elaborate the rates and proportions that help to measure the SDGs .
133. The need for an accurate denominator justifies then the need of having a sound and safe planning for carrying out the next census.
134. Documentation reviewed by the CPE demonstrates that pre-census activities evolve satisfactorily in many aspects as established by 8CP. In fact, cartographic works were updated in 2021 and will continue; High-level technical training meetings (webinars) with the presence of professionals from respected statistical institutes from other countries were held; Initial discussions on the questionnaires content were carried out by the census commission.
135. KI, however, states that so far, there is not a concrete plan of activities that certainly may cause delays and asynchronies. For this reason, for instance, the trainings according to different census stages were not carried out. Much of the justification for this postponement rests on the coronavirus pandemic: study visits, field work and the like could not be made due to sanitary constraints.
136. The absence of a formal plan within the 8CP framework does not prevent activities to be developed. INE knows that it has gained experience with carrying out the 2014 census and any plan should count on this experience. Expected formal activities as the official chronogram, budget and financial forms would be sent timely to the National Assembly for approval. In 2022 and 2023, the updating of the country's cartography will continue, as well as the elaboration of questionnaires, gathering of the provincial census bureaus, etc.
137. So far KIs are confident that the 2024 census will take place on time and recognize the strong and committed interest that UNFPA has in looking forward to receiving the Census Plan.
138. Regarding the material support, KI opines that as Angola is in the African continent, it is still possible to sensitize agencies other than UNFPA and obtain the necessary funding to implement the 2024 census. Until now, according to KI, support for small initiatives, such as “seed-money”, would be very important for INE.
139. UNFPA could also continue to make an effort to obtain funds for census tools, specifically, the acquisition of specific software. UNFPA CO mobilized 40,000usd from UNFPA HQs to purchase an 8 year license to the ESRI data modernization package, which supplemented the 40,000usd provided by the CO
140. INE staff recognize that they need and would like more training and this aspect deserves more attention. Training activities were partially suspended due to a lack of adequate

tools and updated data which in turn could not be possible to collect because of the Covid-19. This is the case, for example, of the obstacles to carry out the IIMS, which prevented the review and updating of the Angolan demographic dynamics, including any definition about whether fertility levels are decreasing. Neither this trend nor the presence of the demographic bonus could be confirmed by recent surveys. Both indicators are crucial for monitoring the NPP.

141. The absence of qualified technical staff has a negative impact on INE's image. Some aspects to urgently consider are:

- Update and improvement in INE's website functionality - Some of the most urgent recommendations would be: implementation of useful, friendly and iterative platforms: precautions against energy failures; updated news and figures. A sound website calls public attention and gives visibility to all institutions involved (INE and UNFPA, among others). Current status of INE's website is far from ideal.
- Microdata should be available to the broad public. It is already widely recognized that the faster the data becomes available, the more the institution gains in terms of visibility and social importance. Furthermore in the few cases that data are available there do it in a non-editable format, making them little or unuseable .
- Review of available projections. It is true that the current ones had the merit of having been elaborated in an extremely short time interval regarding census data (published by 2016), but they have notable irregularities that need explanation. The inconsistencies detected in those forecasts make them unreliable, thus affecting the quality of indicators that requires the population as a denominator. This weakness is most noticeable in times of pandemic when precise indicators of coverage, incidence, etc. are so needed.

142. Need of investment in improving civil registration and vital statistic (CRVS) was mentioned in the interviews. It is not only a function of INE and probably that is why it is not included in the indicator of this Output; institutions such as the Ministry of Justice and Human Rights are also responsible for the CRVS, in addition to the large amount of formal bureaus (conservatories). Technical support was requested from UNFPA, but due to a series of circumstances, the initiative did not prosper. The improvement of the CRVS has already been the object of several efforts in which INE has participated, even before the 8CP. As a more recent example, we cite the review on Angola's Civil Registration System (IDRC, 2021) which states that significant progress has been made, citing awareness campaigns, reduction of bureaucracy and the automation of processes. There are certainly many and great challenges, but the Outcome 4 needs to align with those on human rights and empowerment of women if *everyone is to be counted*; a reliable Civil Register would do it and Angola must strive to improve it if. With regard to the Output Indicator dealt with here (2024 Population and Housing Census plan), there is no doubt that both censuses and vital statistics complement each other and both are necessary for monitoring a series of GSD, hence the omission on vital statistics is mentioned as one of the most important data sources.

## Human Rights, Gender Mainstreaming and LNOB

EQ4: To what extent has UNFPA successfully integrated human rights, gender perspectives and disability inclusion<sup>68</sup> in the design, implementation and monitoring of the country programme?

***Preliminary Finding 12: UNFPA successfully mainstreamed gender and human rights in its programs. The CPD made important contributions aimed at addressing the differential needs of men, women and vulnerable people and focused on the equitable distribution of benefits, resources, status and rights but not yet addressing the root causes of inequalities and discriminations. The program made limited progress in regard to the disability inclusion and reaching the most vulnerable.***

143. Within the 8CP, UNFPA has focused on strengthening both duty bearers, such as health providers, and rights holders, with particular focus on the sexual and reproductive health and rights of adolescent girls and young women and their participation in development spaces, women of reproductive age, women with obstetric fistula, and girls and women potentially affected by GBV. For example, UNFPA has supported MINSa with SRH training, material provisions, to deliver services, and with AGYW to raise knowledge of their SRH/HIV/GBV rights. Furthermore, in a broader sense of duty bearers, the program also strengthened the capacity of CSO such as Rede Mulheres to participate in international spaces (CSW) as well as to disseminate national and international human rights instruments. The CO also shared information on SSR legislation and policies with partners that informed their respective strategic plans (MWANA PWO).
144. The 8CP has also focused on gate keepers at different levels in the community, for instance to influence change attitudes to AGYW SRHR and early pregnancy. By advocating for and providing technical and financial support for legal and policy development (see EQ 1), UNFPA has contributed to a more enabling environment in which empowered rights holders, particularly adolescent girls, can claim their rights. It has helped strengthen government ownership of and commitment to SRHR and to address GBV, within a multi-sectoral program, although ministerial sectoral and financial capacity remain insufficient and continued support is needed at all levels.
145. UNFPA contributed to GEWE by supporting the creation of the Gender Observatory which includes INE and sectoral gender focal points and will contribute to availability of gender indicators. In addition, supported the national meeting of the Committee on the prevention and audit of maternal and neonatal deaths with the objective to revitalise the committees at the provincial levels and the National Multisectoral Gender meeting that includes the gender focal points at the national level to discuss gender equality and equity issues at the national level therefore providing spaces to share constraints, experiences, success and further reflect together on how to move forward.
146. The program enabled the creation of synergies and strong coordination/collaboration among implementing partners (MINJUD-CAJ-AFRYAN-MASFAMU) whereby there is “joint” use of the mobile brigades and referral of GBV cases. In addition, SMS Jovem

<sup>68</sup> See [Guidance on disability inclusion in UNFPA evaluations](#)

and call centres also receive call reporting GBV which are further referred to the survivors help line.

147. With regards to people with disabilities, UNFPA is gradually stepping up its programmatic response. For example, UNFPA has an agreement with the National Institute of Special Education (Ministry of Education) and currently there is an ongoing study on SRH in students with disabilities as well as supporting the publication and dissemination of the Disabled Persons Act linked to the education sector. The CO signed a technical cooperation agreement with INEE to print and disseminate the National Special Education Policy and the Learning Project for All 2020-2030. In addition, AFRIYAN has an activist with a walking disability (not wheelchair user) while JIRO program has girls with different abilities in the call centre (SMS Jovem). UNFPA has also strengthened its partnership with LARDEF in the area of MHM and SRH for people with disabilities.
148. In relation to the inclusion of the most vulnerable, the program supported the inclusion of LGBTQI and HIV youth with CAJ working in partnership with IRIS which is the organization that works with LGBTQI rights and integrates one LGBTQI group in their activities and AFRIYAN supporting the inclusion of young people born with HIV into society.
149. Despite the relatively enabling legal and policy environment for gender mainstreaming across multiple sectors, poverty and socio-economic insecurity, especially of women, contribute to GBV and to intimate partner violence especially, as well as to the sexual exploitation of girls, sex work, and early marriage as a form of economic coping. While mainstreaming human rights-based approaches, with a primary focus on women and girls, there is room for a more transformational gender approach than seen in the program. For example, although programming in JIRO and CAJ address empowerment of adolescents and youth, the focus appears to be more on SRHR/HIV/GBV training and available services, economic empowerment, sensitization and awareness raising, rather than processes that challenge the root causes of gender inequality and therefore provide opportunity for sustained changes (FGIs, KIs and document review). Furthermore, KIs and secondary beneficiary FGIs indicated the need for far greater inclusion of people with disabilities due to the lack of appropriate skills or materials to reach sensory-impaired beneficiaries, lack of transport to travel which would make it possible to have more activists with mobility impairments and also more access to remote areas which limits access to the most vulnerable. In addition, UNFPA is not specifically addressing girls trafficked into sex work, female sex workers, and others at high risk for HIV and of GBV. Finally, security issues (robberies, violence) in some neighbourhoods also prevent access to the most vulnerable and the most vulnerable do not have access to information technology so some programme strategies still do not reach this group.

### 4.3 Efficiency criteria

150. The efficiency criteria examine the extent to which available resources and inputs become results and observe the extent to which the results and/or direct effects are achieved with the appropriate amount of resources and inputs.
151. This chapter includes a financial analysis of the Angola UNFPA Country Office programme for the current Country Programme document (CCPD) cycle (2020-2022). The objective of the analysis is to assess the use of financial resources to support the

delivery of programme results. The key question related to the efficiency criteria is as follows:

EQ5: To what extent has UNFPA made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures and tools to pursue the achievement of the outcomes defined in the county programme?

**Preliminary Finding 13: Over the programme cycle 2020-2022, the UNFPA Country Office implemented 91.6% of the financial planned resources for the 2020 and 2021 CPD outcomes. Several external challenges linked to the Angolan context influence the ability of UNFPA and its partners to efficiently implement Country Program interventions.**

152. The UNFPA Country Program in Angola for the period of 2020-2022 approved by the Executive Board had a total budget of \$8.7 million for the 3-year program, of which \$5.9 million were regular funds and \$2.8 million through co-financing modalities and/or other resources. The area of Youth, Adolescents and SRH were considered priority areas for 47% and 27%, respectively, of the total budget.

153. The table below shows the distribution of the proposed budget by program areas.

Table 6: Indicate budget (in millions of USD) for the 8<sup>th</sup> Country Program (2020-2022), by program area.

Program Areas	Regular Resources	Other Resources	Total
Sexual and Reproductive Health and Right	1.6	0.8	2.4
Adolescents and Youth	2.5	1.6	4.1
Population Dynamics	1.4	0.4	1.8
Program Coordination and Assistance	0.4	-	0.4
<b>Total</b>	<b>5.9</b>	<b>2.8</b>	<b>8.7</b>

Source: UNFPA Angola Office, 2021.

154. UNFPA has made good use of its human and financial resources to pursue the achievement of the 8th CP by building capacities of staff in key risk areas including procurement, recruitment and RBM principles. UNFPA CO has also been successful in mobilizing non-core resources and used the opportunity to incorporate project positions which have been instrumental in achieving results and to balance staff member’s workload. The recent internal audit by OAI report was positive with a few recommendations related to operational compliance which the CO will direct its efforts to improve in the coming year.

155. UNFPA’s 8<sup>th</sup> Country Program in Angola also applies the “Value for money” principle by adopting the approach to integrating sexual and reproductive health services, promoting youth-friendly health services and increasing family planning coverage in the parents. Likewise, the Country Program has contributed to interventions to reduce maternal deaths, expand access to health services in the humanitarian settings helping to provide health services in areas affected by the drought in southern Angola. Supported with qualified technical personnel and materials (Dignity and Reproductive Health Kits) to guarantee the dignity of girls and young women during menstruation and the provision of integrated SRH services in the most remote areas, guaranteeing the health of women and girls, especially the most vulnerable and in optimizing health spending.

156. The 8th Country Program also advocated for the Menstrual Health Management and Hygiene, developing the Ser Menina project, in partnership with BeGirl Inc, and brought together government partners and civil society organizations in carrying out strategic interventions that placed the topic on the country’s priority agenda.
157. The funds, expertise and time available at the Office have translated into changes in the approach to youth issues, highlighting the need to imprint a multisectoral character on interventions dedicated to transforming lives of young people. The reinforcement of the National Multisectoral Committee for the Coordination of the JIRO Program, including other projects such as SMSJovem and the discussion around the topic of the Demographic Dividend, taking this topic to several provinces, are examples of the efficiency of the 8<sup>th</sup> Program.
158. The constant advocacy to advance gender equality and equity through the dissemination and creation of the PNIEG implementation plan and the dissemination of the Law Against Domestic Violence, culminating in the advancement of the implementation of the Gender Observatory, also underscore the concern in achieving the expected results of the current Country Program. The government’s initiative in approving the Gender-sensitive general state budget points to the successful operationalization of integration of these issues at the highest level and the focus given by UNFPA on preventing GBV in humanitarian contexts also attest to the efficiency of this programming cycle.
159. In general terms, the Country Program achieved average rates of financial implementation of regular resources in order of 91% during the period from 2020 to December 21, 2021 as shown in the table below.

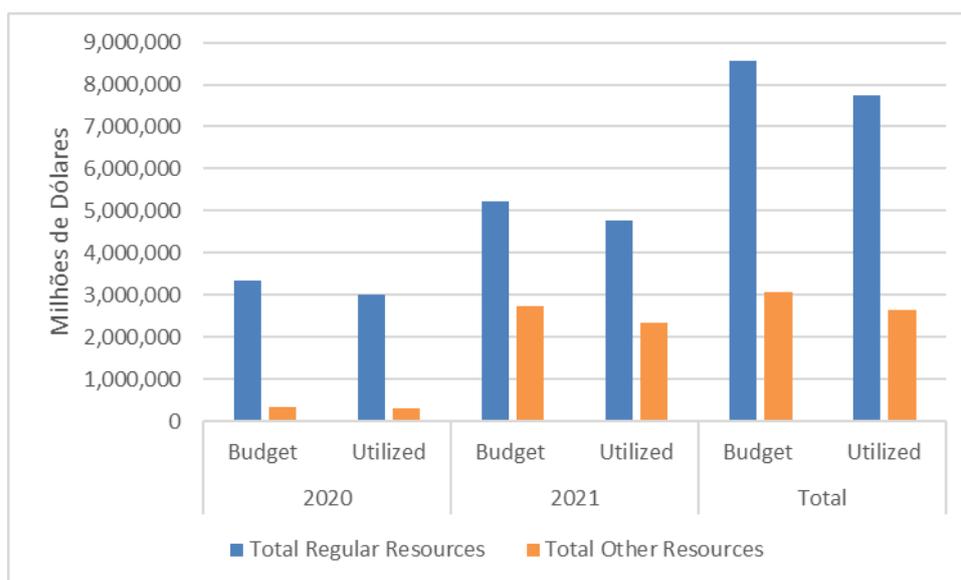
Table 7: Regular Resources Implementation Rate (%) of the 8<sup>th</sup> Country Program, from January 2020 December 21\* 2021

Program areas	Implementation rate (%)		Total (%)
	2020	2021*	
Sexual and Reproductive Health	85.7	98.3	92
Adolescents and Youth	89	95	92
Population Dynamics	94.8	90.1	92.45
Program Coordination and Assistance	89.2	91.3	90.25
All the areas	89.68	93.68	91.68

Source: Atlas Finance – UNFPA Angola Office, 2021.

160. The information in the Table 7 indicates that UNFPA and its partners efficiently used most of the available resources with the implementation rate for the years 2020 to 2021 above 91%, which is the value considered as good performance for execution of regular resources.
161. Figure 4 below shows the budget and execution of funds for the UNFPA Office in Angola during the period analyzed by this assessment.

Figure 4: Budget and use of UNFPA funds in Angola between 2020-2021.



Source: UNFPA Office in Angola, 2021. \*Execution refers to the period January 2020 to December 21, 2021.

162. Data shows that regular funds achieved an execution of over 90% in the period of 2020-2021. In addition to the regular funds, in the period under review, resources worth just over \$4 million had mobilized from a variety of funding sources among which the GoA, the World Bank and the Embassy of the Netherlands (regional project) Safeguard for Youth – SYP). With this mobilization, the Angola Office more than doubled the expected amount of Other Resources demonstrating the good use of policies, procedures and tools for fundraising.

Table 8: Execution of funds mobilized from other sources between January 2020 and December 21, 2022

Organization	Partner	Amount received	Amount executed	% of the execution
GoA	World Bank	2,377,707.00	1,501,449.00	63%
CERF	CERF	937,351.34	728,019.00	78%
UBRAF	UNAIDS	88,470.26	79,460.53	90%
Netherlands Embassy (SYP)	ESARO	640,237.00	198,198.60	31%
Regional Fund		140,000.00	64,083.01	46%
<b>Total</b>		<b>4,183,765.60</b>	<b>2,571,210.14</b>	<b>61%</b>

Source: UNFPA Office in Angola, 2021

Note: Most of these funds are still in execution, that is, they are funds that will continue to be implemented in 2022, namely the GoA/World Bank, CERF, UBRAF and SYP

163. The table below illustrates the annual resources made available to implementing partners, as well as the expenses and related implementation fees.

