

# United Nations Development Assistance Framework

## Angola 2009-2013

### PROGRESS REPORT (2009-2010)

April 2011

#### 1. Objective

The objective of this report is to share with the Government, and the UN's many partners, the collective progress that has been made in implementing the United Nations Development Assistance Framework (UNDAF) during the period 2009-2010. The report summarizes the collective achievements of the UN's work in each UNDAF outcome areas, namely:

1. **Support area 1: Governance, Justice and Data for Development:** *Development of institutional capacity for improved evidence-based planning, legislation, accountability by governance structures, legal environment to address the needs of the poor and most vulnerable whilst, at the same time, strengthening community engagement, civic participation to cement social cohesion, national reconciliation and the empowerment of women.*
2. **Support area 2: Social Sectors (Health, WASH and Education):** *Increased and equal access to quality and integrated social services at national and local levels, with emphasis on the MDGs.*
3. **Support area 3: HIV & AIDS:** *Strengthened national response to HIV and AIDS through universal access to prevention, treatment, care and support, eradication of stigma and discrimination.*
4. **Support area 4: Sustainable Economic Development:** *Strengthened pro-poor economic growth and accountable macroeconomic management, integrated rural development, management of natural resources and energy to promote environmental protection, energy efficiency and adaptation to climate change.*

Furthermore, it should be noted that the UNDAF is aligned with supporting the Government's Medium-Term Development Plan (2009-2013) and long-term priorities in the following areas:

GOVERNMENT PRIORITY	UNDAF OUTCOMES
1. Improve the living conditions and the Human Development of Angolans, eradicating hunger, poverty and promoting adequate levels of education and sanitation	<ul style="list-style-type: none"><li>• <b>Support area 2: Social Sectors (Health, WASH and Education)</b></li><li>• <b>Support area 3: HIV &amp; AIDS</b></li></ul>
2. Promote unity and national cohesion and the consolidation of democracy and its institutions, as well as ensuring freedom and fundamental rights and the development of civil society	<ul style="list-style-type: none"><li>• <b>Support area 1: Governance, Justice and Data for Development</b></li></ul>
3. Guarantee sound and sustainable economic development, with macroeconomic stability,	<ul style="list-style-type: none"><li>• <b>Support area 4: Sustainable Economic</b></li></ul>

<p>transformation and diversification of economic structures</p> <p>4. Stimulate Private Sector development and support national entrepreneurship</p> <p>5. Promote an equitable development of the national territory</p> <p>6. Strengthen competitiveness of the country in the area of international trade</p>	<p><b>Development</b></p>
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The current UNDAF covers the period 2009-2013 and is the result of detailed discussions between the UN system and the Government of Angola and describe the planned UN cooperation and commitments in the implementation of the Government’s Annual Plans.

The specific national objectives established in the MTDP that are supported through the UNDAF are:

- i) *Improving the quality of living conditions and the Human Development of Angolans through the eradication of hunger and poverty and the promotion of adequate levels of education and sanitation;*
- ii) *Promoting national unity and cohesion and the consolidation of democracy and its institutions, and;*
- iii) *Ensuring sustainable economic development, with macroeconomic stability, transformation and diversification of economic structures as well as ensuring the freedom, fundamental rights and development of civil society.*

Therefore, the effective implementation of the UNDAF directly contributes to the achievement of the Government’s Annual Plans. Importantly, since the UNDAF has the same implementation cycle as these Plans, the UN’s efforts are fully aligned with the Government’s and will allow for better monitoring and evaluation of the results of the UN’s work towards meeting the national objectives. It should be noted that the current UNDAF was also the first to be formally signed between the UN and the Ministry of Planning. Through these signatures, the Government of Angola and the United Nations Country Team (UNCT) have committed to the realization of the values and principles enshrined in the Millennium Declaration and the Millennium Development Goals (MDGs).

The UNDAF is a living document and is impacted by the structural conditions in which it operates. To better understand the early outcomes of the UNDAF activities in 2009 and 2010 a brief review of some of the key national development events during this period is provided below.

## 2. Key Development Trends and Events (2009-2010)

In 2009 and 2010, Angola continued to engage decisively in the transition from post-conflict reconstruction to focus on medium to long term sustained development growth, including considerable efforts towards the diversification of its economy and improvements in its social indicators.