Partner	Amount received	Amount executed	% of execution
MASFAMU	74,569	67,989	91%
MINJUD	187,483.96	183,506	98%
DNSP	82,458.00	77,267.45	94%
MEP	70,000	60,051.68	86%
INE	89,534	84,716.66	95%
CAJ	61,312	56,828.23	93%
<b>Total</b>	<b>565,356.60</b>	<b>530,358.83</b>	<b>94%</b>

Source: UNFPA Office in Angola, 2021

164. In terms of punctuality, another efficiency indicator, the average partner execution rate of 94% demonstrates that, in general, the UNFPA partners managed to implement the program in a timely manner, despite some difficulties verified in terms of the execution time activities, the quality of the supporting documentation delivered and the delay often seen in payments.
165. UNFPA CO has continued to offer hands-on support to the IPs in planning and execution of the WPs. The annual reviews meetings with IPs have particularly been very helpful to IPs in terms of providing space to share experiences and learn from each. UNFPA has also used this forum to give feedback to IPs as well as receive feedback from IPs which has led to improvements in the WP execution. The best performing IPs are also recognized and rewarded during these annual reviews which clearly communicates UNFPA CO's commitment to result-based management principles.
166. Several external challenges linked to the Angolan context influence the ability of UNFPA and its partners to efficiently implement Country Program interventions. These include the difficulty of recruiting staff with the necessary requirements in terms of quantity and quality; the high turnover of government staff, which requires continuous training of newly appointed staff and the difficulty of partner NGO's in recruiting and retaining qualified staff due to the attractiveness of salaries and benefits packages from international organizations and the private sector.
167. UNFPA Angola CO has continued to support the programmatic and operational capacity building of its implementing partners during this 8th cycle, and due to restrictions imposed by the COVI-19 pandemic, UNFPA created an online course to train its partners in order to ensure better implementation of projects and funds. This has led to improved financial and internal control environment as evidenced by positive spot-checks and audits in the recent years.
168. During the period 2020-2022 the 8CP was impacted by the Government "rule" to channel financial assistance through the government institutions which led to reduction of funds available to the civil society organizations. In addition, given the reduction of UNFPA and other donor (eg. Embassy of the Netherland) funds in comparison to the previous CP also had a negative impact on the resources available particularly to CSO's.

#### 4.4 Sustainability criteria

169. The sustainability criteria examine how implemented strategies and mechanisms ensure that the results of interventions remain once the country programme is completed, with an emphasis on national capacity development strategies.

170. The key question related to the efficiency criteria is as follows:

EQ6: To what extent has UNFPA been able to support implementing partners and rights-holders (notably, women, adolescents and youth) in developing capacities and establishing mechanisms to ensure the durability of effects?

***Preliminary Finding 14: The UNFPA support has been essential for the development of Angola in the areas of UNFPA mandate, as stated by main stakeholders. The sustainability of the CPD interventions depends to a great extent on the continuity of the UNFPA and involvement of the international partners in the country. Some good practices were identified, such as the Training of Trainers approach and support for the installed capacities of NGOs at the local level.***

171. UNFPA has contributed extensively to national policies, plans, strategies and programming in the 8CP and previous country programmes across sexual and reproductive health including HIV, adolescents and youth, and with respect to gender and GBV (see EQ1 and EQ2). In this respect, the agency has significantly contributed to strengthened national ownership and sustainability and, on the whole, Angola has an enabling policy and legal environment across all thematic areas of the UNFPA mandate. However, there is little Government ownership with respect to budgetary allocation (KII). As an example, although MINJUD has managed to have a contribution from the state budget, it does not have enough resources to cater for the needs due to the JIRO expansion. Angola remains classified as a least developed country (LDC) at November of 2021,<sup>69</sup> and the government lacks the resources to allocate sufficiently high levels of funding to health and welfare despite the positive policies and commitments in place. This makes it unlikely that the government can sustain programmes currently financed and implemented by donors, UN agencies and civil society, even where legal and policy commitments have been strengthened.

172. Government capacity in all thematic areas is described as technically and financially challenged (KI interviews across government and non-government stakeholders), exacerbated by understaffing and high staff turnover.<sup>70</sup> UNFPA acknowledges these challenges and the importance of supporting more joint planning and programming with provincial governments and civil society organisations to support effective programme implementation, monitoring of results and for capacity development.

173. CSOs face the same constraint given that they are highly dependent on donors to carry their mandate and implement their strategic plans. Nonetheless, some partners stated that the technical support and capacity received from UNFPA with regards to fundraising, monitoring, coordination, administrative and financial management together with the visibility of their organizations due to partnership with UNFPA has led to acquiring new

<sup>69</sup> On the UN criteria of widespread poverty, low levels of human resources, and economic instability

<sup>70</sup> For example, a key informant cited one example of high staff turnover at MASFAMU with staff that are not experts in gender but rather on social action which leads to delays and constant need to train new staff to understand the issues that they are suppose to implement

donors that have been supporting their work (KII). The same can be said about government institutions.

174. Despite the challenges facing the government, there is evidence of some durability of effects, or sustainable results, in terms of some key outcomes and outputs to which UNFPA has contributed to all its thematic areas. In sexual and reproductive health, UNFPA has contributed to improving menstrual hygiene applying the training of trainers approach that foster the sustainability and scaling of interventions. With regards SRH in general, especially adolescent SRH and gender programming, JIRO and CAJ mentorship programs, UNFPA contributes extensively for the capacity of community based AGYW that further empower AGYW in their own communities together with economic empowerment with potential for sustainable results. However, a challenge to durability of effect is the lack of remuneration of JIRO activists most being students which leads to reduced and inconsistent monthly sessions at the community level due to their other commitments and bears the risk of high turnover and the need of continued training to sustain high levels of knowledge and activities (KII). Given that it is unlikely that the government will be able to sustain activists' payments, alternative means to provide incentives in other JIRO programmatic areas that could be sustainable.
175. Similarly, the low remuneration of CAJ mentors and the lack of sufficient funds for the empowerment component may pose a risk of not achieving the intended result. However the Naiuca project has a potential to sustain results given that women are from the communities and although are focusing on reusable pads can diversify for other products and carry on.
176. With respect to youth organisations, strengthening their technical capacity and helping them link with each other and with other institutions, including with government ministries and departments, are important ways to promote sustainability of their engagement in policy and economic empowerment. The extent to which sustainable results have been achieved so far will need to be assessed over time.
177. An important sustainable result for young people is the reported change in community attitudes (KIs) towards sexual and reproductive health for young people. Although attitudes to ASRH information and services appear to have improved, it is not clear whether underlying patriarchal attitudes to gender norms, to gender based violence and the rights of women and girls, have significantly changed. In addition, JIRO and CAJ do not currently address males sufficiently to achieve transformative gender results. Nonetheless, empowering women and girls, providing integrated services and training rights bearers across different sectors are important contributions. Another challenge for sustainability is reportedly high rotation of staff being moved to new places, so that training is a continuous need, and this is unlikely to be sustainable by the government.

#### 4.5 Coordination criteria

178. This criterion analyzed the extent to which UNFPA has actively contributed to existing coordination mechanisms within the United Nations Country Team (UNCT) and DMT. The emphasis of this criterion was given to: UNFPA's performance in interagency initiatives, especially in thematic areas sensitive to the most vulnerable population groups; and in the Country Office's responses to the changes arising from the UN System Reform.

EQ7: To what extent has UNFPA contributed to the functioning and consolidation of the

coordination mechanisms of the UNCT and the DMT?

*Preliminary Finding 15: The response to the drought is an example of coordinated implementation on the ground and offers good lessons learned for future interventions. There is room to reinforce the role of UNFPA as a leader in the coordination mechanisms of the United Nations in one of the accelerators of the country: youth population.*

179. Approaches and specific strategies were identified in the framework of the results of the UNSDCF using synergies and comparative advantages in order to achieve the results in a more cohesive way and maximise their impact and efficiency. The areas of the work of the UNSDCF identified with potential for the development of joint programmes: Area of the documentation of vital statistics -CRVS which is connected to the agenda of women, youth and Human Rights; Maternal health, and adolescents and youth health; Prevention of the transmission of HIV from mother to child; Approaches for the reduction of gender-based violence – GBV; Improvement of evidence-based data and SDGs related data. Attached are details of the products of the UNSDCF which clearly align with the strategies defined in the Leave no one behind Operational Guide.
180. General Assembly Resolution 46/182 of 1991 highlights that the United Nations has a central and unique role to play in providing leadership and coordinating the efforts of the international community to support the affected countries and the need for The United Nations system to be adapted and strengthened to meet present and future challenges in an effective and coherent manner. It also emphasizes that special attention should be given to disaster prevention and preparedness by the Governments concerned, as well as by the international community. UNFPA Angola is part of the UNDMT as the mechanism for coordination, information exchange, discussion and planning UN initiatives to life-saving assistance and sustainable recovery through incorporation of needs and specificities of vulnerable groups. The UN initiatives are designed and provided as an integral part of and in support to the initiatives and response of the Government of Angola.
181. The UN Resident Coordinator is responsible for forming and leading a UN Disaster Management Team (UNDMT) in each disaster or emergency in the country. The team is a mechanism for coordination, providing a forum for information exchange, discussion and seeking consensus on disaster-related initiatives. The team is composed of focal points from all the UN agencies present in Angola, representatives of the National Civil Protection Commission (CNPC), of Ministry of Territorial Administration (MAT), Ministry of Finance (MINFIN), Ministry of Health - MINSA, Ministry of Youth and Sports - and MINJUD, and Ministry of Social Action, Family and Women Promotion - MASFAMU, and other international and local organizations that may be invited as needed. As an inter-agency mechanism, the UNDMT recognizes the mandates and specific functions of the various agencies and in no way, supersedes them. UNFPA is the leading agency in the area of the mandate.
182. Together with other agencies, as FAO, UNICEF and WFP; UNFPA participated in the response to the drought in the south of Angola. The initiatives were articulated under the Project for Response to Sexual and Reproductive Health in Drought-Affected Provinces in Southern Angola, which the Ministry of Health leads and which has funding of 2.5 USD million from the World Bank. The strategy followed by the Project was to place on municipalities where there were partners based in the field, such as the NGOs Plan

International and World Vision. The response to the drought is an example of coordinated implementation on the ground. Below in the report, the details of the intervention are explained under the analysis of the coverage and connectedness criteria.

183. Also, UNFPA together with UNICEF supported MINJUD to launch the SMS Jovem digital platform which greatly contributed to expand access to information on SRHR/ITS/HIV/GBV to adolescent and young people, particularly AGYW beyond direct program beneficiaries

#### 4.6 Coverage criteria

184. This criterion sought to determine the extent to which the most vulnerable population groups and/or those at greater risk were addressed in the humanitarian emergency. Emphasis was focused on activities to promote Sexual and Reproductive Health and to prevent and respond to gender-based violence.

EQ8: To what extent have UNFPA humanitarian interventions systematically reached all geographic areas in which affected populations (women, adolescents and youth) reside?

*Preliminary Finding 16: The UNFPA CP, in partnership with the MINSA and World Bank, contributed to mitigate sexual and reproductive health crisis in provinces affected by droughts. Emergency funds alleviated the need of 1 million girls and women affected by drought in the provinces of Huíla, Cunene, Namibe, Benguela, Cuanza Sul and Huambo, southern Angola. However, the provision of basic and comprehensive emergency obstetric care needs to be fostered.*

185. The MINSA, World Bank and UNFPA has been working within the Health System to respond to Sexual and Reproductive Health in the Drought Areas in Southern Angola. 350,000 women in Huíla, Cunene, Namibe and Cuando Cubango are expected to benefit from the programme. UNFPA has provided high-quality services in the context of humanitarian assistance to respond to sexual and reproductive health needs, especially for women, girls and youth.
186. The initiatives were articulated under the Project for Response to Sexual and Reproductive Health in Drought-Affected Provinces in Southern Angola, which the Ministry of Health leads and which has funding of 2.5 USD million from the World Bank. The project aims to support the provision of integrated services in family planning, prenatal care, safe delivery, newborn care, childcare and prevention of Sexually Transmitted Infections and HIV in the 22 selected municipalities.
187. The National Directorate of Public Health, the provincial and municipal health offices team up with organizations such as World Vision International, the World Food Program to provide an effective response. UNFPA Angola works in partnership with the Government to apply the mandate in such an emergency situation: each pregnancy is desired, each birth is safe and that the potential of each young person is fully achieved so that no one is left behind, especially those who need it most, as is the case of populations in the provinces affected by the drought in the south of the country.
188. The worst drought in the south region in 40 years implied major challenges in assisting the population of millions of people in vulnerable food situations, risk of maternal and newborn mortality, sexually transmitted infections, early pregnancies and gender-based

violence increases. UNFPA supported providing health units with reproductive health kits in the south of the country. The Government of Angola entrusted UNFPA with the role of supporting the organization of integrated sexual and reproductive health services, through training and in-service monitoring of health technicians from the 22 selected municipalities. This theoretical and practical training included updating on basic sexual and reproductive health issues. In addition, the intervention also contemplates community mobilization, distribution of dignity kits to support 50,000 girls and women during menstruation, and reproductive health kits to ensure safe births.

189. So far, 41,144 women and girls were reached in 22 municipalities in 4 provinces affected by the drought in the South of Angola through the Dignity Kits distribution. Social mobilization with focus on MISP themes such as HIV/STI and early pregnancy prevention were carried out at the beginning of the Dignity kits distribution interventions. The importance of Antenatal Care and institutional deliveries were also disseminated during the communities activities. 240 health technicians have been trained in the integrated package of sexual and reproductive health services. 740 kits were delivered to health units in the regions affected by the drought that is used for various procedures, such as carrying out 7,000 births, treating sexually transmitted infections and treating sexual violations. The intervention contributed to improve the basic hygiene and menstrual health conditions for girls and women who live with the constant shortage of water.
190. In the selected focus province in the Southern Angola, there are 134 health units and only 4 of them (3%) provide basic and comprehensive emergency obstetric care (EmONC), according to the latest mapped carried out by the UNFPA province teams. This low proportion of EmONC in these areas poses a great concern to address the pregnant women in need of this sort of specialized services.
191. The kit distribution program covers the 22 selected municipalities in the provinces of Cunene (Cuanhama, Ombadja, Curoca, Namacunde and Cahama), Namibe (Moçâmedes, Tômbua, Virei), Cuando-Cubango (Cuangar, Rivungo, Mavinga, Dirico, Nancova, Calai and Cuchi) and Huila (Cacula, Chibia, Quilengues, Quipungo, Gambos, Humpata and Matala). The organization of at least one service for Friends of Adolescents and Youth (SAAJ) is planned in each of the municipalities.
192. UNFPA produced and used data on specific population dynamics in the planning and execution of humanitarian assistance activities, as can be found in the project document and the baseline of the health units in the municipalities affected. There is data disaggregated by gender and age in the tables about distribution of dignity kits.
193. The strategy followed by the Project was to place on municipalities where there were partners based in the field, such as the NGOs Plan International and World Vision. A lesson learned is that when organizations work in the community and have some structure, it allows for the sustainability of interventions and rapid mobilization of resources for the response to emergencies.
194. It is expected that until the end of May 2022, around 350,000 women between the ages of 15 and 49 in these provinces will have enhanced access to integrated sexual and reproductive health services in their municipalities, with an emphasis on planning counselling family, informational actions on sexual and reproductive health, prenatal consultations and institutional births. It is estimated that, in a year, around 50,000 children can be born in the four provinces.
195. With interventions described, which also want to reach about 280,000 sexually active men in the region, it is intended to reduce maternal and neonatal mortality, prevent the

transmission of HIV, prevent and manage cases of gender-based violence and also guarantee the dignity of the hygiene of girls and women during menstruation. An important part of the program's funds goes to the distribution of so-called Dignity and Reproductive Health Kits. Other youth-oriented services, such as mental health care, psychosocial support, or activities to protect girls and women at the community level, are also part of the expected contribution.

196. In addition to direct action with the population, MINSA, World Bank and UNFPA will also contribute to capacity development of train health professionals in matters of sexual and reproductive health and assistance to pregnant women. It is also intended to strengthen the capacity of national, provincial and municipal public institutions to generate and use disaggregated data to support policies and programs to combat inequalities in development, including in humanitarian contexts.

#### 4.7 Connectedness criteria

197. This criterion analyzed how short-term activities implemented in the context of a humanitarian emergency took into account relevant issues in a broader context of interconnected needs and problems, as well as considering their potential for sustainability. Emphasis was placed on training and institutional strengthening of partners and beneficiaries.

EQ10: To what extent has UNFPA contributed to developing the capacity of local and national actors (government line ministries, youth and women's organizations, health facilities, communities, etc.) to better prepare for, respond to and recover from humanitarian crisis?

***Preliminary Finding 17: UNFPA contributed to the training of governmental and non-governmental partners in the themes of sexual and reproductive health and prevention and response to Gender-Based Violence, to respond to and recover from humanitarian crisis. The strategy of relying on partners with a presence on the ground is identified as a good practice to get a rapid response and provide sustainability to interventions.***

198. With regards to humanitarian work, the 8CP ensured the availability of human resources to perform critical functions in emergency with a dedicated staff member for humanitarian response and other staff members were expected to be recruited in July 2021 under the World Bank funded project.

199. The program has strengthened the UNFPA ability to perform media and communication activities in emergency inter-agency team in risk analysis and monitoring, and in contingency planning with the first training and engagement with media journalists on UNFPA mandate including humanitarian response prepared and planned. In addition, the CO actively contributed to the UN DMT restructuring process and the CO focal point is a full member of the UNDMT task force of drought response in the South of Angola in addition to having completed the UNDRR Training of Trainers.

200. The CO also developed tools and made arrangements for needs assessment, information management and response monitoring and contributed to the World Food Programme needs assessment in 8 drought affected provinces of Angola. Furthermore, the CO developed and is implementing the Annual Preparedness Action Plan.

201. With regards to the Response Project to Sexual and Reproductive Health in Drought Areas in Southern Angola / Package of Integrated Services for Maternal, Neonatal, Child and Adolescent Health, it is being used for advocacy dialogue and a technical meeting to harmonize the humanitarian interventions among UNFP, WFP and World Vision was held. Similarly, UNFPA advocated for SRHiE and GBViE as a result the World Bank fund a project that is being implemented in the drought affected provinces in South of Angola and Actively participate in the UN Security Management System

202. The CO conducted preparedness trainings for regions of Angola with the National Civil Protection therefore strengthening humanitarian partnerships. The CO enhanced the ability to quickly provide the affected population with critical relief supplies by making available US\$20,000 in its budget to procure critical relief supplies to save lives.

203. In terms of capacity development evidences it has been found that:

- Government partner training recipients: - 240 health professionals
- Government employees trained: 4 municipal health supervisors and 22 municipal supervisors
- Number of training activities for implementing partners: 4 courses (1 per province) about integrated package of Sexual and Reproductive Health services
- Diversity of topics covered by training activities with implementing partners: pregnancy, childbirth, emergency obstetric and neonatal care, family planning.

## 5. CONCLUSIONS AND RECOMMENDATIONS

### 5.1 Conclusions

204. **Conclusion 1: The 8CP is fully aligned with international frameworks and agreements and with UNFPA global strategic direction and objectives, and the UNSDCF 2020-22.** It is also fully aligned with national priorities in all its thematic areas, and addresses the needs of diverse populations. However, there is a need to reach some of the most marginalised and vulnerable. Responsiveness to partner requests and changing population needs has been demonstrated across the programme, particularly with regards to Covid-19 response and the humanitarian situations arising from climate extremes. UNFPA was also responsive in operational and technical needs to support government and civil society.

205. **Conclusion 2: The UNFPA CPD was effective in adapting to the Angola COVID-19 context and to provide the country with timely and crucial support during COVID-19.** The UNFPA helped the Government to sustain livelihoods and ensure the continuity of basic SR health. There are still challenges to adapt UNFPA strategies to the post COVID-19 country context as the crisis is still ongoing and there are operational bottlenecks.

206. **Conclusion 3: In the area of SRH, the CPD enhanced the capacity of the country to provide access to information and integrated sexual and reproductive health services and rights for young people and marginalized populations.** The CP in the area of SSR has contributed to (i) support to the national COVID-19 response focusing on the continuity of services: protection of the health workforce and printing of technical protocols in the Primary Health Level in Luanda (ii) develop of Youth-friendly services in 60 health services; (iii) provide menstrual health management information and products to girls and women; (iv) mobilization of adolescents and young people to combat AIDS; (v) response to the drought emergency in the south of the country aimed at guaranteeing an integrated package of reproductive health services; and (vi) developed the diagnosis and treatment of women with Obstetric Fistula.

Some area challenges that limit the CPD contribution are: (i) the sustainability of the interventions due to the limited capability of the Angolan Government to allocate funds to directly support SRH; (ii) low use of FP among adolescents aged 15 to 19 years old; (iii) the limitations of the Health Information System; (iv) the impact of the COVID-19 and the need to reallocate resources caused a delay in some interventions, such as the cooperation with the *Fundação Fiocruz do Brasil* to launch the online course on maternal deaths, in launching the initiative World Family Planning 2020, which was finally extended to 2030; and in the monitoring of the audit and forecast committees of maternal and neonatal deaths.

207. **Conclusion 4: In the area of A&Y the CPD has significantly empowered the youth, particularly the AGYW as well as strengthened the capacity of youth led organization in the SRHR/STI/HIV/GBV. In addition, the CPD contributed to the GBV prevention.** The CP in this area has contributed to (i) increase AGYW SRHR/STI/HIV and GBV knowledge and skills; (ii) guarantee the participation of youth led organizations in development actions, including in policy dialogue spaces; (iii) build AGYW knowledge and skills for economic empowerment and; (iv) policy/legislation revision; (v) strengthen the capacity of institutions, government and CSO, to engage in the prevention of GBV and; (vi) availability of SRHR/GBV information and support online platforms.

Despite the progress made, constraints remain related to the (i) lack of implementation of gender transformative approaches and male engagement; (ii) limited demonstration of the extent to which the youth capacity has been improved to engage in decision making spaces/dialogues as well as on how their knowledge and skills were strengthened to participate in humanitarian actions; (iii)

insufficient economic empowerment due to lack of funds to start the business; (iv) limited clarity on how the program contributed to the provision of comprehensive and integrated GVB services.

208. **Conclusion 5: In the area of Population Dynamics, the CPD has contributed to the dissemination and discussion of the Demographic Dividend as an important population moment to trigger socioeconomic development.** The feedback received from the discussions will make it possible to define the national population policy very soon. Important analytical studies were carried out and, as a result, reports on the SDGs' status are available. In order to monitor demographic dynamics, the CPD has collaborated with INE and important efforts have been made to carry out pre-census activities, namely those dedicated to capacity building. Wider discussions that would allow everybody to understand the DD and to better contribute to the NPP formulation and monitoring was not possible due, in part, to huge changes in the central administration of the Government that coincide with the period that covers CPD. It also was due, very often, to the limited autonomy given to the government stakeholders, and bureaucratic delays, and, as in the other cases, to the obstacles imposed by the sanitary protocols due to the COVID-19. The same reasons explain delays in the development of pre-census activities and the production of new demographic evidence, like those produced by the IMMS
209. **Conclusion 7: In the area of Human Rights, Gender Mainstreaming and Leaving No One Behind the CPD** has succeeded in mainstreaming gender and implementing human rights, e nonetheless, limitations remain to reach the most vulnerable, particularly people with disability.
210. **Conclusion 8: In humanitarian assistance, the UNFPA contributed to mitigate sexual and reproductive health crisis in provinces affected by droughts. UNFPA arrived to the field in 2021, positioning itself strategically investing to strength its areas of mandate in humanitarian assistance – GBV and SRH.** This strategy mitigated potential conflict over partners mandates and resources, and increased opportunities for interagency cooperation at the field and decision-making levels. On the other hand, UNFPA's efforts in articulating with the stakeholders involved in humanitarian assistance helped to strengthen the institutional capacities of local governments, especially for the provision of SRH and GBV services from a gender and human rights approach. However, the provision of basic and comprehensive emergency obstetric care needs to be fostered.
211. **Conclusion 9: The UNFPA support has been essential for the development of Angola in the areas of UNFPA mandate. The sustainability of the CPD interventions depends to a great extent on the continuity of the UNFPA and involvement of the international partners in the country. Some good sustainability practices were identified, such as the Training of Trainers approach and support for the installed capacities of NGOs at the local level.** Despite the CPD being initially designed for providing institutional support to UNFPA priorities, a shift in national priorities due to the COVID pandemic and emergency in the south has obliged UNFPA to redirect staff dedication and resources to provide a direct delivery of commodities and services.
- The changing context in Angola due to the COVID-19 and the rise of humanitarian emergencies related to drought in the south caused a shift in national priorities which obliged UNFPA to introduce changes in the planned results and the strategies implemented.
212. **Conclusion 10: UNFPA's work is highly valued by international agencies and civil society due to its reputation and high implementation capacity at provincial and local level.** It has been a strategic partner in several joint initiatives related to the areas of the UNFPA mandate and it has also demonstrated its leadership and effective capacity to coordinate and respond to humanitarian crises in the areas of SRH and GBV.
213. **Conclusion 11: The programme areas continued to monitor the indicators of their projects and the Country Office monitored the output indicators of the 8th Country**

*Program in accordance with the available tools and institutional guidelines.* Although such efforts are relevant, challenges persist in building an integrated M&E system across programme areas and capable of measuring the outcome results. This limitation in part is due to the short timeframe of the current CPD.

214. *Conclusion 12: UNFPA actively participated in UNCT and DMT working groups, in addition to being involved in several interagency initiatives and projects, demonstrating a genuine willingness to collaborate with other agencies and build joint UN System responses in the country, remarkable in response to the drought in the south.* The UN reform aims to strengthen interagency work and the role of the Office of the Resident Coordinator. Despite all these factors, interagency coordination is still a challenge, especially in a scenario of scarce resources and post-covid context.

## 5.2 Recommendations

The recommendations presented below are derived from the findings and conclusions of this evaluation. The recommendations have been organized addressing the key evaluation questions. Considering that the CP has been extended for one year, and it is expected an update of the evaluation to be conducted at the end of this year, these are preliminary recommendations that will be adjusted at the end of the year after the assessment of the results achieved and a workshop with the main stakeholders.

Preliminary Recommendations	Linked to conclusion
<p><b>R#1:</b> The 9CP, should develop an overarching theory of change to link thematic ones with strategic indicators and ensure measurement of transformative results.</p> <p>Strengthen the M&amp;E system, moving towards a holistic results-oriented system for the whole CP based on the Theory of Change approach, using the SMART (Specific, Measurable, Achievable, Relevant, Time-bound) technique.</p>	<p><b>C#1, 2 and 11</b></p>
<p><b>R#2:</b> Maintain the upstream intervention approaches to empower right holders and accelerate behavior change, together with a downstream approach with focus on most deprived geographic areas, most deprived women and youths, cross-cutting areas and oriented to local needs through the strategic selection of seed projects.</p> <p>Strategic use of seed investments in pilot initiatives or with potential for scale is recommended, especially in a context of budget constraints and scarce resources. It is recommended that the Country Office incorporate the development of strategies for systematizing best practices and scaling up pilot initiatives into the budget and planning of its projects from the inception.</p>	<p><b>C#1 to 8</b></p>
<p><b>R#3:</b> The CPD should continue the support on SRH services and rights to foster the programme contribution in the post-covid context and sustainability of the results.</p> <p>It is recommended to increase the support to the integration of health data across different health centres within the country, and assist in the operationalization of the National Adolescent Health Strategy.</p> <p>It is also important to foster strategies and resources to improve the policy dialogue and advocacy efforts on FP access to adolescent and youth to raise the FP coverage and reduce FP unmet needs among young people.</p>	<p><b>C#3</b></p>

<p><b>R#4:</b> Its highly recommended to implement a gender transformative approach to address gender roles and stereotypes, social and cultural norms and power relations; and engagement to work with ABYM, parents, community and religious leaders to address male attitudes and behaviours and challenge patriarchal norms to transform gender relations to guarantee sustainable changes.</p> <p>It is also recommended to advocate for increased funds for economic empowerment to ensure the initial package to start the business. This can also be sustained through a “loan” or credit rotation whereby once they start profiting give it back to support other groups.</p> <p>It's highly recommended to advocate for the approval and implementation of the integrated support centres for survivors of violence while supporting the revitalization of the commission to combat gender violence and strengthening MASFAMU and MINSA capacity through training of staff to provide GBV responsive services including in humanitarian settings.</p>	<p>C#4</p>
<p><b>R#5:</b> It is recommended a wider discussion about the DD with more emphasis on how demographic dynamics may benefit the implementation of a more articulated and consistent NPP. Also to adequately monitor the demographic dynamic, up-to-date sources are needed. UNFPA has successfully supported pre-census activities and should continue to do so until a sustainable qualified staff is consolidated. Household demographic surveys and vital statistics, should be not left unattended; the latter, strongly related to Output 4.1</p>	<p>C#5</p>
<p><b>R#6:</b> Promote the development of community leaders and members of civil society empowered to provide sustainability to interventions. Develop a strong joint strategy to mobilize communities to increase their ability to demand services and entitlements that could lead to better implementation of the programmes.</p>	<p>C#9</p>
<p><b>R#7:</b> The UNFPA to better develop the UNCT programmatic integration of key cross-cutting issues and development accelerators should promote gender equality and women empowerment by identifying behaviours and structures of society which maintain gender inequality to make changes in institutions and systems.</p> <p>Also, in the joint working with UN agencies, keep engagement in policy dialogue and capacity building with a view to further strengthening national capacities for policy formulation through the use of evidence for reasoned decision-making in service delivery planning.</p> <p>UNFPA can play a key role in reinforcing the United Nations coordination system. It should be used to seek synergies between agencies, not only at the UNSDCF level, but also at the operational level, taking into account the size of the country and the possibilities for logistical efficiencies and the presence of each agency in the territory. Due to experience with the youth population, UNFPA has the capacity to lead interagency policies to youths.</p>	<p>C#12</p>
<p><b>R#8:</b> UNFPA to partner with organisations of and for people with disabilities to strengthen their capacity around SRHR and GBV. Inform and train service providers on the rights and needs of people with disabilities, particularly the challenges faced by women and girls with disabilities in relation to SRHR and GBV. Translate and disseminate UNFPA guidelines<sup>71</sup>. The youth engagement</p>	<p>C#7</p>

<sup>71</sup> Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights for Women and Young Persons with Disabilities. (date and authorship not provided)

<p>principle ‘nothing for us without us’<sup>72</sup> should also apply to people with disabilities.</p>	
<p><b>R#9:</b> Continue advocacy for government budgetary increase. Advocate for rotation plans within the government institutions whereby new people are trained by former colleagues or build a training of trainers “community” to ensure they continually train their colleagues.</p>	<p>C#9</p>
<p><b>R#10:</b> Develop a resource mobilization strategy, establishing an effective internal coordination mechanism and system for partnerships management, resource mobilization, resource management and donor reporting. Communicate effectively to position UNFPA in Angola as a thought leader in the areas of mandate on media channels; provide visibility to UNFPA Angola and its partners on the results and impact of work. The country presents opportunities for mobilizing resources from the private sector that can be explored by UNFPA at all levels; given the large amount of extractive industries in Angola and the funding opportunities and options for co-financing with the Government that these present.</p>	<p>C#9</p>

<sup>72</sup> A cornerstone of UNFPA global strategies in working with young people has long been their active engagement in policies and programmes that affect them.

## 6. ANNEX

### 6.1 Evaluation Matrix

EVALUATION CRITERIA: RELEVANCE

EQ1 To what extent is the country programme adapted to: (i) the needs of diverse populations, including the needs of marginalized and vulnerable groups (e.g. young people and women with disabilities, etc.); (ii) national development strategies and policies; (iii) the strategic direction and objectives of UNFPA; and (iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action, Agenda 2063 and the SDGs?	
<b>Assumption to be assessed</b>	<b>A1.1: The programme results are responsive to the needs the population</b>
<b>Indicators</b>	<ul style="list-style-type: none"> <li>Evidence for an exhaustive and accurate needs assessment, identifying the varied needs of diverse stakeholder groups prior to the programming of the CPD and AWP</li> <li>The selection of target groups for CO-supported interventions in the three outcomes of the programme is consistent with identified needs as well as national priorities in the CPD and AWP</li> <li>Evidence that the CO considered and applied the principle of "leaving no one behind" by evidence and disaggregated data to identify women, children, youth and vulnerable groups and what barriers prevent them from accessing services and opportunities</li> <li>Extent to which the interventions planned within the AWP (across the components of the programme) were targeted at the most vulnerable, disadvantaged, marginalized and excluded population groups in a prioritized manner</li> </ul>
<b>Sources of information</b>	<ul style="list-style-type: none"> <li>CPD</li> <li>AWPs</li> <li>National policy/strategy documents               <ul style="list-style-type: none"> <li>Surveys and census data</li> </ul> </li> <li>Other relevant studies used to understand the context, including those produced by the government, national gender or human rights mechanisms, academia, the United Nations, including the universal periodic review, reports produced by Office of the United Nations High Commissioner for Human Rights (OHCHR), reports produced by international human rights organizations, and reports produced by community-based/ local organizations               <ul style="list-style-type: none"> <li>CO staff</li> </ul> </li> <li>National Partners (Government, CSO and Academia)               <ul style="list-style-type: none"> <li>Beneficiaries</li> </ul> </li> </ul>
<b>Methods for data collection<sup>73</sup></b>	<ul style="list-style-type: none"> <li>Documentary analysis</li> <li>Interviews with CO common country office staff               <ul style="list-style-type: none"> <li>Interviews with implementing partners</li> </ul> </li> </ul>

<sup>73</sup> Data analysis was discussed in item 4.3. Methods for data collection and analysis, in the body of the report.