The findings of the Population Well-Being Survey (IBEP), carried out in 2008 and 2009 and published in 2010, show substantial progresses towards the achievement of several MDGs. For instance, in 2002, the Poverty Incidence decreased 63%, down to 37%; in 2001, the under-5 year-old child mortality rate decreased from 250 to 194/1000 live births; the proportion of malaria-related deaths decreased from 35% to 23%; the prevalence of malnutrition (based on the weight of under-5 year-old children) also decreased, from 31% to 16%. The primary school attendance rate increased from 56% to 77%, with nearly gender parity (IBEP, 2010).

The country continued to do this while addressing the negative impact that the global financial crisis of 2008 and 2009 had on the Angolan economy during the development partner's engaged in the country.

Despite the considerable investment in infrastructure and growth in the economy, which included an average annual increase of 15% between 2003-2008 and guaranteed macro-economic stability since 2002, social and health indicators for Angola remain very low. Based on UNDP's 2010 Human Development Index (value 0,403), Angola ranked 146th out of 169 countries. Its life expectancy is one of the lowest in the world (48,1); the under-5 year-old child mortality rate is still rather high, notwithstanding a substantial improvement in recent years, also in children who suffer moderate and severe forms of chronic malnutrition; and an estimated 36,6% of Angolans live below the poverty line (IBEP 2008-2010).

The Government continues committed to the MDGs and will soon publish its MDG report on the progress made in the first decade of implementation. It is also important to note Angola's active participation at the MDG Summit in September 2010. Despite the challenges of post-crisis recovery, capacity constraints, Angola has made significant progress towards the MDGs as reflected in the results of IBEP's survey.

Progress was identified in universal primary education (MDG 2), and to a certain extent in reduction of infant mortality (MDG 4) and improvements in maternal health (MDG 5) due to the, reduction of poverty, investments in health and education infrastructure, as well as delivery of services and capacity building of education and health workers. With regards to gender (MDG 3), there is an increasing participation of women in the Parliament (44%) and in Government (33%) and gender parity has almost been achieved in primary schools.

In 2010, Angola was marked by changes in its governance structure as defined by the *New Constitutional Law* approved in January 2010. Under this new arrangement, the President of the Republic will be selected directly by the party with the majority in the National Assembly and not by direct suffrage. The next elections are expected to be held in 2012.

The commitment to local development at a municipal level, reaffirmed in January 2011 by the Government and through the National Programme for Poverty Reduction and Rural Development, offers the UN and development partners an opportunity for continuing to support the establishment of state social services which are closer to the population, especially the poorest and most vulnerable.

As part of the new constitutional structure, the government established a new State Secretariat on Human Rights, in the office of the President, charged with the promotion and realization of human rights. This is an important step and comes in wake of the universal review on human rights in Angola at the Human Rights Council, of which Angola is also a member.

Through the National Children’s Council, Angola also defined Eleven Commitments for Children which established the priorities for improving the welfare of children through commitments which require multi-sectoral actions.

Angola maintains cooperation with the World Bank, the EU, the USA, Brazil, Japan, as well the United Nations system, whereas notably traditional partners such Sweden and the UK have almost withdrawn country specific aid programmes due to Angola’s resource and the impact of the financial crisis on aid programmes.

However, the total yearly ODA represents less than 1% of Angola’s National Budget which means that for the UN system and its partners, the focus is not on the total financial assistance provided, but rather on supporting national development plans on a technical and strategic level; primarily through supporting the implementation of the UNDAF and leveraging for inclusive economic development and greater equity.

### **3. Progress towards UNDAF Outcomes and UN’s Contribution**

Based on the four support areas defined in the UNDAF, the UN’s contribution towards the meeting the overall Expected Outcomes during 2009 and 2010 can be summarized as follows:

<b>Support Area 1 : GOVERNANCE, JUSTICE AND DATA FOR DEVELOPMENT</b>
<i>Outcome #1: Development of institutional capacity for improved evidence-based planning, legislation, accountability by governance structures, legal environment to address the needs of the poor and most vulnerable whilst, at the same time, strengthening community engagement, civic participation to cement social cohesion, national reconciliation and the empowerment of women.</i>
Agencies Contributing - UNDP, UNICEF, UNFPA, UNESCO, UNHCR, UNHCR, IOM, UNV, FAO

Sectoral support (in the area of Governance, Justice and Data Development) by the UN system to the GoA has been driven by the request to help develop national capacity and laws, policies and strategies.