	<ul style="list-style-type: none"> <li>• Interviews/focus groups with final beneficiaries             <ul style="list-style-type: none"> <li>• Interviews with SCO - NGOs</li> <li>• Survey to implementing partners</li> </ul> </li> <li>• FGD with CO common country office staff             <ul style="list-style-type: none"> <li>• FGD with beneficiaries</li> </ul> </li> </ul>
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<b>Assumption to be assessed</b>	<b>A1.2: The programme results are aligned with national development strategies and policies</b>
<b>Indicators</b>	<ul style="list-style-type: none"> <li>• Each output of the CPD is linked to a result of the National Development Plan 2018-2022, or a national priority outlined in sectoral plans</li> <li>• The objectives and strategies of the CPD are consistent with the priorities of the NDP</li> </ul>
<b>Sources of information</b>	<ul style="list-style-type: none"> <li>• CPD</li> <li>• AWP</li> <li>• NDP 2018-22</li> <li>• National policy/strategy documents</li> </ul>
<b>Methods for data collection</b>	<ul style="list-style-type: none"> <li>• Documentary analysis</li> <li>• Interviews with implementing partners</li> <li>• Survey to implementing partners</li> </ul>

<b>Assumption to be assessed</b>	<b>A1.3 The programme results are aligned with UNFPA global policies and strategies, and with the UNSDCF for Angola</b>
<b>Indicators</b>	<ul style="list-style-type: none"> <li>• Each output of the CPD is explicitly linked to a result of the UNFPA Strategic Plan</li> <li>• The ToC of the CPD is consistent with the global priorities and Global UNFPA ToC</li> <li>• The objectives and strategies of the CPD and the AWP in the components of the programme are in line with the goals and priorities set out in the UNSDCF</li> <li>• The principles and policy of gender equality and the empowerment of women have been integrated in the CPD</li> </ul>

<p><b>Sources of information</b></p>	<ul style="list-style-type: none"> <li>• CPD</li> <li>• CPD ToC</li> <li>• Agenda 2030</li> <li>• AWP</li> <li>• UNSDCF</li> <li>• UNFPA Strategic Plan</li> <li>• CO staff</li> <li>• UNCT</li> </ul>
<p><b>Methods for data collection</b></p>	<ul style="list-style-type: none"> <li>• Documentary analysis</li> <li>• Interviews with CO common country office staff</li> <li>• FGD with CO common country office staff</li> </ul>

<p><b>Assumption to be assessed</b></p>	<p><b>A1.3 The CPD priorities are articulated with international frameworks and agreements, in particular the ICPD Programme of Action, Agenda 2063 and the SDGs</b></p>
<p><b>Indicators</b></p>	<ul style="list-style-type: none"> <li>• Each output of the CPD is linked to a result of the ICPD Programme of Action, Agenda 2063 and/or the SDGs</li> </ul>
<p><b>Sources of information</b></p>	<ul style="list-style-type: none"> <li>• CPD</li> <li>• CPD ToCs</li> <li>• Agenda 2030</li> <li>• AWP</li> <li>• SDGs</li> <li>• ICPD Programme of Action</li> <li>• Agenda 2063</li> <li>• UNFPA Strategic Plan</li> <li>• CO staff</li> <li>• UNCT</li> </ul>
<p><b>Methods for data collection</b></p>	<ul style="list-style-type: none"> <li>• Documentary analysis</li> <li>• Interviews with CO common country office staff</li> </ul>

	<ul style="list-style-type: none"> <li>• FGD with CO common country office staff</li> </ul>
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EQ2 To what extent has the country office been able to respond to changes in national needs and priorities, including those of vulnerable or marginalized groups, or to shifts caused by the COVID-19 pandemic and consequent economic crisis?	
Assumption to be assessed	A2.1: The Country office has been flexible, innovative and agile in delivering its programme to adapt to the Covid-19 pandemic
<b>Indicators</b>	<ul style="list-style-type: none"> <li>• Evidence that the CO has provided rapid responses to the health, political and social changes caused by the Covid-19 pandemic</li> <li>• Degree of flexibility in redirecting funds and the adaptation of the objectives and interventions considering changes in national priorities</li> <li>• Evidence that support was provided, in the context of COVID-19, to the most marginalized women, children, youth and other vulnerable groups.</li> <li>• Evidence that the strategies and AWP's have been adapted to the current Covid-19 country context</li> <li>• Evidence of actions taken for an inclusive and integrated crisis management and multi-sectoral response</li> <li>• Evidence of actions taken to mitigate GBV and sexual violence in the context of the pandemic</li> <li>• Evidence of actions taken to mitigate socio-economic impact in the context of the pandemic</li> <li>• Evidence of actions taken to mitigate the suspension of health services and school activities, among others, in the context of the pandemic</li> </ul>
<b>Sources of information</b>	<ul style="list-style-type: none"> <li>• AWP's</li> <li>• Annual Reports</li> <li>• National policy/strategy documents related to Covid-19</li> <li>• CO staff</li> <li>• National Partners (Government, CSO and Academia)</li> </ul>
<b>Methods for data collection</b>	<ul style="list-style-type: none"> <li>• Documentary analysis</li> <li>• Interviews with CO common country office staff</li> <li>• Interviews with implementing partners</li> <li>• Interviews with SCO - NGOs</li> <li>• FGD with CO common country office staff</li> </ul>

EVALUATION CRITERIA: EFFECTIVENESS

EQ3 To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme? In particular: (i) increased access and use of integrated sexual and reproductive health services; (ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights; (iii) advancement of gender equality and the empowerment of all women and girls; and (iv) increased use of population data in the development of, and to inform, evidence-based national development plans, policies and programmes?	
Assumption to be assessed	A3.1: The UNFPA has delivered results as planned
Indicators	<ul style="list-style-type: none"> <li>• Performance of CPD output and outcome indicators</li> <li>• Evidence of effective relationships between CO and national partners</li> <li>• Strengthened national capacity (individual, organizational and enabling environment) to address sectorial gaps</li> <li>• Evidence of updated regulatory frameworks in the mandate of the UNFPA</li> <li>• Evidence of updated public policies in the mandate of the UNFPA</li> </ul>
Sources of information	<ul style="list-style-type: none"> <li>• AWP</li> <li>• Annual Reports</li> <li>• National policy/strategy documents</li> <li>• CO staff</li> <li>• National Partners (Government, CSO and Academia)</li> <li>• Beneficiaries</li> </ul>
Methods for data collection	<ul style="list-style-type: none"> <li>• Documentary analysis</li> <li>• Interviews with CO staff</li> <li>• Interviews with implementing partners</li> <li>• Interviews/focus groups with final beneficiaries</li> <li>• Interviews with SCO - NGOs</li> <li>• Survey to implementing partners</li> <li>• Survey to training recipients</li> <li>• FGD with CO Staff</li> <li>• FGD with Beneficiaries</li> </ul>

Assumption to be assessed	A3.2: The products achieved have contributed to the achievement of the outcomes of the country programme achievement of the SDGs (ToC)
Indicators	<ul style="list-style-type: none"> <li>• Performance of CPD output and outcome indicators</li> <li>• Evidence of direct outputs resulting from the activities undertaken by the CO.</li> <li>• Target groups received the CPD intervention’s goods and services</li> <li>• Evidence of capacity changes in knowledge, attitudes, skills, aspirations, and opportunities of those who have received or used the CPD intervention’s goods and services.</li> <li>• Evidence of behavioural changes in actual practices that occur in the CPD target reach group.</li> <li>• Evidence of direct benefits or improvements in the state of individual beneficiaries.</li> <li>• Causal link assumptions that identify what salient events and conditions have to occur for each link in the causal pathway to work as expected (ToC).</li> </ul>
Sources of information	<ul style="list-style-type: none"> <li>• AWP’s</li> <li>• Annual Reports</li> <li>• Post-crisis needs assessment</li> <li>• Socioeconomic Impact Assessment</li> <li>• CO staff</li> <li>• National Partners (Government, CSO and Academia)</li> <li>• Beneficiaries</li> </ul>
Methods for data collection	<ul style="list-style-type: none"> <li>• Documentary analysis</li> <li>• Interviews with CO staff</li> <li>• Interviews with implementing partners</li> <li>• Interviews/focus groups with final beneficiaries</li> <li>• Interviews with SCO - NGOs</li> <li>• Survey to implementing partners</li> <li>• FGD with beneficiaries</li> </ul>

EQ4 To what extent has UNFPA successfully integrated human rights, gender perspectives and disability inclusion in the design, implementation and monitoring of the

country programme?	
<b>Assumption to be assessed</b>	<b>A4.1: The results achieved were equitable and integrated human right and gender equality in support of the SDGs achievement (ToC)</b>
<b>Indicators</b>	<ul style="list-style-type: none"> <li>• Level of Performance of CPD output and outcome indicators</li> <li>• Proportion of disaggregated data – including on HR and GE – produced and available publicly in the output and outcome indicators of the CPD</li> <li>• Number of national and sectorial plans incorporating gender issues within the relevant areas of the CPD</li> <li>• Existence of innovative guidelines for local planning to address priority HR and Gender issues by Outcome</li> <li>• Number of results of CPD linked to changes in norms, cultural values, power structures and the roots of gender inequalities and discrimination</li> </ul>
<b>Sources of information</b>	<ul style="list-style-type: none"> <li>• AWP</li> <li>• Annual Reports</li> <li>• CO staff</li> <li>• National Partners (Government, CSO and Academia)</li> <li>• Beneficiaries</li> </ul>
<b>Methods for data collection</b>	<ul style="list-style-type: none"> <li>• Documentary analysis</li> <li>• Interviews with CO staff</li> <li>• Interviews with implementing partners</li> <li>• Interviews/focus groups with final beneficiaries</li> <li>• Interviews with Civil Society Organizations</li> <li>• Survey to implementing partners</li> <li>• FGD with beneficiaries</li> </ul>

<p><b>Assumption to be assessed</b></p>	<p><b>A4.2: The needs of the most vulnerable and marginalized populations including children, women and adolescents, and those with disabilities were addressed and met</b></p>
<p><b>Indicators</b></p>	<ul style="list-style-type: none"> <li>• Evidence of inclusion of vulnerable and marginalized populations in planned activities in AWP and reported in annual results reports</li> <li>• Evidence that the LNOB approach has been integrated and applied</li> <li>• Positive perception of key partners and beneficiaries on the effectiveness of CO interventions</li> <li>• Committees (including cross- ministerial) on women’s rights and gender equality established and functioning</li> </ul>
<p><b>Sources of information</b></p>	<ul style="list-style-type: none"> <li>• AWP</li> <li>• Annual Reports</li> <li>• CO staff</li> <li>• National Partners (Government, CSO and Academia)</li> <li>• Beneficiaries</li> </ul>
<p><b>Methods for data collection</b></p>	<ul style="list-style-type: none"> <li>• Documentary analysis</li> <li>• Interviews with CO staff</li> <li>• Interviews with implementing partners</li> <li>• Interviews/focus groups with final beneficiaries</li> <li>• Interviews with SCO - NGOs, including local organizations, working in the same mandate area as JO but not partners of JO</li> <li>• FGD with CO Staff</li> <li>• FGD with Beneficiaries</li> </ul>

EVALUATION CRITERIA: EFFICIENCY

EQ5 To what extent has UNFPA made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures and tools to pursue the achievement of the outcomes defined in the county programme?	
Assumption to be assessed	<b>A5.1: The human, financial and administrative resources are at the appropriate level for the volume and complexity of the CPD outcomes</b>
Indicators	<ul style="list-style-type: none"> <li>• Total resources (core and non-core) and delivery rates per year of CPD execution for each outcome area</li> <li>• The Country Office has a good structure for resource allocation and financial execution by (i) program area, (ii) priorities in each area, and (iii) type of implementation modality (training, technical assistance, etc.)</li> <li>• Evidence that the Country Office has been able to mobilize the necessary financial resources for the execution of the CPD</li> <li>• Evidence that the size and expertise of the team are compatible with the complexity of execution of each CPD program area</li> <li>• Existence of strategies to avoid and mitigate the effects of work overload and high staff turnover</li> </ul>
Sources of information	<ul style="list-style-type: none"> <li>• AWP's</li> <li>• Annual Reports</li> <li>• CO Financial data</li> <li>• CO staff</li> <li>• National Partners (Government, CSO and Academia)</li> </ul>
Methods for data collection	<ul style="list-style-type: none"> <li>• Documentary analysis</li> <li>• Interviews with CO staff</li> <li>• Interviews with implementing partners</li> <li>• Interviews with Civil Society Organizations</li> <li>• Survey to implementing partners</li> <li>• FGD with CO office staff</li> </ul>
Assumption to be assessed	<b>A5.2: UNFPA Angola implementing partners were carefully chosen and received the resources that were planned, with the expected continuity and in accordance with the planned values and deadlines.</b>
	<ul style="list-style-type: none"> <li>• Evidence of the application of transparent criteria and processes for identifying and selecting implementing partners</li> </ul>

<b>Indicators</b>	<ul style="list-style-type: none"> <li>• Resource allocation and financial execution by IP throughout the CPD execution period</li> <li>• Evidence that the resources were received by the implementing partners in the amounts and deadlines stipulated in the AWP</li> <li>• Evidence that UNFPA funding has been provided on a multi-year and predictable basis to implementing partners</li> </ul>
<b>Sources of information</b>	<ul style="list-style-type: none"> <li>• AWP</li> <li>• Annual Reports</li> <li>• CO Financial data</li> <li>• CO staff</li> <li>• National Partners (Government, CSO and Academia)</li> </ul>
<b>Methods for data collection</b>	<ul style="list-style-type: none"> <li>• Documentary analysis</li> <li>• Interviews with CO staff</li> <li>• Interviews with implementing partners</li> <li>• Interviews with Civil Society Organizations</li> <li>• Survey to implementing partners</li> <li>• FGD with CO office staff</li> </ul>

<b>Assumption to be assessed</b>	<p><b>A5.3: The resources provided by UNFPA Angola have generated a leverage effect among its governmental and non-governmental partners.</b></p>
<b>Indicators</b>	<ul style="list-style-type: none"> <li>• Existence of coherence and synergy between government partners and the Country Office on issues sensitive to the UNFPA mandate</li> <li>• Evidence that UNFPA's financial support encouraged the investment of public resources from the various levels of government in policies in line with CPD's programmatic areas and priorities</li> <li>• Evidence that UNFPA's financial support encouraged the investment of resources from other donors (foundations, civil society organizations, IOs, etc.) in projects in line with CPD's program areas and priorities</li> </ul>
<b>Sources of information</b>	<ul style="list-style-type: none"> <li>• AWP</li> <li>• Annual Reports</li> <li>• CO Financial data</li> <li>• CO staff</li> <li>• National Partners (Government, CSO and Academia)</li> </ul>

<b>Methods for data collection</b>	<ul style="list-style-type: none"> <li>• Documentary analysis</li> <li>• Interviews with CO staff</li> <li>• Interviews with implementing partners</li> <li>• Interviews with Civil Society Organizations</li> <li>• Survey to implementing partners</li> <li>• FGD with CO office staff</li> </ul>
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**EVALUATION CRITERIA: SUSTAINABILITY**

<b>EQ6 To what extent has UNFPA been able to support implementing partners and rights-holders (notably, women, adolescents and youth) in developing capacities and establishing mechanisms to ensure the durability of effects?</b>	
<b>Assumption to be assessed</b>	<b>A6.1: The CPD and AWP interventions were planned with the appropriate level of involvement of key partners and beneficiaries and present effective shared management mechanisms, thus creating an enabling environment for partners and beneficiaries to take ownership of the interventions</b>
<b>Indicators</b>	<ul style="list-style-type: none"> <li>• Evidence that partners and beneficiaries effectively participated in the planning of interventions</li> <li>• Existence of effective shared management mechanisms</li> <li>• Evidence that the Country Office provided technical training with the aim of promoting ownership of UNFPA interventions by partners</li> <li>• Perception of the main partners and beneficiaries regarding their degree of participation in the shared planning and execution of interventions</li> </ul>
<b>Sources of information</b>	<ul style="list-style-type: none"> <li>• AWP</li> <li>• Annual Reports</li> <li>• CO staff</li> <li>• National Partners (Government, CSO and Academia)</li> </ul>
<b>Methods for data collection</b>	<ul style="list-style-type: none"> <li>• Documentary analysis</li> <li>• Interviews with CO staff</li> <li>• Interviews with implementing partners</li> <li>• Interviews with CSOs</li> <li>• Survey to implementing partners</li> </ul>

	<ul style="list-style-type: none"> <li>• FGD with CO Staff</li> </ul>
<b>Assumption to be assessed</b>	<b>A6.2: The Country Office systematically assessed its counterparts, identified their strengths and weaknesses, and provided technical cooperation with the aim of strengthening the institutional capacities of partners and beneficiaries.</b>
<b>Indicators</b>	<ul style="list-style-type: none"> <li>• Evidence that the Country Office systematically and continuously assesses its partners,</li> <li>• Number of partners technically trained by UNFPA per output</li> <li>• Evidence that the Country Office has carried out pre-test and post-test with its partners and beneficiaries</li> <li>• Evidence that the Country Office has been training trainers (ToT)</li> <li>• Evidence of selection criteria and evaluation of individual capacity development interventions (trainings) at different levels (e.g. policy makers, service providers, logistics).</li> <li>• Evidence of rational and use of the organizational capacity development interventions (technical assistance)</li> <li>• Evidence of enabling environment capacity development interventions (rules, policies)</li> </ul>
<b>Sources of information</b>	<ul style="list-style-type: none"> <li>• AWP</li> <li>• Annual Reports</li> <li>• CO staff</li> <li>• National Partners (Government, CSO and Academia)</li> </ul>
<b>Methods for data collection</b>	<ul style="list-style-type: none"> <li>• Documentary analysis</li> <li>• Interviews with CO staff</li> <li>• Interviews with implementing partners</li> <li>• Interviews with CSOs</li> <li>• Survey to implementing partners</li> <li>• FGD with CO Staff</li> </ul>

EVALUATION CRITERIA: COORDINATION

<b>EQ7 To what extent has UNFPA contributed to the functioning and consolidation of the coordination mechanisms of the UNCT and the DMT?</b>
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<b>Assumption to be assessed</b>	<b>A7.1: The Country Office actively contributed to the interagency initiatives and working groups of the UNCT and the DMT</b>
<b>Indicators</b>	<ul style="list-style-type: none"> <li>• Number of interagency initiatives in which the Country Office participated</li> <li>• Percentage of annual resources earmarked for the execution of interagency activities</li> <li>• Evidence that the Country Office actively participates in the DMT and UNCT's working groups,</li> <li>• Country Office participation in humanitarian coordination structures</li> <li>• Evidence of the division of responsibilities among UN System agencies responsible for humanitarian assistance</li> </ul>
<b>Sources of information</b>	<ul style="list-style-type: none"> <li>• Annual Reports</li> <li>• CO organization chart</li> <li>• UNCT and DMT mechanisms</li> </ul>
<b>Methods for data collection</b>	<ul style="list-style-type: none"> <li>• Documentary analysis</li> <li>• Interviews with CO office staff</li> <li>• Interviews with other UN agencies</li> <li>• Interviews with implementing partners</li> <li>• Interviews with CSOs</li> <li>• Survey to implementing partners</li> <li>• FGD with CO office staff</li> </ul>

<b>Assumption to be assessed</b>	<b>A7.2: Dialogue and interagency cooperation encompassed the entire programme cycle, from planning to evaluation, to leverage joint actions and the good use of the comparative advantages of each agency</b>
<b>Indicators</b>	<ul style="list-style-type: none"> <li>• Percentage of CPD indicators that are shared with other UN System agencies in the UNSDCF mechanisms</li> <li>• Existence of interagency programmes resulting from joint strategies for resource mobilization, planning and execution of activities</li> <li>• Number of program and project evaluations conducted in conjunction with other agencies</li> </ul>
<b>Sources of information</b>	<ul style="list-style-type: none"> <li>• Annual Reports</li> <li>• CO organization chart</li> <li>• UNCT and DMT mechanisms</li> </ul>
<b>Methods for data collection</b>	<ul style="list-style-type: none"> <li>• Documentary analysis</li> </ul>

	<ul style="list-style-type: none"> <li>• Interviews with CO office staff</li> <li>• Interviews with other UN agencies</li> <li>• Interviews with implementing partners</li> <li>• Interviews with CSOs</li> <li>• Survey to implementing partners</li> </ul> <ul style="list-style-type: none"> <li>• FGD with CO office staff</li> </ul>
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<b>Assumption to be assessed</b>	<b>A7.3: The Country Office has developed strategies to adapt to the changes brought about by the reform of the UN System, such as the growing importance of interagency work, strengthening the role of the Resident Coordinator and mainstream of the 2030 Agenda</b>
<b>Indicators</b>	<ul style="list-style-type: none"> <li>• Evidence that the Country Office has developed technical strategies and products to adapt to the context of UN System reform</li> <li>• Percentage of CPD outputs and indicators consistently aligned with the 2030 Agenda</li> </ul>
<b>Sources of information</b>	<ul style="list-style-type: none"> <li>• Annual Reports</li> <li>• CO organization chart</li> <li>• UNCT and DMT mechanisms</li> </ul>
<b>Methods for data collection</b>	<ul style="list-style-type: none"> <li>• Documentary analysis</li> <li>• Interviews with CO office staff</li> <li>• Interviews with other UN agencies</li> <li>• Interviews with implementing partners</li> <li>• Interviews with CSOs</li> <li>• Survey to implementing partners</li> </ul> <ul style="list-style-type: none"> <li>• FGD with CO office staff</li> </ul>

**EVALUATION CRITERIA: COVERAGE**

<p><b>EQ8 To what extent have UNFPA humanitarian interventions systematically reached all geographic areas in which affected populations (women, adolescents and youth) reside?</b></p>
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<b>Assumption to be assessed</b>	<b>A8.1: UNFPA has provided high-quality services in the context of humanitarian assistance to respond to sexual and reproductive health needs, especially for women, girls and youth.</b>
<b>Indicators</b>	<ul style="list-style-type: none"> <li>• Number of migrants and refugees assisted in sexual and reproductive health promotion activities</li> <li>• Evidence of high-quality services in the context of humanitarian assistance to respond to sexual and reproductive health needs</li> </ul>
<b>Sources of information</b>	<ul style="list-style-type: none"> <li>• AWP</li> <li>• Annual Reports</li> <li>• CO staff</li> <li>• National Partners (Government, CSO and Academia)</li> </ul>
<b>Methods for data collection</b>	<ul style="list-style-type: none"> <li>• Documentary analysis</li> <li>• Interviews with CO common country office staff</li> <li>• Interviews with implementing partners</li> <li>• Interviews with CSOs</li> <li>• Survey to implementing partners</li> <li>• FGD with CO Staff</li> </ul>

<b>Assumption to be assessed</b>	<b>A8.2: The Country Office produced and used data on specific population dynamics in the planning and execution of humanitarian assistance activities.</b>
<b>Indicators</b>	<ul style="list-style-type: none"> <li>• Evidence that affected communities have been mapped</li> <li>• Evidence of the use and/or production of data on affected populations</li> <li>• Existence of data disaggregated by gender, race and age</li> </ul>
<b>Sources of information</b>	<ul style="list-style-type: none"> <li>• AWP</li> <li>• Annual Reports</li> <li>• CO staff</li> <li>• National Partners (Government, CSO and Academia)</li> </ul>
<b>Methods for data collection</b>	<ul style="list-style-type: none"> <li>• Documentary analysis</li> <li>• Interviews with CO staff</li> <li>• Interviews with implementing partners</li> </ul>

	<ul style="list-style-type: none"> <li>• Interviews with CSOs</li> <li>• Survey to implementing partners</li> </ul>	<ul style="list-style-type: none"> <li>• FGD with CO Staff</li> </ul>
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**EQ9 To what extent has UNFPA been able to respond to emerging and evolving needs of national health authorities and other stakeholders at the national and subnational levels as a result of the COVID-19 pandemic?**

\* To be addressed in the EQ 2

**EVALUATION CRITERIA: CONNECTEDNESS**

<b>EQ10 To what extent has UNFPA contributed to developing the capacity of local and national actors (government line ministries, youth and women’s organizations, health facilities, communities, etc.) to better prepare for, respond to and recover from humanitarian crisis?</b>	
<b>Assumption to be assessed</b>	<b>A10.1: The Country Office contributed to the training of governmental and non-governmental partners in the themes of sexual and reproductive health and prevention and response to Gender-Based Violence, to respond to and recover from humanitarian crisis</b>
<b>Indicators</b>	<ul style="list-style-type: none"> <li>• Number of government partner training activities <ul style="list-style-type: none"> <li>• Number of government employees trained</li> </ul> </li> <li>• Extent to which training with government partners focused on gender, diversity and sexual and reproductive health <ul style="list-style-type: none"> <li>• Number of training activities for implementing partners</li> <li>• Diversity of topics covered by training activities with implementing partners</li> </ul> </li> <li>• Evidence that the recurrence of training was able to account for the turnover of government teams in the field</li> </ul>
<b>Sources of information</b>	<ul style="list-style-type: none"> <li>• AWP’s</li> <li>• Annual Reports</li> <li>• CO staff</li> <li>• National Partners (Government, CSO and Academia)</li> </ul>
<b>Methods for data collection</b>	<ul style="list-style-type: none"> <li>• Documentary analysis</li> </ul>

	<ul style="list-style-type: none"><li>• Interviews with CO staff</li><li>• Interviews with implementing partners</li><li>• Interviews with CSOs</li><li>• Survey to implementing partners</li></ul> <ul style="list-style-type: none"><li>• FGD with CO Staff</li></ul>
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## 6.2 List of people interviewed: data collection agenda

DATA COLLECTION AGENDA – CPE UNFPA Angola						
Date	Activity / Institution	People to meet	Time/connection link	Link with CP	Selection Criteria	Justification
04.11.2021	UNFPA CO	Luis Samacumbi Programme Officer <a href="mailto:samacumbi@unfpa.org">samacumbi@unfpa.org</a>	09:30 <a href="https://meet.google.com/isi-kwrz-dvq">https://meet.google.com/isi-kwrz-dvq</a>	AY & GBV & Humanitarian	Relevance Sustainability Efficiency Effectiveness Coordination	Lead on AY, GEWE and Humanitarian
11.11.2021	AFRIYAN - African Youth and Adolescents Network	Yolanda Miguel AFRIYAN National Coordinator <a href="mailto:yolanda22.ab@gmail.com">yolanda22.ab@gmail.com</a> +244 925 337 809	10:30 <a href="https://meet.google.com/tci-uvkh-wxc">https://meet.google.com/tci-uvkh-wxc</a>	AY & GEWE	Relevance Sustainability Efficiency Effectiveness	Partner on advocacy for AY
12.11.2021	MWANAPWO	Maria Malomalo Founder/Director Email: <a href="mailto:maria@mwanapwo.com">maria@mwanapwo.com</a>	09.00 <a href="https://meet.google.com/kxk-zhbm-exz">https://meet.google.com/kxk-zhbm-exz</a>	AY & GEWE	Relevance Sustainability Efficiency Effectiveness	Partners on Women Empowerment
15.11.2021	MINJUD - Ministry of Youth and Sports JIRO Project	Alcina Cunha <a href="mailto:alcinacunha_91@hotmail.com">alcinacunha_91@hotmail.com</a> JIRO National Coordinator +244924264187	08:30 <a href="https://meet.google.com/gqm-pbyi-tcy">https://meet.google.com/gqm-pbyi-tcy</a>	AY & GEWE	Relevance Sustainability Efficiency Effectiveness	Main AY partner
15.11.2021	Rede Mulheres	Fernanda Ricardo Executive Director Email: <a href="mailto:fernandaricardo@rede.mulherangola.co.ao">fernandaricardo@rede.mulherangola.co.ao</a>	14h <a href="https://meet.google.com/kxk-zhbm-exz">https://meet.google.com/kxk-zhbm-exz</a>	GEWE	Relevance Sustainability Efficiency Effectiveness	Partner on advocacy for Gender and women Rights
18.11.2021	MINJUD - Ministry of Youth and Sports	Dr. Kikas Machado <a href="mailto:kikamax@gmail.com">kikamax@gmail.com</a> National Director of Youth	10h <a href="https://meet.google.com/ecu-ymha-ynd">https://meet.google.com/ecu-ymha-ynd</a>	AY & GEWE	Relevance Sustainability Efficiency	Main AY partner

		+244924862402			Effectiveness	
18.11.2021	CAJ - Youth Support Center	A Ana Isabel Angelina Executive Director anangelina67@gmail.com	13h <a href="https://meet.google.com/ecu-ymha-ynd">https://meet.google.com/ecu-ymha-ynd</a>	AY & GEWE	Relevance Sustainability Efficiency Effectiveness	Partners in AY empowerment
19.11.2021	Ministry of Interior/ Civil Protection and Fire Service	Edson Fernando Email: <a href="mailto:edsonedtrez@gmail.com">edsonedtrez@gmail.com</a>	14h <a href="https://meet.google.com/gqm-pbyi-tcy">https://meet.google.com/gqm-pbyi-tcy</a>	Humanitarian	Relevance Sustainability Efficiency Effectiveness Coordination	Key partner that deals with prevention, mitigation and response to disasters in humanitarian and development contexts
23.11.2021	UNFPA CO	Marina Coelho Assist Representative Email: <a href="mailto:mcoelho@unfpa.org">mcoelho@unfpa.org</a>	11:30h	SSR and Humanitarian	Relevance Sustainability Efficiency Effectiveness Coordination	Lead on SSR and Assistant Representative
24.11.2021	Be Girl	Audrey Anderson Duckett Chief Operating Officer Email: <a href="mailto:audrey@begirl.org">audrey@begirl.org</a>	14h	SSR	Relevance Sustainability Efficiency Effectiveness	Partner on SSR (menstrual hygiene management)
24.11.2021	Direção Nacional de Saúde Pública	National Director Helga Reis Freitas Email: <a href="mailto:helgareisfreitas@gmail.com">helgareisfreitas@gmail.com</a>	15h	SSR	Relevance Sustainability Efficiency Effectiveness Coordination	Main SSR partner
25.11.2021	Angola Network of AIDS Services ANASO	António Coelho President Email: <a href="mailto:anasoangola@hotmail.com">anasoangola@hotmail.com</a>	9:30 h	SSR	Relevance Sustainability Efficiency Effectiveness	Capacity Building on SSR – AIDS
26.11.2021	CAJ	Olga Lourenço Mentorship Program Coordinator <a href="mailto:blaneheictor808@gmail.com">blaneheictor808@gmail.com</a>	8h <a href="https://meet.google.com/kna-xfbu-cmi">https://meet.google.com/kna-xfbu-cmi</a>	AY & GEWE	Relevance Sustainability Efficiency Effectiveness	Partners in AY empowerment

26.11.2021	World Bank	Fernanda Ingles Former Project Coordinator Email: fernanda.ingles@minsapfss-ao.org	9:30h	SSR and Humanitarian	Relevance Sustainability Efficiency Effectiveness Coordination	Partners in SSR – Humanitarian
09.11.2021	CICA - Council of Christian Churches in Angola	João Bongue Director of CICA's Assistance and Development Department joabongue@yahoo.com.br	<a href="https://meet.google.com/edy-fqcv-nno">https://meet.google.com/edy-fqcv-nno</a>	COVID	Relevance Sustainability Efficiency Effectiveness	Key partner - covid
09.12.2021	UNFPA CO	Laura Devos Strategic Information Specialist Email: devos@unfpa.org	11:30h	Population Dynamics	Relevance Sustainability Efficiency Effectiveness Coordination	Lead on P&D and Strategic Information Specialist
10.12.2021	INE	Dra. Teresa Spínola teresa.spinola@ine.gov.ao Head of Department of Demographic and Social Statistics	9:30h	Population Dynamics	Relevance Effectiveness	Partners in P&D
10.12.2021	INE	Dra. Eliana Quintas Carvalho teresa.spinola@ine.gov.ao Information and dissemination department	10:30h	Population Dynamics	Relevance Effectiveness	Partners in P&D
12.12.2021	MEP	Dr. Adriano Celso Director of the Office of Population Policy adriano.borja@mep.gov.ao	9:30h	Population Dynamics	Relevance Effectiveness	Partners in P&D
12.12.2021	MEP	Jorge Van-Dunem Director do Gabinete do Ministro	10:30h	Population Dynamics	Relevance Effectiveness	Partners in P&D
13.12.2021	Embassy of the Netherlands	Carina Van-Dunem	9:30h	MOU SYP Y&A Program delivery	Relevance Sustainability	Partners in AY empowerment

		<a href="mailto:Carina.van-dunem@minbuza.nl">Carina.van-dunem@minbuza.nl</a> Policy Officer			Efficiency Effectiveness	
21.12.2021	MASFAMU	Joana Cortes Head of department for gender equality and equity <a href="mailto:jcortez@live.com.pt">jcortez@live.com.pt</a>	9:30h	MOU SYP Y&A Program delivery	Relevance Sustainability Efficiency Effectiveness	Partners in AY empowerment
28.01.2022	UNFPA CO	Mady Biaye Resident Representative <a href="mailto:biaye@unfpa.org">biaye@unfpa.org</a>	13:30 <a href="https://meet.google.com/huv-dbdq-dya">meet.google.com/huv-dbdq-dya</a>	CO and CPD Strategic positioning	All criteria	Lead of CO
	Ex- UNFPA collaborator	Dr. Tais Santos <a href="mailto:taisdemo@gmail.com">taisdemo@gmail.com</a> <a href="mailto:tsantos@unfpa.org">tsantos@unfpa.org</a>		Population Dynamics	Relevance Effectiveness	Former Project Coordinator
	Researcher	Dr. Marden Barbosa de Campos <a href="mailto:mardencampos@gmail.com">mardencampos@gmail.com</a>		Population Dynamics	Relevance Effectiveness	Role on Capacity building on population policies

Focus Group Discussions		
Luanda		
MINJUD	FGI (8 female)	JIRO Activists Mentors
CAJ	FGI (7 female)	CAJ Mentors

### 6.3 Angola UNFPA 8th Country Programme 2020-2022 Results Framework

Table 9: Angola UNFPA 8th Country Programme 2020-2022 Results Framework<sup>74</sup>

**Goal: Achieved universal access to sexual and reproductive health, realized reproductive rights, and reduced maternal mortality to accelerate progress on the ICPD agenda, to improve the lives of adolescents, youth and women, enabled by population dynamics, human rights, and gender equality**

#### UNFPA Thematic Areas of Programming

**I. Sexual and reproductive health and rights**

**II. Adolescent and youth**

**IV. Population Dynamics**

#### UNFPA Strategic Plan Outcomes

**Strategic Plan (2018-2021) Outcome 1:** Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.

**UNFPA Strategic Plan Outcome 2:** Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts

**UNFPA Strategic Plan Outcome 4:** Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development

#### UNFPA Angola 8th CP Outputs, indicators and targets

<sup>74</sup> UNFPA Angola 8<sup>th</sup> CPE ToR and 8<sup>th</sup> CPD

**Output 1.1:** National and provincial institutions have strengthened capacity to provide access to information and integrated sexual and reproductive health services and reproductive rights for young people and marginalized populations, including in humanitarian settings.