The following major results have contributed to reaching the stated goals of Outcome #1:

*In the Area of Governance and Civic Engagement*

*Capacity Development*

Through the work carried out by Decentralization Programme supported by the UN in building the capacity of the local administration in developing municipal plans, the setting up of provincial and municipal teams to support the decentralization efforts, the resulting focus on greater service delivery to the public and improved management of provincial and municipal budgets as well capacity for planning and executing strategic plans in the five provinces where the programme is being piloted, namely Kwanza Norte, Malange, Uíge, Bié and Bengo, resulted in increased capacity of those responsible for governing at the provincial and municipal level, as well as encouraging greater citizen participation in decision making. Furthermore, the UN contributed to the development of institutional capacity of law enforcement officials from the Ministry of Interior. Knowledge on migration related issues and document fraud was conveyed in order to increase the capacities of Angolan officials. Community engagement and civic participation were also supported and strengthened through the participation of civil society in several trainings to get an in-depth understanding of migration movements. Lastly, border assessments were carried out with the Ministry of Interior to identify protection gaps.

### *In the Area of Justice and Rule of Law*

#### *Policy Support*

The UN was invited to assist the GoA in the drafting of a *Basic Law on Social Assistance* as the legal basis to establish a social protection system for the vulnerable groups and in particular children. It also provided technical assistance to the Ministry of Family and Women Promotion for development and implementation of a national gender policy and advocated for effective community based mechanisms to reduce violence cases, which is being reviewed for Government approval. The efforts being developed by UNFPA in support to the Government's work towards a population policy and in integrating the socio-demographic variables into development programs and plans, are also noteworthy. Concerning the access to Justice, the UN System through its agencies has been supporting the reforms and capacity building of the institutions such as the Luanda Juvenile Court to implement a pilot programme; Ministry of Justice to strength the capacity of the justice sector for improved access to justice and for the participatory and coordinated implementation of the judicial reform process; various ministries in the development of legal frameworks for determining the refugee status, considering the Migration-Asylum aspects and to receive and protect asylum-seekers and refugees. The improved legal environment for asylum seekers and refugees allowed this vulnerable group to receive information on their legal rights. To effectively disseminate this information, it was also passed on to public institutions involved in migration issues. The UN System also worked with the GoA on the fight against human trafficking and transnational organizations.

## *In the Area of Data for Development*

### *Capacity Building*

The UN has been supporting the GoA in the preparation of the Population and Housing Census, scheduled for 2013. Hence, the UN has assisted in designing and finalizing the draft census document, already approved by the GoA, and has been supporting the INE capacity-building in order to successfully carry out this task, namely in defining the current cartography status and planning for its updating, as well as in training INE's personnel in various subjects, such as Demographics, Cartography, census operational management, and the use of data-base management software.

The presentation in August 2010 of the IBEP Household Incomes and Expenditure Survey which was conducted between May 2008 and July 2009, represented the possibility to have updated data at the country level. The survey was the first post-conflict national survey to be carried out in all the 18 provinces covering both rural and urban areas. The survey was aimed at updating social economic indicators of Angola and was carried out by the National Statistical Office (INE) with support from the UN, USAID and the World Bank. Data was collected from 11,852 households and preliminary results were released in December 2009 while final results of this survey were officially issued in August 2010. The survey is rich in data on Infant and under five mortality, water and sanitation, educational enrolment, birth registration, health of mothers and children, Incomes and expenditures of Households, access to services, among others estimates. The analysis of this survey is being finalized and provincial profiles will be prepared and will have a major impact on future government plans to combat poverty in the country.

Promotion of MDG based planning and reporting also progressed through the implementation of two MDG joint programmes and the elaboration of the third Angola MDG report, as the elaboration of the report, which included indicators from the national household survey conducted in the country since the end of the civil war, was supported financially and technically by the UN System but importantly it was led by the Ministry of Planning and included participation of key stakeholders. The report effectively established a new baseline and indicates that progress has been made towards achievement of universal primary education (MDG2), reduction of child mortality (MDG 4) and improvements in maternal health (MDG5) however progress is still limited on eradication of extreme poverty and hunger. The report also recommends areas of action for the achievement of the MDGs, and will be published in early 2011.

Importantly, a closer working partnership with INE established the base for further capacity development on MDG based reporting and 11 Child Commitments Monitoring. The UN are also helping develop an Education Management information System (EMIS) to gather administrative information on primary and secondary schooling in Angola, and have been working closely with the Ministry of Higher Education and Science in surveying tertiary education institutions. Data from these surveys will support reporting on education indicators for the GoA and the MDG monitoring.