- Number of public health facilities in focus provinces providing quality adolescent-friendly integrated sexual and reproductive health services. *Baseline: 8; Target: 15*
- Percentage of central municipalities in focus provinces providing basic and comprehensive emergency obstetric care *Baseline: (BEmoc): 50%; Target: 85% Baseline: (CEOC): 10%; Target: 30%*
- Number of women and girls living with fistula receiving treatment with UNFPA support. *Baseline: 1,000; Target: 3,000*
- Number of identified people in emergencies provided with minimum initial services package for humanitarian

**Output 2.1:** Young people, especially teenagers and young women have knowledge and skills to make informed decisions about reproductive health and reproductive rights and to participate fully in development and humanitarian actions.

- Number of provinces with adolescent sexual reproductive health Programme. *Baseline: 8; Target: 18*
- Number of partnerships established for piloting and transition to the scale of innovations in adolescent sexual and reproductive health. *Baseline: 0; Target: 3*
- Percentage of schools in selected areas that provide comprehensive sexuality education. *Baseline: 30%; Target: 65%*
- Number of youth-led organizations and networks effectively engaged for the participation of young people in policy dialogue and programming. *Baseline: 1; Target: 3*

**Output 2.2:** Strengthened capacities of institutions at the national level and in selected provinces to provide

**Output 4.1:** Government institutions at both national and provincial levels are better able to generate and use disaggregated data to inform policies and programmes that address developmental inequalities, including in humanitarian settings.

- National population policy in place. *Baseline: No; Target: Yes*
- Number of national planning instruments that integrate recommendations from the demographic dividend study. *Baseline: 1; Target: 2*
- Project Plan of 2024 Population and Housing Census available. *Baseline: 0; Target: 1*

response with UNFPA support; *Baseline:* 10,000; *Target:* 95,000

**Output 1.2:** Sexual Reproductive Health supply chain management and delivery systems improved to address unmet sexual and reproductive health needs of young and marginalized people.

- Percentage of additional users of family planning for adolescent girls aged 15-19 years in focus provinces *Baseline:* 9%; *Target:* 16%
- Percentage of service delivery points in focus provinces with functional Logistics Management Information System *Baseline:* 20%; *Target:* 60%

comprehensive and integrated gender-based violence prevention and response services and empower communities.

- Inter-agency coordination mechanism for gender and youth established *Baseline:* No; *Target:* Yes
- Number of women and girls, including persons living with disabilities, subjected to violence who received essential services *Baseline:* 1,800; *Target:* 5,000

**UNFPA Angola 8th CP Intervention Areas**

**(1) Activities planned and implemented:**

Strengthen the technical capabilities of the National Public Health Directorate (DNSP) within

**(1) Activities planned and implemented:**

The National Conference on Sexual and Reproductive Health was held with 200 participants; JIRO project created and operational in the Municipalities; Meeting of

**(1) Activities planned and implemented:**

Facilitated completion of IDREA Studies; Capacity building training on

the scope of the ICPD Reference Center for Sexual and Reproductive Health.

Develop an innovative package for in-service training for health workers on SRHR,

Test and validate the YFHS information system in selected provinces.

**(2) Activities implemented but not planned:**

Update the national SRH protocols to include COVID-19 prevention measures;

Procurement of PPE for health providers to prevent COVID-19 infection.

**3) Activities planned but not implemented:**

Update technicians and monitor the performance of the Audit and Prevention Committees for Maternal and Perinatal Deaths in selected provinces

the National Commission for Auditing, Prevention of Maternal and Neonatal Deaths held; Strategy to Combat Teenage Pregnancy and child marriage elaborated; Women and girls, including people living with disabilities, subjected to violence who have received essential services. Established inter-institutional coordination mechanism for gender and youth.

**(2) Activities implemented but not planned:**

Purchase of hygiene kits for women vulnerable to COVID 19;

Creation of support lines 145 and 146 for domestic violence in COVID-19.

**(3) Activities planned but not implemented:**

CPLP Youth Parliament in Angola held; Gender Analytical

Report in Angola prepared; Reports from groups of men and boys on gender equality issues.

maternal mortality data analysis carried out; National Population Policy and respective Plan of Action, drafted; Dissemination of 2 IDREA Studies.

**(2) Activities implemented but not planned:**

Capacity building training on P&D conducted; Census Preparation Webinar.

**(3) Activities planned but not implemented:** Second training on Maternal Mortality, General Mortality, and Fertility; Participation at Regional and Global conferences in the area of P&D; Population Projections; Cartography census capacity building mission; Financial support to the SDG Report, IIMS data analysis mission.

## 6.4 CP results matrix – outcome indicators

### Outcome 1 – RSH

Outcome indicators	Baseline	Target 2022	Result achieved 2021
Maternal mortality rate	Baseline: 239/100,000	Target: 199/100,000	Not available
Proportion of deliveries attended by qualified health professionals	Baseline: 50%:	Target: 60%	Not available
Prevalence rate of contraceptives	Baseline: 14%	Target: 38%	Not available
Number of health service providers and managers trained in the initial minimum service package with UNFPA support	Baseline: 30	Target: 100	Not available

Source: CPD document 2020-2022

## 6.5 Evaluation Tools: interviews

The following protocols have been elaborated to structure the contents of the interviews with the key stakeholders. In every case, this generic proposal will be adjusted according to the interlocutors of each working session.

Table 10: Scripts for the semi-structured interviews

<i>Roteiro para o pessoal do Escritório da CO</i>
<p>Informações gerais: organização interna, resultados do programa país de sua responsabilidade, principais parceiros para a implementação</p> <p>General information: internal organization, common country program outputs of its responsibility, main implementing partners</p>
<p>Em que medida os objetivos do PP da CO são consistentes com as prioridades e políticas de desenvolvimento do país? PERTINÊNCIA</p> <p>To what extent are the objectives of the CP of CO consistent with country development priorities and policies? <b>RELEVANCE</b></p>
<p>Como é a posição estratégica da CO em relação às demais agências internacionais e com relação aos stakeholders nacionais / governamentais PERTINÊNCIA - POSIÇÃO ESTRATÉGICA</p> <p>How is the strategic position of CO with respect to the other international agencies and with respect to the national / governmental stakeholders <b>RELEVANCE – STRATEGIC POSITION</b></p>
<p>Em que medida os resultados obtidos através da implementação dos diferentes projetos respondem aos outputs e outcomes definidos, tanto pelos resultados quanto pelo público-alvo? PERTINÊNCIA – EFECTIVIDADE</p> <p>To what extent the results achieved through the implementation of the different projects respond to the defined outputs and outcomes, both by results and target audience? <b>RELEVANCE – EFFECTIVENESS</b></p>
<p>Como foi o processo de implementação dos projetos? (Eficácia) (identificar fatores / desafios limitantes internos ou externos que dificultam a realização dos resultados esperados), quais recursos foram utilizados? Foram suficientes? EFICIÊNCIA</p> <p>How was the implementation process of the projects? (Effectiveness) (identify internal or external limiting factors / challenges that hinder the achievement of the expected results), What resources were used, were these enough? <b>EFFICIENCY</b></p>

Até que ponto o CO tem sido flexível, inovador e ágil na entrega de seu programa adaptado à pandemia Covid-19? Como os atuais objetivos, abordagens e modalidades do Programa de País podem ser mais relevantes e adaptados ao contexto do país pós-Covid-19 para o próximo Programa de País? - RELEVÂNCIA - EFICÁCIA

To what extent has the CO been flexible, innovative and agile in delivering its programme to adapt to the Covid-19 pandemic? How can the current Country Programme objectives, approaches and modalities be most relevant and adapted to the post Covid-19 country context for the next Country Programme? – RELEVANCE - EFFECTIVENESS

Você acha que o CO será capaz de sustentar os outputs e os outcomes produzidos até o momento a longo prazo? Por que / por que não? O que você percebe como fatores internos ou externos que limitam a sustentabilidade dos resultados do CP? SUSTENTABILIDADE

Do you think that the CO will be able to sustain the outputs and outcomes produced so far in the long term? Why/ Why not? What do you perceive as internal or external factors that limit the sustainability of the results of the CP? **SUSTAINABILITY**

Até que ponto a modalidade de coordenação do Escritório foi eficaz em termos de custo-efectividade? - EFICIÊNCIA

To what extent has the CO coordination modality been cost-effective? - **EFFICIENCY**

Como funciona o sistema de M&A do CP? Em que medida você o acha adequado? ¿Facilita ou dificulta o trabalho da organização? Sistema de M&A

How does the M&E system of the CP work? To what extent do you think it is adequate? Does it facilitate or hinder the organization’s work? **M&E System**

No nível programático os objetivos são claramente definidos? Eles respondem a um Programa geral onde os resultados são definidos - objetivos, indicadores e demais elementos programáticos? Como são integradas as questões transversais: gênero, direitos humanos, resposta humanitária, capacitação? **ALINHAMENTO ESTRATÉGICO**

At the programmatic level, are the objectives clear? and do they respond to a much larger Program where outcomes are defined – goals, indicators and so on? How are cross cutting issues integrated: gender, human rights? **STRATEGIC ALIGNMENT**

Como define seu planejamento anual a organização? Em conjunto, individualmente? INTEGRAÇÃO TRANSVERSAL / Em que medida você acha que o Processo de Aprovação dos projetos é implementado eficientemente? Quais são os principais entraves neste processo? EFICIÊNCIA

How the organization defines their annual planning? Jointly, individually? **CROSS-SECTIONAL INTEGRATION** / To what extent do you think that the Approval Process of projects is efficiently implemented? What are the main bottlenecks in this process? **EFFICIENCY**

Solicite informações sobre resultados alcançados até o momento, resultados inesperados; com detalhes das fontes de informação sobre indicadores de outputs e outcomes

Request information on outputs achievements so far, unexpected results; with detail of the sources of information on output and outcome indicators

**Roteiro para stakeholders governamentais do CP**

Em quais projetos você participou em colaboração com a Oficina de País (Nações Unidas)?

In what projects have you participated in collaboration with CO (United Nations Population Fund)?

Como foi essa colaboração? Você percebe obstáculos que impeçam uma colaboração e implementação efetivas com a CO? **PERTINÊNCIA - ALINHAMENTO ESTRATÉGICO**

How was this collaboration? Do you see any obstacles that hinder an effective collaboration and implementation with CO? **RELEVANCE – STRATEGIC ALIGNMENT**

Como foi o processo de implementação do projeto / Programa de País? (Planejamento, definição de metas, implementação, recursos, gerenciamento, resultados e sustentabilidade).

Em que medida a CO contribui a sua organização para a entrega eficaz do Programa e a obtenção de resultados? **EFICIÊNCIA EFICÁCIA**

How has been the process of implementing the project/ country program? (From planning, goal setting, implementation, resources, management, results and sustainability)

To what extent does the CO contribute to your organization’s effective programme delivery/mandate and achievement of results? **EFFICIENCY - EFFECTIVENESS**

Quais aspectos você gostaria de destacar sobre a parceria com a CO? Ambos, positivos e aqueles que precisam ser melhorados. Também sobre alguns importantes temas transversais: capacitação, resposta humanitária e capacidade para estabelecer parcerias efetivas. **VALOR ADICIONADO - EFICIÊNCIA**

What aspects would you like to highlight about the partnership with the Country Office? Both positive and those which need to be improved. Also about some important cross cutting issues: capacity building, humanitarian response and ability to establish effective partnerships. **EFFICIENCY-ADDED VALUE**

Explique brevemente a sua percepção sobre o principal valor adicionado da CO no contexto de Angola. **VALOR AGREGADO**

Please briefly explain your perception on the main added value of CO in the broader context of the country of Angola **ADDED VALUE**

O programa investiu adequadamente e se concentrou no desenvolvimento da capacidade nacional para garantir a sustentabilidade? Os produtos de conhecimento (relatórios, estudos, etc.) fornecidos pelo programa são utilizados pelo país? - SUSTENTABILIDADE

Did the programme adequately invest in, and focus on, national capacity development to ensure sustainability? Are the knowledge products (reports, studies, etc.) delivered by the programme utilized by the country? – **SUSTAINABILITY**

Em que medida os projetos da CO estão alinhados às prioridades do país e aos Planos Nacionais de Desenvolvimento? PERTINÊNCIA - SUSTENTABILIDADE - VALOR ADICIONADO

To what extent are CO projects at country level aligned to the country priorities and the National Development Plans? **RELEVANCE - SUSTAINABILITY - VALUE ADDED**

Solicite informações sobre resultados alcançados até o momento, resultados inesperados; com detalhes das fontes de informação sobre indicadores de outputs e outcomes

Request information on outputs achievements so far, unexpected results; with detail of the sources of information on output and outcome indicators

*Roteiro para stakeholders ONG do CP*

Em que âmbito trabalha a sua organização? Informações gerais: organização interna, resultados do programa país de sua responsabilidade, principais parceiros para a implementação

What area does your organization work in? Presentation of the evaluation project and request for general information: internal organization, review of the country program outputs of its responsibility, main implementing partners at local level

Em quais projetos você participou em colaboração com a Oficina da CO?

In what projects have you participated in collaboration with the CO Country Office?

Como foi essa colaboração? Você percebe obstáculos que impeçam uma colaboração e implementação efetivas com a CO? PERTINÊNCIA - ALINHAMENTO ESTRATÉGICO

How was this collaboration? Do you see any obstacles that hinder an effective collaboration and implementation with the CO? **RELEVANCE – STRATEGIC ALIGNMENT**

Como foi o processo de implementação do projeto / Programa de País? (Planejamento, definição de metas, implementação, recursos, gerenciamento, resultados e sustentabilidade).

Em que medida a CO contribui a sua organização para a entrega eficaz do Programa e a obtenção de resultados? EFICIÊNCIA EFICÁCIA

How has the process of implementing the project/country program been? (From planning, goal setting, implementation, resources, management, results and sustainability)

To what extent does CO contribute to your organization’s effective programme delivery/mandate and achievement of results? **EFFICIENCY - EFFECTIVENESS**

<p>Quais aspectos você gostaria de destacar sobre a parceria com a CO? Ambos, positivos e aqueles que precisam ser melhorados. Também sobre alguns importantes temas transversais: capacitação, resposta humanitária e capacidade para estabelecer parcerias efetivas. VALOR ADICIONADO - EFICIÊNCIA</p> <p>What aspects would you like to highlight about the partnership with CO? Both positive and those which need to be improved. Also about some important cross cutting issues: capacity building, humanitarian response and ability to establish effective partnerships. <b>EFFICIENCY- ADDED VALUE</b></p>
<p>O programa investiu adequadamente e se concentrou no desenvolvimento da capacidade nacional para garantir a sustentabilidade? Os produtos de conhecimento (relatórios, estudos, etc.) fornecidos pelo programa são utilizados pelo país? - SUSTENTABILIDADE</p> <p>Did the programme adequately invest in, and focus on, national capacity development to ensure sustainability? Are the knowledge products (reports, studies, etc.) delivered by the programme utilized by the country? – <b>SUSTAINABILITY</b></p>
<p>Explique brevemente a sua percepção sobre o principal valor adicionado da CO no contexto de Angola. VALOR ADICIONADO</p> <p>Please explain briefly your perception on the main added value of CO in the broader context of the country of Angola. <b>ADDED VALUE</b></p>
<p>Em que medida os projetos da CO estão alinhados às prioridades do país e aos Planos Nacionais de Desenvolvimento? PERTINÊNCIA - SUSTENTABILIDADE - VALOR ADICIONADO</p> <p>To what extent are CO projects at country level aligned to the country priorities and the National Development Plans? <b>RELEVANCE - SUSTAINABILITY - VALUE ADDED</b></p>
<p>Solicite informações sobre resultados alcançados até o momento, resultados inesperados; com detalhes das fontes de informação sobre indicadores de outputs e outcomes</p> <p>Request information on outputs achievements so far, unexpected results; with detail of the sources of information on output and outcome indicators</p>

As can be seen, there are some cross cutting dimensions that will be included in the analyses, regarding added value, strategic Alignment, cross sectorial integration, and M&E system.

## 6.6 Surveys

### i. Survey to national partners – manager positions

1. Please indicate the type of organization you work for:
  - Government
  - NGO
  - International organization
  - Academia
  - Civil Society
  - Other (please specify)
  
2. Please specify in what sector / programme area your organization works:
  - Education
  - Health
  - Nutrition
  - Child protection
  - Adolescence/Youth
  - Public Administration
  - Economy
  - Statistics
  - Electoral System
  - Justice
  - Environment
  - Other (please specify)
  
3. Please indicate the size of your organization (number of staff):
  - 1-50
  - 51-100
  - 101-250
  - 251-500
  - 500+
  
4. For how many years have you been collaborating with the United Nations Population Fund CO?
  - Less than one year
  - From 1 to 2 years
  - More than 3 years
  - More than 5 years
  - 10 years +
  
5. What type of agreement do you have with CO?
  - Memorandum of Understanding
  - No official agreement
  - I don't know / others

6. In which projects have you participated in collaboration with the United Nations Population Fund CO from January, 2020 until now?
  
7. What was the gap in the capacity you wanted to overcome with the interventions financed by the UNFPA CO?
  
8. What was the topic of the Capacity Development / Technical Assistance intervention your institution received?
  
9. How important is the partnership with the UNFPA CO for your organization?
  - Very important
  - Important
  - Moderately important
  - Slightly important
  - Not at all
  
10. Do you perceive that the collaboration between your organization and CO has contributed to achieving sustainable results?
  - Yes
  - No
  
11. Why was it useful / not useful for you?
  
12. Did you have any further activities/discussions/monitoring related to this capacity development initiatives?
  
13. How important is the partnership with the UNFPA CO for your organization?
  - Very important
  - Important
  - Moderately important
  - Slightly important
  - Not at all
  
14. What do you think are most important internal or external limiting factors / challenges that hinder the achievement of the expected results established together with the UNFPA CO?
  
15. Please explain the main lessons learned so far, in implementation of the UNFPA CO initiatives?
  
16. Would your organization like to continue collaborating with the UNFPA CO in the following years?
  - Yes

- No, (if No, please specify why)
17. Would you continue collaborating with the UNFPA CO in the same way as before, or do you see the potential for upscaling or redefining the partnership?
- Continue in the same way
  - Upscale / redefine (please explain):
18. Please explain the main lessons learned so far, in implementation of the UNFPA CO programme?
19. Do you have and would you like to provide any additional details on the previous points or further ideas? This would be very appreciated.

The survey should take around 10 minutes to be completed. The survey and all data collected will be anonymous and confidential and the findings will be analyzed in an aggregated level.

ii. Survey to national partner – capacity development recipients

1. Please indicate the type of organization you work for:
  - Government
  - NGO
  - International organization
  - Academia
  - Civil Society
  - Other (please specify)
2. Please specify what is your area of work
  - Education
  - Health
  - Nutrition
  - Child protection
  - Adolescence/Youth
  - Economy
  - Statistics
  - Public Administration
  - Electoral System
  - Justice
  - Environment
  - Other (please specify)

Questions	Answers (adjusted Likert scale)
1. To what extent do you feel you have learned from the UNFPA CO capacity development received? (Please circle the score number that you feel most closely represents your views)	Learned a lot 5 4 3 2 1 Learned nothing
2. Was the length of the training appropriate enough?	Very appropriate 5 4 3 2 1 Not very appropriate
3. Was the content of the training appropriate enough?	Very appropriate 5 4 3 2 1 Not very appropriate
4. How useful was the training for your day-to-day work?	Very useful 5 4 3 2 1 Useless
5. Was the time spent in work centres (health, schools, etc.) enough and useful?	Very useful 5 4 3 2 1 Useless
6. Were tutors of training helpful?	Very helpful 5 4 3 2 1 Not helpful
7. Was it theoretical-oriented or practical-oriented training?	Practical-oriented 5 4 3 2 1 Theoretical-oriented
8. Have skills and knowledge been defined?	Well defined 5 4 3 2 1 Poorly defined
9. What have you NOT learned that you needed to and /or expected to learn during the training? Please describe fully any items	
10. Was there any evaluation at the end of the training? Yes / No	
11. Improvement proposals. Please, value in terms of importance and feasibility the following proposals and do not hesitate to write any other proposal you might find useful to improve the training.	
	1) Increase the training period 2) Repeat the training again or at regular intervals 3) Less theory and more practice during the training 4) More support after the training 5) Follow up with other activities (mentoring/monitoring/coaching)

6) Other

12. Please list the three main concepts or knowledge you learned from the capacity development initiatives

### 6.7 Stakeholder map

Donor	Implementing agency							Other partners							Rights holders	Other
	Gov	Local NGO	Int NGO	WRO	Other UN	Academia	Other	Gov	Local NGO	Int NGO	WRO	Other UN	Academia	Other		
<b>SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS</b>																
Strategic Plan (2018-2021) Outcome 1: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.																
<b>UNPAF Outcome 1:</b> By 2022, population in Angola, particularly the most vulnerable, with greater access to quality-integrated social and productive services and a diversified economy generating dignified employment and income, aimed at reducing poverty.																
<b>Family Planning</b>																
	DN SP MINS A	ANAS O CAJ,	Be Girl					USAID		World Vision		UNAID s	World Bank			
<b>If relevant, Atlas/GPS project (code and name)</b>																
					UBRAF							AGA02				

<b>ADOLESCENT AND YOUTH</b>																	
UNFPA Strategic Plan Outcome 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts																	
<b>UNPAF Outcome 2:</b> By 2022, adolescents, young people, women and the most vulnerable prioritized in sectorial policies and programs, mainly in the social, economic, cultural and environmental spheres, including in humanitarian contexts.																	
<b>If relevant, Atlas/GPS project (code and name)</b>																	
	MINJ UD, MAS FAM U	CICA, AFRI YAN ADP P MWA NAP WO CAJ CNJ			UNICE F			Protec cao Civil  Direcc oes Provin ciais da Saude , GASFI G			Rede Mulher	UNDP UNHC R WHO					

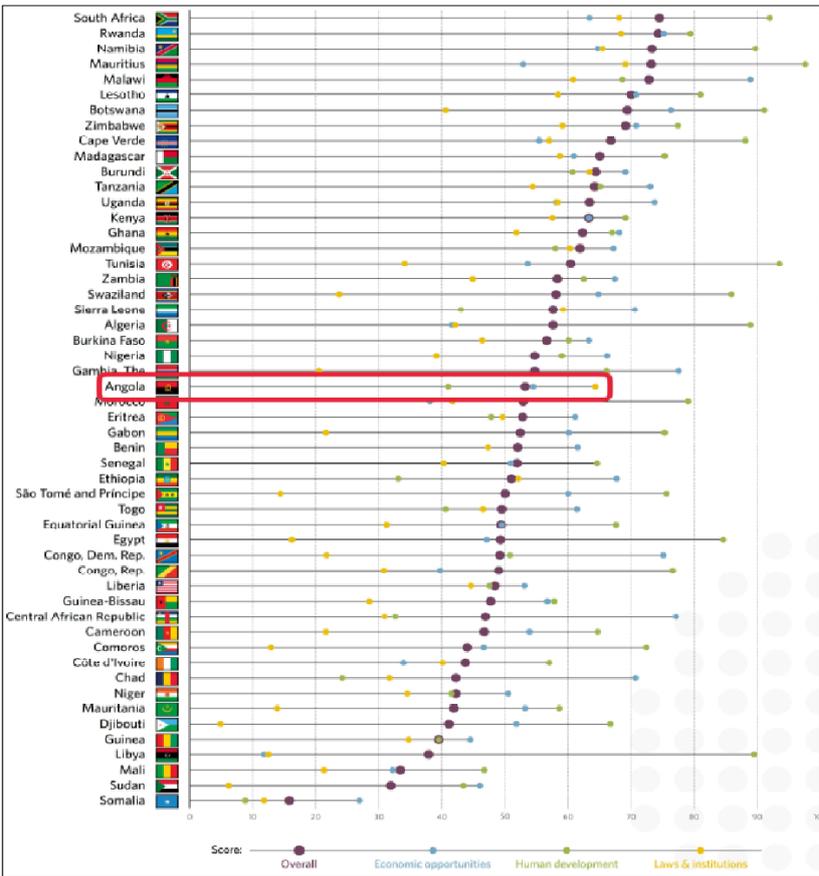
If relevant, Atlas/GPS project (code and name)															
POPULATION DYNAMICS															
UNFPA Strategic Plan Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development															
UNPAF Outcome 4: By 2022, citizens participate and monitor governance, all people have access to justice and human rights are observed, in an environment of regional peace and security.															
If relevant, Atlas/GPS project (code and name)															
	MEP INE							USAID				UNICEF UNDP			
If relevant, Atlas/GPS project (code and name)															



<b>MASFAMU</b>	<b>Ministry of Social Action, Family and Women's Promotion</b>	<b>IP</b>	<b>2012</b>
<b>ANASO</b>	<b>Angolan Network of AIDS Services Organisations</b>	<b>capacity Building</b>	<b>2018</b>
<b>CICA</b>	<b>Council of Christian Churches in Angola</b>	<b>COVID 19</b>	<b>2019</b>
<b>Embassy of the Netherlands</b>	<b>Embassy of the Netherlands</b>	<b>MOU SYP Y&amp;A Program delivery</b>	<b>2018</b>
<b>WB</b>	<b>World Bank</b>	<b>MOU Program delivery with MINSA</b>	<b>2020</b>
<b>AFRIYAN</b>	<b>African Youth and Adolescents Network</b>	<b>capacity Building</b>	<b>2018</b>

### 6.8 Africa Gender Equality Index 2015

Table 11: Africa Gender Equality Index 2015\*.



The three constitutive dimensions are:

- a) equality in economic opportunities
- b) equality in human development
- c) equality in laws and institutions

The overall score for gender equality is represented by a single larger dark dot. By charting side-by-side the different dimensions of gender equality, the chart captures the relative strengths and weaknesses of each country. Angola, highlighted in the chart occupies the ranking 25<sup>th</sup>.

\*Reproduced from: AFRICA GENDER EQUALITY INDEX 2015 African Development Bank - African Development Bank Group (Page 7)  
[https://www.afdb.org/fileadmin/uploads/afdb/Documents/Publications/African\\_Gender\\_Equality\\_Index\\_2015-EN.pdf](https://www.afdb.org/fileadmin/uploads/afdb/Documents/Publications/African_Gender_Equality_Index_2015-EN.pdf)

## 6.9 Summary Angola’s and achievements in the SDG

AC-1: Table: Summary Angola’s and achievements in the SDG <sup>75</sup> - Circa 2018		
SDG	Situation / Change	Angola’s goal / Advances
<p><b>SDG 1</b></p> <p>To end poverty in all its forms, everywhere, including different dimensions of poverty, i.e. multidimensional poverty</p>	<ul style="list-style-type: none"> <li>49.9% of the Angolan population lived below the international poverty line (extreme poverty) of USD 1.90 per day per person (2011 PPP)</li> <li>32.3% of the population lived below the national poverty line</li> </ul> <p>(VNR page 10)</p>	<p>To attain a percentage of multidimensional poverty less than or equal to 27.0% by the year 2030 (VNR pg. 10)</p>
<p><b>SDG 2</b></p> <p>To end hunger, achieve food security, improve nutrition and promote sustainable agriculture</p>	<p>Between the 2004-2006 and 2017-2019 biennia, the prevalence of undernourishment (inability to acquire enough food, defined as a level of food intake insufficient to cover energy needs for an active and healthy life) went from 52.2% to 19%, i.e., from 10.5 million undernourished people to 5.7 million (VNR Pg. 15)</p>	<p>To redouble efforts leading to the eradication of hunger – Zero Hunger – for the 5.7 million undernourished people in Angola (VNR pg. 31)</p>
<p><b>SDG 3</b></p> <p>To ensure healthy lives and promote well-being for all at all ages.</p>	<p>Until the first quarter of 2021, 60% of the population had access to health services.</p> <p>Another important area that translates the effect of resource availability has been the increase in health professionals in the sector, between 2015 and 2019, it went from one doctor or nurse to 1.34 doctors and 10.62 nurses per 10,000 population.</p> <p>The maternal mortality ratio increased from 291.97 per 100,000 live births in 2018 to 287.89 per 100,000 in 2019 (VNR Pg. 21)</p>	<p>To restructure the mother, child and adolescent health programs, based on primary health care, including community health, aiming to achieve universal health coverage, along with the continuity of external funding and support from other national and international stakeholders and donors. (VNR Pg. 30)</p>
<p><b>SDG 4</b></p> <p>To ensure inclusive, equitable, quality education and promote lifelong learning opportunities for all.</p>	<p>School attendance rate in primary education of 76.1%. At least 23.9% of children in the 6-11 age group are outside elementary school. Retention in the Lower Secondary Education is still high, as a result of grade repetition and dropout. As for the Upper Secondary Education, the value recorded in the year 2015 for girls was on average 14.9% and 20% for boys, which represents on average 75 girls who complete for every 100 boys (in 2019, 82 girls for every 100 boys). (VNR Pg.31)</p>	<p>To improve the operation of public schools, particularly in Primary Education, based on programs for building and/or expanding schools and improving basic services, contributing directly to the Primary Education Quality Improvement and Development Program and the Learning for All Project. (VNR Pg. 37)</p>

<sup>75</sup> Unless otherwise stated, information for this table is from: Government of Angola (2021) *Voluntary National Review (VNR) on the implementation of the 2030 Agenda for Sustainable Development* ([https://sustainabledevelopment.un.org/content/documents/286012021\\_VNR\\_Report\\_Angola.pdf](https://sustainabledevelopment.un.org/content/documents/286012021_VNR_Report_Angola.pdf) )

Number of page where the information is appears in each case.