Through the UN Joint Programme on Water and Sanitation, the UN also contributed to addressing MDG based reporting through a baseline study for the water and sanitation sector in 6 municipalities and supported the establishment of monitoring database system, as well as piloting MDG planning at the local level through the elaboration of sectoral plans for 3 municipalities. The elaboration of MDG planning and reporting has also allowed for a significant contribution towards having updated analysis of

gender disaggregated data not only through the presentation of the overall the status of MDG 3, the promotion of gender equality and women empowerment, but also through highlighting the gender dimension in the challenges in the achievement of the MDGs. Importantly, the Water and Sanitation Joint Programme has also contributed to strengthening data collection and analysis on gender with the focus on collecting disaggregated data, and also through the strengthening the database in the water sector.

**Support area 2: Social Sectors (Health, WESH and Education)**

*Outcome #2: Increased and equal access and utilization of quality and integrated social services at national and sub-national levels with emphasis on MDG targets.*

Agencies contributing: UNICEF, UNESCO, UNFPA, WHO, IOM

Sectoral support (in the areas of Education, Health and Nutrition, Water and Sanitation) by the UN system to the GoA has been achieved by adopting three key approaches (i.e. policy support, capacity development, and support to delivery of essential services to families, women and children in targeted municipalities), with the following major results contributing to Outcome #2:

*In the area of Education*

*Policy support*

**A National Early Childhood Policy** is being developed, and will be ready for presentation at the 5<sup>th</sup> National Forum for Children in June 2011. A **Child-Friendly Schools (CFS) Framework** has also been developed and adopted as a guide to education reform in Angola. Support for field-level pilots, such as the **Gender Action Plan pilot** and parent community participation initiatives, resulted in key guidance for policy and strategy revision processes in 2011 – including the CFS implementation plan. The **Accelerated Learning Programme (ALP)** pilot programme, which has allowed the training of 440 teachers and further benefitted 7,000 students (38% being girls) has been evaluated and a set of key recommendations made for the revision and national scale up of the ALP Strategy. A **National Qualification Framework (NQF)** for teachers has also been developed and will be validated in the course of 2011.

*Support to Service delivery:*

UN-supported school construction projects in 2009 and 2010 targeted 94 schools, advancing access and quality, through **construction of new schools or classrooms**, benefitting an estimated 35,000 children, involving 16 municipalities and 5 provinces (Bié, Huíla, Cunene, Moxico and Luanda). In addition, grants were provided to 300 schools under the PAEP Teacher Training initiative to further improve their learning environments by purchasing basic teaching and learning materials. Targeted support to the ALP initiative in South Kwanza has allowed improvements in access and quality of ALP in that province, while identifying good practices and lessons learnt to be applied nationwide.

*Capacity building:*

UN support to capacity building in Education targeted both institutional and individual capacity. Based on the joint EU/UN-funded national teacher training initiative, a core group of 47 national master trainers were trained in 2009, who further trained 350 teacher trainers in 2010. It is expected that the teachers will go on to train other teachers in seven PAEP target provinces, with the aim of reaching a total of 12,800 teachers by end of 2011. The training efforts are being enhanced with newly-developed manuals and guides (27,000 distributed), and funds for school-based projects that have already benefitted 300 primary schools and over 100,000 children. The project will be scaled up nationwide in 2011. At an institutional level, UN support to capacity development also resulted in improved systems for school inspection, education planning and budgeting, as well as the development of an Education Management and Information Systems (EMIS).

*In the areas of Health and Nutrition, Water and Sanitation*

*Policy support*

The UN System supported the elaboration of the **National Health Policy** and the **National Policy for the Pharmaceutical Sector**. These two fundamental documents for the development of the health sector in Angola have been approved and published in the official journal. A draft **National Environmental Sanitation Policy** Framework and plan is also available.

The preparation and implementation of the **Emergency EPI and Polio plans** to contain the polio virus re-infection and circulation and improve routine immunization have led to more involvement of the provincial and municipal administrators, with significant financial contributions compared to previous years. The **municipal health systems**, based on five-years of experience in the revitalization and decentralization of health services, was launched by the Vice President. The MINSA was also successfully supported to finalize and get approved the **2011-2014 "Sexual and Reproductive Health Strategic Plan"** toward the achievement of MDG, including finalization of the 'Angolan Road Map' to accelerate the reduction of maternal and neonatal mortality, with a provision in the national budget from 2010 to 2015. A critical component on **Child to mother HIV transmission** has been elaborated as part of the National Strategic Plan, followed by the establishment of a pilot referral and contra-referral system in some municipalities of the targeted provinces (Benguela and Huila). The MINSA has also been successfully supported for the development of a **National Action Plan for the prevention and treatment of Fistula**. The **National Environmental Sanitation policy consultancy procurement process and plan** has also been concluded and drafting will start in 2011 under leadership of Ministry of Environment and in collaboration with other key sector ministries (Ministries of Health and Water) and donor/partners (EU, USAID, AECID, UNDP).

*Support to Service delivery:*

The UN system is supporting a combined programme of revitalization of social services as well as delivering of an essential package of high impact interventions, through procurement and distribution support, communication and social mobilization, etc. As a result of this approach, access and utilization of quality maternal health services has substantially increased, with clear impact on reduction of maternal mortality and morbidity, including the prevention of unsafe abortion and management of its complications.

198 health areas have been revitalized, providing increased access to quality care and services to more than 2.97 million people (66% of the population in the five focus provinces of Bié, Huila, Cunene, Moxico



and Luanda). The support program to the health areas revitalization cost about \$14 million to the UN System between 2009 and 2010. An indication of the success of the revitalization process is reflected in the fact that a further 29 new health areas have enrolled in the revitalization process, and it is now estimated that 75% of women and children in these municipalities have access to quality health care services including water, hygiene and basic sanitation.

As regards the immunization services against the most common child diseases, a monitoring of post **polio campaign** data has shown a significant reduction by 50% in the proportion of missed children during the polio campaign carried out 1-3 October 2010 in Luanda province, as compared to the previous rounds, while the national figure shown only 8% of un-vaccinated children compared to 13% previously. One third (1/3) of operational costs of 2010 polio campaigns were covered by Government funds.

For **routine immunization**, the following results were registered in 2010:

- 5.84 million under-five children received three doses of OPV; with the percentage of missed children dropping below 10%.
- 4.29 million children received Vitamin A (88%); and 4.35 million children (82%) received Albendazole during the August integrated campaign.
- 89% of under-one children were covered with DPT3 in a catch-up vaccination campaign (July - December); up from 73% in 2009.
- It has been observed 23% reduction in the number of un-vaccinated children from January to September 2010, compared to number in the same period of 2009.

**For Malaria control**, 486,120 children under five and 324,080 pregnant women respectively; included 3,000 people living with HIV/AIDS (PLWHA), have increased their protection to malaria, thanks to the distribution of 1,789,200 LLINs in all 164 municipalities, to 406,600 households.

In relation to **Water and Sanitation**, 109,000 persons in rural and poor peri-urban areas of 5 revitalized provinces were provided with access to safe water, which represents a contribution of 20% to the Angolan annual MDG target in these provinces, and 21,000 primary school children were provided with access to friendly water and sanitation facilities in rural and poor peri-urban areas of four target provinces.

#### *Capacity building:*

Through a set of training packages (including Revision of curricula of trainers), the UN System contributed to strengthening the national capacities, and substantially improve the capacities of more than a thousand of Community Health workers and other social workers, providers of services and care to mother and child, in areas such as ART, PMTCT and infant feeding in the context of HIV/AIDS; IMCI (including growth assessment and community management of severe acute malnutrition), fistula diagnosis and care, monitoring of key family practices; prevention of maternal and perinatal deaths; nutritional surveillance, family planning; Logistics Management Information System, Management Information System for water and sanitation (SISAS), etc.

Recognizing the critical role of families and communities to support and strengthen the implementation of policies on maternal and child health, nutrition, water, early child development and protection, the UN System also supported capacity building of over 200 social workers on basic skills to work directly

with families and communities to improve the health, well-being and development of an estimated children under 5. Support to the participatory development of a key set of family competencies also resulted in the launch of a National Alliance of government, churches and civil society devoted to strengthening family competencies, particularly with an emphasis at reaching the vulnerable families who don't otherwise have access to services. 10 National Churches and NGOs are mobilized under this alliance, in order to promote in a continuous and sustainable way several messages on HIV testing, PMTCT, hand washing, breastfeeding, SRO use, use of mosquito nets, water treatment, immunization and anti natal care, early child development and child protection. A set of training of trainers for 1,000 family counselors and activist of 10 churches in the 18 provinces as per the CNAC biennale plan will be implemented in 2011 under this programme, as well as trainings of 8,200 social activists and family counselors in 164 municipalities.

**Support area 3: HIV & AIDS**

*Outcome#3: Strengthened national response to HIV and AIDS through universal access to prevention, treatment, care and support, eradication of stigma and discrimination.*

Agencies contributing: WHO, UNFPA, UNICEF, UNESCO, UNDP, UNAIDS

The response to AIDS in Angola has improved considerably in recent years and the UN is committed to continuing to support the GOA and civil society in pursuing this trend. UN support in this outcome area can be broken down into three support areas, namely; support for **service delivery, policy and capacity development**.