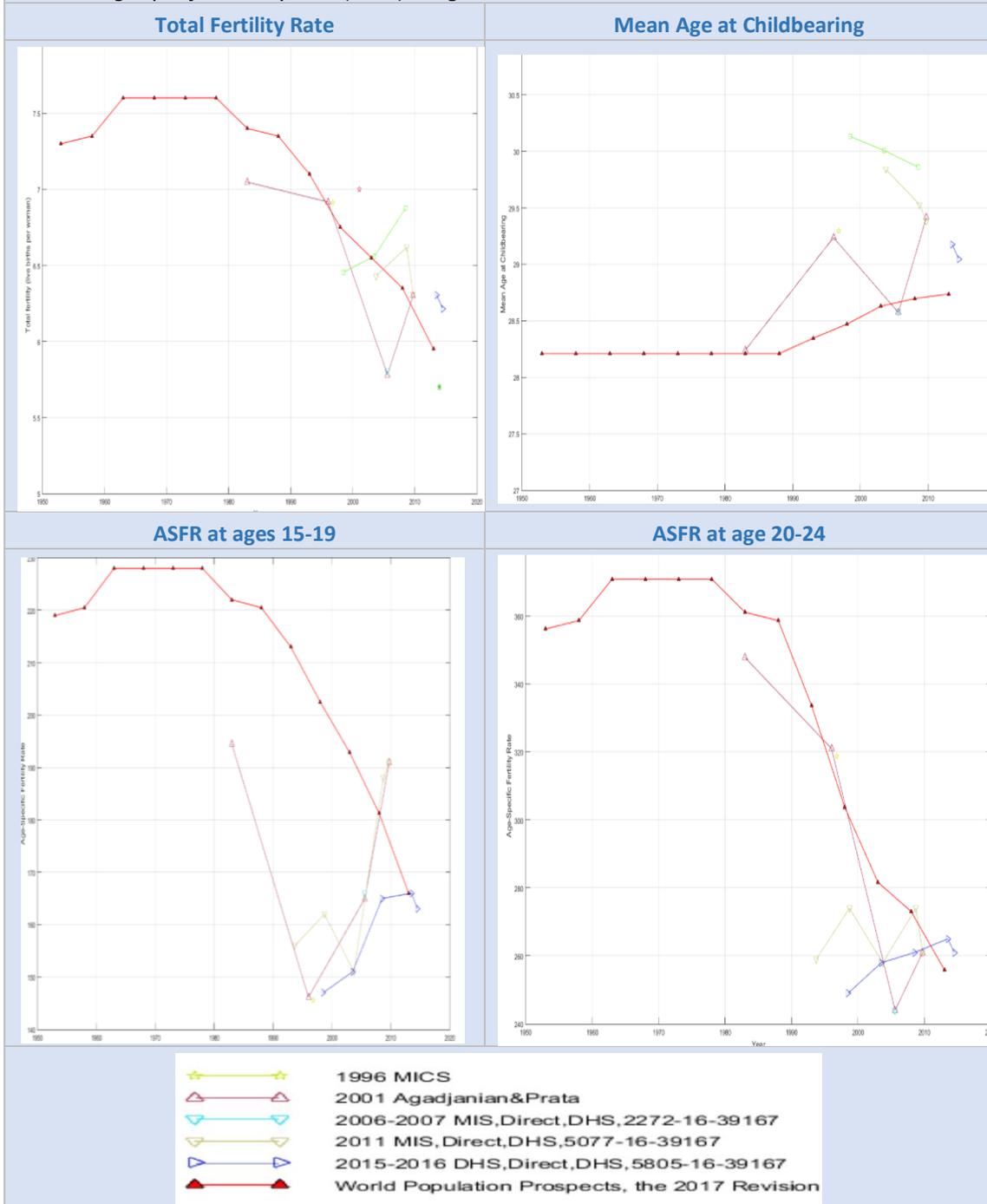
AC-1: Table: Summary Angola's and achievements in the SDG <sup>75</sup> - Circa 2018		
SDG	Situation / Change	Angola's goal / Advances
<p><b>SDG 5</b></p> <p>To achieve gender equality and empower women and girls</p>	<p>32% of women had experienced physical violence since the age of 15; 8% had experienced sexual violence at some point in their lives 34% of women aged 15-49 and married, had at some point, experienced marital, physical or sexual violence. (VNR Pg. 38)</p>	<p>To promote the continuous integration and mainstreaming of the gender perspective in sectoral programs, plans and projects. (VNR Pg. 46)</p>
<p><b>SDG 6</b></p> <p>To ensure the availability of water, its sustainable management and sanitation for all.</p>	<p>The water coverage rate in urban areas rose from 66% in 2016 to 71.5% in 2020.</p> <p>The water supply coverage rate in rural areas, rose from 66% in the year 2017 to 70.4% in the year 2020. 80% of water consumed becomes wastewater (VNR Pgs. 47 and 48)</p>	<p>To improve and expand its water supply networks for the population and economic activities. It has also been developing sanitation programs in several provinces. - (VNR Pg. 52 )</p>
<p><b>SDG 7</b></p> <p>To ensure access to affordable, secure, sustainable and modern energy for all.</p>	<p>Mainly generated by thermal and hydro power. Large losses due to energy inefficiency; dependence on substantial and unsustainable subsidies; significant gaps in rural electrification; high potential for the development of renewable energies such as solar, wind and biomass (VNR Pg. 53)</p>	<p>To increase the proportion of renewable energy, particularly solar, to at least 7.5% of total installed capacity by 2025 (VRN Pg. 58)</p>
<p><b>SDG 8</b></p> <p>To promote inclusive and sustainable economic growth, full and productive employment and decent work for all.</p>	<p>The employment rate was estimated at 62.8%, being 79.4% in rural areas and 51.4% in urban areas. Informality predominates in rural areas (93.3%), among women (90.3%) and among youth aged 15-24 (77.1%). The rate of informal employment in the non-agricultural sector, was about 59.9% in 2019, with women showing the highest rate, about 79.5%, compared to 43.7% among men. (VNR Pg. 59)</p>	<p>To promote employment with a view to promoting access by all Angolans to productive, qualified, well remunerated and socially useful employment and to ensure the sustained development of national human resources and to also reduce the levels of informality in the Angolan economy (VNR Pg. 62)</p>
<p><b>SDG 9</b></p> <p>To build resilient infrastructure, promote inclusive and sustainable industrialization, and foster innovation.</p>	<p>Angola is not experiencing a significant transformation of its economy through long-term changes in terms of the relative importance and contributions of the different economic sectors – agriculture, industry, and services – in terms of production and share of capital and labor (VNR Pg. 63)</p>	<p>To renew its efforts to keep pace with future competitors through diversification and an industrial strategy. To develop actions aimed at building resilient infrastructure, promoting inclusive and sustainable industrialization and fostering innovation - (VNR Pg. 71)</p>
<p><b>SDG 10</b></p> <p>To reduce inequality within and</p>	<p>In Angola, about one in five people live with less than 50% of the median income.</p> <p>The poorest quintile captures only 3.8% of the national income, while the richest quintile captures 55.6% of this income. In 2018 the richest 10% of</p>	<p>To include tax favorable to the most vulnerable groups, active labor market policies to strengthen professional skills and employment opportunities, the promotion of gender equality, the</p>

AC-1: Table: Summary Angola's and achievements in the SDG <sup>75</sup> - Circa 2018		
SDG	Situation / Change	Angola's goal / Advances
among countries.	Angola captured 39.6% of national income, while the poorest 10% captured only 1.3% of national income (VNR Pg. 72)	reduction of regional asymmetries, the strengthening of governance and dialogue with the United Nations, development partners, civil society, and the private sector . (VNR Pg. 75)
<b>SDG 11</b> To achieve that cities and human settlements are inclusive, safe, resilient and sustainable.	Of a population of 25.7 million people, 63% lived in urban areas, with a strong concentration of population in the province of Luanda (27%), followed by the provinces of Huíla (10%), Benguela (9%) and Huambo (8%) (2014 Census) (VNR Pg. 76)	To guarantee the basic rights of citizens to live with dignity, giving priority to those in vulnerable conditions, as is the case of citizens living in environmental risk areas, disorderly and without basic sanitation (VNR Pg. 79)
<b>SDG 12</b> To ensure sustainable consumption and production patterns	About 4 kg of waste is produced daily per person and in Luanda the annual production is 1.3 million tons, with an expected increase of 146% by 2025. Food waste, which in the sub-Saharan African region is about 37% (or 120-170 kg / year per capita) (VNR Pg. 82)	Long-Term Strategy 2025, reinforces the ongoing work around the promotion of waste recovery and, as such, of the circular economy: i) Good environmental governance; ii) Prevention and control of pollution; iii) Circular economy as a management model for waste; iv) Protection and conservation of biodiversity; and v) Adaptation and resilience to natural risks. (VNR Pg. 85)
<b>SDG 13</b> To take urgent action to combat climate change and its effects.	Angola has a climate vulnerability and readiness index of 37.4, thus being the 50th most vulnerable country to climate change and the ninth least prepared to act and combat its effects and consequences out of a total of 181 countries analyzed in 2018.  The main impacts of climate change on the Angolan economy are related to the effects created by extreme climatic phenomena (drought, floods, storms), followed by coastal erosion and calamities. (VNR Pg. 89)	To elaborate guidelines for the processes of vulnerability assessment to the effects of climate change; approval of the renewable energy promotion project for the southwest of the country; the elaboration of the project on increasing the climate resilience of the populations surrounding the Iona and Luengue-Luiana national parks; elaboration of an Environmental Education strategy; establishment of early warning systems for floods in Cunene and Benguela; and development of DRR management strategies at the provincial, municipal and local levels. (VNR Pg. 92)
<b>SDG 14</b> To conserve and sustainably use the oceans, seas and marine resources for sustainable development.	The Angolan maritime coast has an enormous economic potential, being the source of 95% of the national foreign trade that passes through the sea, responsible for approximately 60% of the national Gross Domestic Product (40% of which from the oil industry), and supplier of income from the fishing sector, salt production and sustainer of leisure and beach tourism. (VNR Pg. 96)	To determine guidelines regarding the sustainable and integrated management of human activities at sea, the preservation of habitats, the fragility of coastal ecosystems, erosion, and social and economic factors. Angola will also continue with the compilation, analysis and evaluation of scientific data and the monitoring of

AC-1: Table: Summary Angola's and achievements in the SDG <sup>75</sup> - Circa 2018		
SDG	Situation / Change	Angola's goal / Advances
		indicators of marine ecosystem degradation factors. (VNR Pg. 101)
<p><b>SDG 15</b></p> <p>To protect, restore and promote the sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, prevent and intervene in land degradation and halt the loss biological diversity</p>	<p>Environmental education and awareness are still generally very fragile, and the resources allocated to environmental management and biodiversity conservation are still unable to meet the various needs to achieve adequate and sustainable use. (VNR Pg. 102)</p>	<p>To invest in quality civic and scientific environmental education in order to ensure the successful implementation of the 2030 Agenda for Sustainable Development and achieve the SDG targets on biodiversity conservation and sustainable and responsible management of natural resources (VNR Pg. 107)</p>
<p><b>SDG 16</b></p> <p>To promote peaceful and inclusive societies for sustainable development, facilitate access to justice for all, and build at all levels effective and inclusive institutions that are accountable.</p>	<p>Angola achieved effective peace in 2002, after decades of war – from 1961 to 1974 against the Portuguese colonial power and, after 1975, a destructive civil war. Currently, although there are some movements of political and social contestation, also due to the increase of the population's civic conscience, it has been 19 years of political stability, with no recourse to armed violence. Since the end of the civil war, Angola is investing in increasing participation of the population and the various sectors in public policies. (VNR Pg. 109)</p>	<p>To greater equality in the distribution of natural resources, while supporting environmental and climate justice initiatives. (VNR Pg. 111)</p>

AC-1: Table: Summary Angola's and achievements in the SDG <sup>75</sup> - Circa 2018		
SDG	Situation / Change	Angola's goal / Advances
<p><b>SDG 17</b> To strengthen the means of implementation and revitalize international partnership for sustainable development.</p>	<p>Evolution of ODA (Official Development Assistance) revenues has been negative. In 2019, Angola collected USD 94,984 million (current prices), compared to the USD 318,677 million received in 2015. Funds directed to LDCs through South-South cooperation (ODA allocated by non-DAC (Development Assistance Committee) In 2019 totaled USD 3,383,623 million (current prices), with Angola receiving USD 0.733 million in the same year. (pg. 115 ). In terms of net official development assistance, here too the country recorded a significant decrease between 2015 (USD 318.677 million) and 2019 (94.984 million, current prices) (VNR pg. 117)</p>	<p>Angola's integration into the global economy remains limited, as is the case LDCs in general. Angola continues to benefit from duty-free and quota-free treatment as an LDC, for example, when exporting to the European Union under the Everything but Arms agreement. (VNR Pgs. 115 and 116)</p>

Figure AC- 2 – Angola, 1950-2017: Total Fertility Rate (per woman), Mean age at childbearing and Age Specific Fertility Rate (ASFR) at ages 15-19 and 20-24

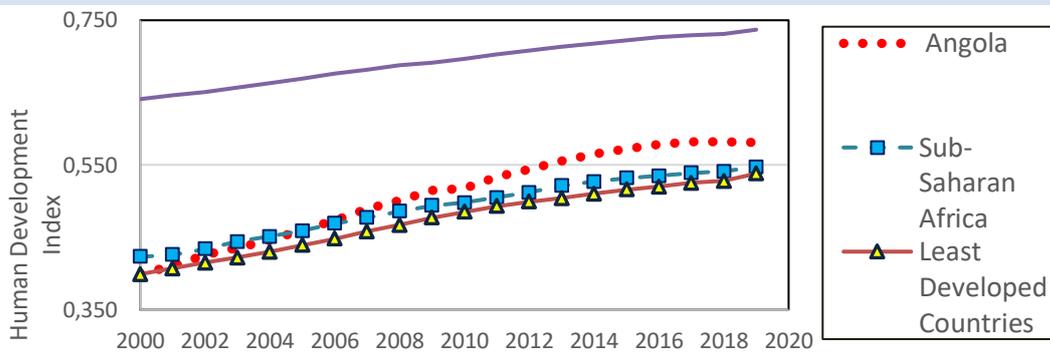


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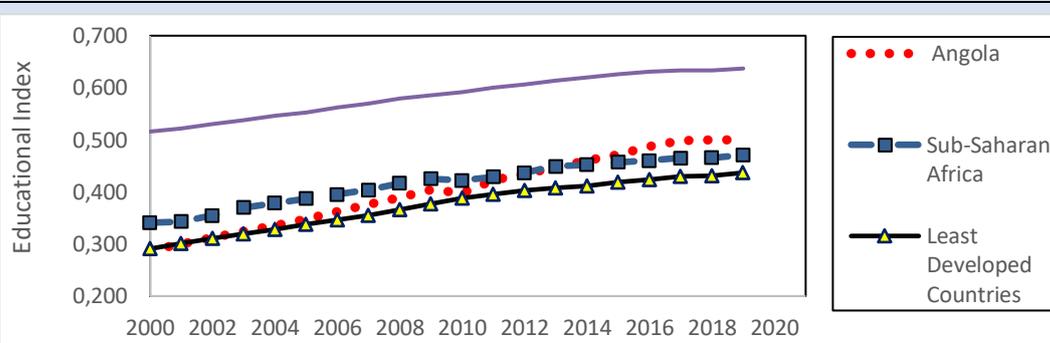
<https://www.un.org/en/development/desa/population/publications/dataset/fertility/wfd2017/index.htm>

Figure AC-3 2000- 2019: Angola, Sub Saharan Africa, Least Developed Countries(\*) and world average

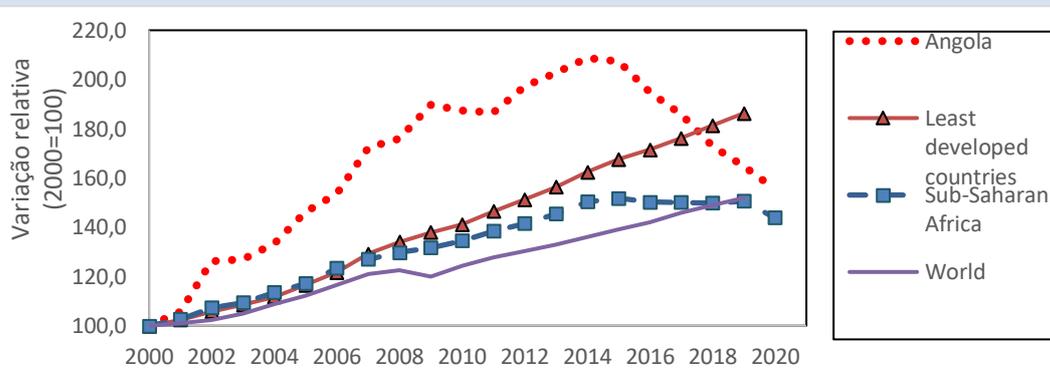
a) Human Development Index (HDI) 1990 a 2019: Angola, Sub Sahara Africa, Least Developed Countries (a) and world average.



b) Educational Index



c) Gross National Product - GNP PPP per capita - (Relative Variation (2000=100))

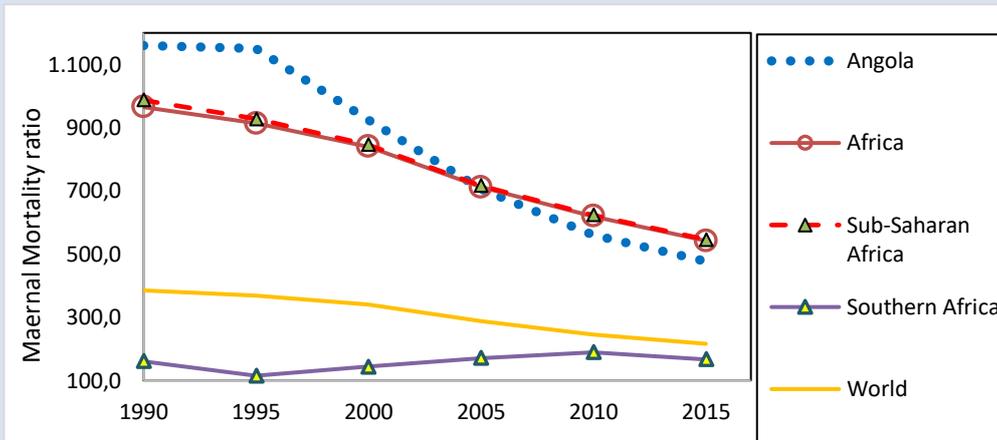


(\*) According to UN criteria (2019)

Source:

- HDI - UNESCO Institute for Statistics (2020) and United Nations Statistics Division (2020) - <http://hdr.undp.org/en/content/download-data>
- Educational Index: UNESCO Institute for Statistics (2020) e United Nations Statistics Division (2020) - <http://hdr.undp.org/en/content/download-data>
- GNP – PPP - <https://data.worldbank.org/indicator/NY.GNP.PCAP.PP.KD>

Figure AC-4 1990 a 2015: Angola, Subsaharan Africa- Least Developed Countries<sup>(a)</sup> and world average – Maternal Mortality Ratio (per 100,000 live births)



(a) According to the UN criteria (2019)

Source: Trends in maternal mortality: 1990 to 2015: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division -

[https://apps.who.int/iris/bitstream/handle/10665/194254/9789241565141\\_eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/194254/9789241565141_eng.pdf)

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