In order to reinforce the national response to HIV, jointly, the UN agencies have been providing **technical assistance and other forms of support** to the Ministry of Health and the INLS, as well as to the Education and other social sectors, including the civil society, the private sector and the embrionary community health sector.

The combined efforts deployed to halt and reverse the spread of AIDS in Angola are having a positive impact. The prevalence rate remains comparatively low in relation to neighboring countries, and has remained stable over the years. It is now estimated 1.98% of the adult population is HIV positive, with higher prevalence rates reported in urban areas and some of the provinces, including Namibe, Luanda, Kuando Kubango, Huambo, Benguela, North Lunda and Cunene, which have rates between 3,7% and 7,4% (INLS, 2009).

*In the Area of Support to Service Delivery: strategic information, guidelines and training*

The rapid expansion of diagnosis, treatment, and care services has contributed the overall stabilization of AIDS rates, allowing for a reduced morbidity due to AIDS-related illnesses. This trend was made possible thanks to the Government's efforts to reinforce the national health system towards the care services for people living with HIV. These efforts included, among others, the establishment of two major reference centers for HIV treatment and the decentralization of the health services, including HIV. As set by law, HIV testing, care of people living with HIV and ARV treatment are free of charge for all the population, the costs being supported by the Government. The Ministry of Health developed and promoted HIV treatment standards and adopted legislation aimed at protecting the rights of Angolans,

namely those living with HIV. Although some challenges still remain, Angola's response has been successful in achieving progresses, such as an increase in coverage from 15% in 2006 to 24% in 2009. In the same period, the coverage of the mother-to-child transmission prevention increased from 10% to 18% and the proportion of adults with more than one sexual partner decreased from 34% to 14%. As regards the technical assistance (epidemiological surveillance and M&E) provided, the UN aimed at improving **knowledge** on the issue and reviewing and updating **guidelines** (VCT, ARV, PMTCT and TB), and **training** health personnel, teachers, the youth, community activists, etc. The UN has also helped the government **monitor and report on its achievements**, for instance through Angola's UNGASS and MDG reports in 2010 and the joint Global Report on Universal Access 2010, on progress made towards meeting the targets for universal access to HIV prevention, treatment and care.

*In the area of Policy Support: Strategic planning*

The other major area of recent progress, achieved with support from the UN, is the review of results made over the past several years (2007-2010), an analysis of challenges met, the design of a new **National Strategic Plan** in response to HIV and AIDS for 2011-2014, and the efforts deployed to mobilize financial resources for its implementation. The new National Strategic Plan (PEN IV) was elaborated with the participation of public servants from several ministries, private sector employers, civil society groups and international community agencies. This was achieved with support from UNAIDS/TSF consultants and several technical advisors from various UN agencies.

*Capacity Building: Global Fund Resources mobilization*

The new NSP IV has also informed the development of a successful proposal to the **Global Fund** for the next few years. With this program, the Global Fund will support government interventions required to scale up the prevention of **vertical transmission**, also known as mother-to-child transmission, which often occurs during pregnancy, birth delivery or breastfeeding. Although a final budget will only be approved in the coming month, the proposed programme could bring up to \$68 million over 5 years to the country. In the meantime, the UN assisted the country in securing a continuation of the previous comprehensive HIV programme financed by the Global Fund, which is close to completion. The previous programme included the establishment of 177 small sites for the prevention of mother to child transmission and a small treatment intervention with the establishment of 120 sites. In addition, the UN has mobilized other smaller and more focused **strategic and catalytic funding** mechanisms

**Support Area 4: Sustainable Economic Development**

*Outcome #4: Strengthened pro-poor economic growth and accountable macroeconomic management, integrated rural development, management of natural resources and energy to promote environmental protection, energy efficiency and adaptation to climate change.*

Agencies contributing: UNDP, FAO, UNESCO, UNIDO, IOM

The rapid macro economic growth experienced in Angola has provided many opportunities and challenges for the government and its people in ensuring equitable and sustainable development takes

place. In this area the UN has focused on developing national capacities, pro-poor policies, and strategies to help the country meet its MDG and economic targets.

#### *In the area of Capacity Development*

The UN contributed to foster an inclusive economy in Angola, offering the social partners technical and financial assistance in business development matters. The Federation of Angolan Women Entrepreneurs, present in over 18 provinces in the country and the Business Incubator, together empowered 3000 entrepreneurs. Angola's Chamber of Commerce and Industry, also present in all the provinces, held its first Private Sector Conference, which gathered this sector's national leaders, to discuss with the public powers the economic development in the different territories. Another relevant contribution is the strengthening of and support provided to the microfinance sector in Angola. The UN supported the activities of the Micro-finance Multisector Technical Group, comprising government and non-government players, in its discussions and articulation towards the development of the micro-credit industry in the country, which reaches thousands of people in the urban and rural areas.

Capacity development aimed at addressing the needs of vulnerable population in the area of crisis prevention and recovery, disaster mitigation and management have been delivered in partnership with the government. A **National Contingency Plan** has been produced and submitted to the Council of Minister to reinforce and develop the capacities at the national and provincial level to effectively coordinate and reduce the impact of natural disasters. The **National Strategy of Food and Nutritional Security** approved in 2009 also includes a system of early warning and rapid reaction to a food crisis.

During 2009-2010 the UN system provided technical assistance to two important emergencies the floods in the province of Cunene and the mass expulsion from DRC. The UN undertook a mission in consultation with relevant government officials to assess needs in both cases and made recommendations for a comprehensive response. The UN has been engaged in social mobilization with local authorities in Cunene and the National Civil Protection Service to educated local populations on disaster preparedness. The UN provided life-saving support to 31,000 people in the areas affected by floods in Cunene and distributing NFI's and shelter construction materials that provided disaster relief to 30,000 people. The response to the cholera outbreak that affected 1,900 people was done in collaboration with the Ministry of Health through the cholera taskforce.

In 2009 the assistance to 'expellees' was coordinated by MINARS and around 50,000 people benefited from life-savings support. In 2010 at least 2,880 Angolans expelled from DRC were supported by rapid integration support and assisted with agricultural inputs and seed vocational training In Uíge province to mitigate food security and contribute to the stabilization of receiving communities.

In 2009-2010, the efforts focused capacity building to develop national legislation on SALW and enhanced partnerships with NGOs and civil society in implementing community safety initiatives and awareness raising programs on disarmament. The UN supported the approval of an Integrates Crisis Prevention and Recovery Program, including mine action, SALW/ AV and DRR (2010-2013) and resource mobilization for 2010.

UNDP centered its support for human security in the area of mine action by supporting the National Institute of Mine Action (INAD) and the National Intersectoral Committee on Mine Action (CNIDAH). The main results in this area: the establishment of country's priorities in the **High Level National Mine Action Summit**, increased the capacity for land release within the CNIDAH; consolidation and dissemination of the Standard Operating Procedures (SOP) by INAD; increased the capacity for management of machinery and equipment by INAD through training of 15 provinces brigades.

The new Crisis Prevention and Early Recovery Program was presented to the partners for review and is expected to be endorsed in 2011, which will include supporting the **National Strategy on Disaster Management** and the development of policies and regulations to address illicit arms and light weapons.

#### *In the area of Pro-Poor Policies*

In the provinces, the UN strengthened pro-poor economic growth through a variety of interventions, aiming at rural development, food security and management of natural resources. Focus was on agricultural activities, the establishment of micro-value chains, capacity building of local associations, particularly for women, improvement of infrastructure and empowering microenterprises through support with business plan development and implementation of income generation activities.

Rural development was also a focus area, along with attention being paid to food security and management of natural resources and the establishment of '**Field school**' where some of the key areas of concentration in support of the poor and vulnerable populations.

#### *In the area of Strategies*

With UN support the **National Strategy for Food and Nutritional Security** (ENSAN) has been formulated; coordinated by the Ministry of Agriculture, Rural Development and Fishing (MINADERP), through the Food Security Cabinet (GSA) with the participation of all the sectoral ministries and civil society directly concern. The ENSAN was adopted by the government in December 2009 and it has its action plan (PASAN) which define actions and the institutional framework. The objective of the ENSAN it is to coordinate and to articulate all sectoral actions related to Food Security in Angola and to promote a bigger participation of civil society and communities in developing meaningful local food security policies to mitigate against food vulnerabilities in the country.

Design and implementation of **environmental protection strategies** to ensure sustainable growth: biodiversity strategy, and programs for adaptation to climate change and eco-system conservation have also been a priority over the first two years of the UNDAF. The UN has supported work on this front at a regional level as well through the finalization process of the **Transboundary Diagnostic and the Strategy Action Plan** for the Okavango River Basin, which will benefit Angola, Botswana and Namibia. This program has increased capacity in all three countries to identify the environmental issues affecting the basin and its impacts. This also contributed to strengthening the regional water commission (OKACOM).

#### **4. Progress on UN Reform Regarding Administrative and Procedures Organization**

The UNDAF, in line with the UN reform agenda, represents a critical and practical contribution to the call for greater harmonization and integration of the UN system at country level. The UN concept '**One voice, One programme**' is the result of the convergence of all the national programmes of each agency with the desired results of the UNDAF, and ultimately with national development goals using the results matrix. The same is applicable to the Country Programme Document (CPD) and Country Programme Action Plans (CPAP). By pooling their resources, the agencies of the United Nations will be able to increasingly benefit from Joint Programmes in key areas; for ExCom agencies (UNDP, UNICEF and UNFPA) the Harmonized Approach to Cash Transfer (HACT) will be implemented to reduce transaction costs and enhance national ownership.

Among other progress in support of UN Reform, it is important to highlight that in 2009 two new joint programs were approved by the MDG-Fund, in March for a joint programme (UNDP, UNICEF, IOM, ILO) on Water and Sanitation for Urban and Peri-urban areas, and in October for a joint programme (UNDP, UNICEF, WHO, FAO, IOM) on Children, Food Security and Nutrition, with a total funding of \$11.6 million for the period 2009-2012. These joint programs are harmonized substantively with the UNDAF outcomes as well as with the country's Medium-Term Development Plan. This, with the UNJTA and existing theme groups, will enhance coordination and coherence of UNCT.

With respect to HACT, there has been excellent collaboration among the resident UN Ex-Com Agencies in Angola. HACT process has further progressed, in particular in the last quarter of 2010, with the development of training tools and plan for implementation in 2011. The Ex-Com Agencies have created an inter-agency team to serve as a link between the UN and the Government, and for this purpose to draw the strategy implementation of HACT uniformly among all members as well as the training of both officials of the United Nations as partners.

In 2010 the **UN Angola Communication Strategy** was elaborated and approved by the UNCT. In harmony with the principle of Delivering as One and the idea of Communicate as One, the Communication Strategy has been built to join and coordinate the communication efforts from all the UN agencies in Angola, and will focus on the achievement of three long-term goals: i) to position the UN System in Angola as a respected organization and a reliable partner in the country, in which all agencies are engaged in a shared and coherent national development endeavor; ii) to create an understanding of the development issues addressed in the UNDAF among the population and to offer long-term solutions to tackle them; iii) to build a national environment - involving both the Government and civil society - that strives for the achievement of the Millennium Development Goals (MDGs).

## **1. Key Challenges, Gaps, and Lessons Learned**

The key challenges, gaps and lessons learned in the implementation of the current UNDAF in the 2009-2010 period, as concluded in the Technical Meeting on Mid-Term Review of UNDAF, which gathered all partners, on April 8th 2011, are as follows:

- The Government of Angola has assured the leadership of the country's development, through a national recovery and restructuring process, with the support of its international partners. Following this trend, the UN will continue to improve the harmonization and alignment of its intervention with the national development policies.
- The national priorities were planned and executed by the Government, therefore also the concern of the Head of State, and the results felt nationwide were satisfactory. The UN System in the country will reinforce its support to the design of development strategies and policies, technical assistance and the national partners' capacity building.
- Major changes have taken place recently in terms of cooperation modalities, which have been followed closely by the UN, namely:

- i) the national Government has been leading the development and the Plan for the Fight Against Poverty, under the scope of the Paris Declaration for aid efficiency;
  - ii) the role of the development partners should aim at going from the direct implementation to the capacity-building of national institutions towards that implementation;
  - iii) the overall national budget (OGE) is the main source of financing to the development interventions, although the UN System may support its planning, upon request. Hence, the joint action plans should benefit from joint financing.
  - iv) state and private sector resources must be mobilized in order to be able to finance the civil society organizations;
  - v) the UN System, within its action scope, should emphasize a greater commitment towards meeting the Millennium Development Goals and poverty reduction.
- The approach to political and social development challenges and to address the population issues, namely the most vulnerable groups, should be based on the Fight Against Poverty Programme, specially its capacity-building aspects.
  - The results of the joint work and UNDAF's progress report 2009/2010 will be presented to the Government in order to obtain its approval for the documents produced. Under the scope of UNDAF's mid-term review, which will happen this year, the strategic guidelines, the implementation partners, the interventions geographic areas and the cooperation models should all be revised.

As regards the experience gained with the preparation of this first progress report, the lessons learned provide the following recommendations to the next report:

- I. Present the key results in each support area.
- II. Include in the report the collaboration between the national institutions and the UN System, identifying concretely the national partners in each report component.
- III. Enrich the report with financial data from the programs developed and charts/tables showing the evolution of results.
- IV. Show the baseline and the indicators chosen for each result. Specify the main constraints.
- V. Harmonize the language and the vocabulary used in the report, and include a glossary of acronyms.