



UN Joint Programme of Support to the National Strategic Plan in the decentralization process of HIV/AIDS programmes

Luanda, November 2006

Approved by:

Handwritten signature of José Vieira van Dunem in blue ink, written over a horizontal dashed line.

Dr. José Vieira van Dunem
Vice-minister of Health
In representation of the Technical
Committee of the National Aids
Commission

Handwritten signature of Pierre-François Pirlot in blue ink, written over a horizontal dashed line.

Mr. Pierre-François Pirlot
UN Resident Coordinator

Handwritten signature of Ana Dias Lourenço in blue ink, written over a horizontal dashed line.

Dra. Ana Dias Lourenço
Minister of Planning

Table of Contents

Acronyms	<i>iii</i>
Executive Summary	<i>v</i>
UNDAF Outcome(s)	<i>vi</i>
• (Sub-)National partner(s)	<i>vi</i>
• Expected Output(s)	<i>vii</i>
Section 1: Context Analysis	1
Status of the national response to the HIV epidemic	1
• National Commission	1
• National Strategic Plan	2
Internationally driven mechanisms	4
• GTT recommendations	4
• Universal Access	5
United Nations Development Assistance Framework (UNDAF)	5
UN Joint Programme	6
Section 2: Strategic Actions	7
Enhance the institutional capacity to ensure a rapid, multisectoral and decentralised provincial response to the epidemic	7
• Institutional capacity	7
• Civil Society	8
• Orphans and other vulnerable children (OVCs)	8
• Food security	8
• Monitoring and Evaluation (M&E)	8
• Surveillance	9
• Bio-safety	9
Reduce the incidence of STI-HIV/AIDS through strengthening clinical capacities	9
• VCT services	9
• PMTCT services	10
• Targeting Childbearing Women	11
• ARV drug distribution and treatment	11
Reduce the incidence of STI-HIV/AIDS through strengthening the prevention capacity	11
• Condom promotion and distribution	12
• Community sensitization	12
• Information, Education and Communication (IEC)	12

Mitigate the impact of HIV/AIDS in the individual, family and community	14
• Nutrition	14
• Orphans and other vulnerable children (OVCs)	14
• Care and support	15
•	
Section 3: Opportunities, assumptions and risks	16
Opportunities	16
Assumptions and Risks	16
Section 4: Coordination Arrangements	17
Role of the participating UN agencies	17
Role of Sub-National partner(s)	17
• Ministry of Health	17
• National Institute to Fight AIDS (INLS)	17
• Civil Society Organizations and ANASO	18
• Provincial Committees of the CNLCSGE	18
• Provincial Delegation of the INLS	18
• Role of the Provincial Human Rights Committees	18
•	
• Reporting	18
• Monitoring and Evaluation	18
• Communication	18
• Funding arrangements	19
• Budget Preparation	19
• Accounting	19
• Indirect Costs	19
• Interest on funds	19
• Balance of Funds	19
• Audit	19
Section 5: Common Work plan and Budget	19
Section 5: Letter of agreement INLS	20
Section 6: Signatures of the Representatives of the UN organizations	21
Annex 1: Annual Work Plan. Year 2007	

Acronyms

<i>UNHRO</i>	<i>UN Human Right Office</i>
<i>UNHCR</i>	<i>UN High Commissioner for Refugees</i>
<i>ANC</i>	<i>Ante natal care</i>
<i>ARV/ART</i>	<i>Anti retroviral- Antiretroviral therapy</i>
<i>VCCT</i>	<i>Voluntary, Confidential, Counselling and Testing</i>
<i>AYFRHS</i>	<i>Adolescent and Youth-Friendly Reproductive Health Services</i>
<i>CNLCSGE</i>	<i>Comissão Nacional de Luta Contra SIDA e Grandes Endemica</i>
<i>CNS</i>	<i>Centro Nacional de Sangue</i>
<i>OVC</i>	<i>Orphans and Vulnerable Children</i>
<i>CRIS</i>	<i>Country Response Information System</i>
<i>DNSP</i>	<i>Direcção Nacional de Saúde Publica (National Directin of Public Health, NDPH)</i>
<i>DPS</i>	<i>Direcção Provincial da Saúde (ProvincialHealth Directorate)</i>
<i>PRS</i>	<i>Poverty Reduction Strategy Paper</i>
<i>FAO</i>	<i>UN Food and Agriculture Organization</i>
<i>UNFPA</i>	<i>United Nations Population Fund</i>
<i>FTRP</i>	<i>Family Tracing and Reunification Programme</i>
<i>GBV</i>	<i>Gender Basis Violence</i>
<i>GEPE</i>	<i>Gabinete de Estudos, Planeamento e Estatística (Planning And Statistics Office)</i>
<i>GoA</i>	<i>Government of AngolaGoverno de Angola</i>
<i>GTT</i>	<i>Global Task Team</i>
<i>SGBV</i>	<i>Sexual and Gender Based Violence</i>
<i>UNGASS</i>	<i>UN General Assembly Special Session</i>
<i>UNTG</i>	<i>United Nations Thematic Group</i>
<i>IEC</i>	<i>Information, Educação e Comunicação</i>
<i>IMAI</i>	<i>Integrated Management of Adolescent and Adult Illenesses</i>
<i>INLS</i>	<i>Instituto Nacional de Luta Contra SIDA (National Institute to fight AIDS)</i>

<i>STI</i>	<i>Sexual Transmitted Infection</i>
<i>M&E</i>	<i>Monitoring and Evaluation</i>
<i>NAC</i>	<i>National AIDS Commission</i>
<i>ODM</i>	<i>Millenium Development Goals</i>
<i>WHO</i>	<i>World Health Organization</i>
<i>WFP</i>	<i>World Food Program</i>
<i>NSP</i>	<i>The National Strategic Plan for Sexually Transmitted Infections and HIV/AIDS</i>
<i>UNDP</i>	<i>UN Development Program</i>
<i>AWP</i>	<i>Annual Working Plan</i>
<i>PLWHA</i>	<i>People Living with HIV/AIDS .</i>
<i>RAAAP</i>	<i>Rapid Assessment</i>
<i>SGBV</i>	<i>Sexual and Gender Basis Violence</i>
<i>SR (RH)</i>	<i>Reproductive Health</i>
<i>TFC</i>	<i>Treatment Food Center</i>
<i>EU</i>	<i>European Union</i>
<i>UNGASS</i>	<i>United Nations General Assembly Special Session</i>
<i>UNICEF</i>	<i>UN Children’s Fund</i>
<i>UN JP</i>	<i>UN Joint Program</i>
<i>UN TWG</i>	<i>UN Technical Working Group</i>
<i>INSP</i>	<i>Instituto NAcional de Saúde Pública (National Institute of Public Health)</i>
<i>VCT</i>	<i>Voluntary Counselling and Testing</i>
<i>PMTCT</i>	<i>Prevention of Mother-to-Child Transmission</i>

JOINT PROGRAMME DOCUMENT

Country: Angola

Executive Summary

Responding to the letter sent by the UN Secretary General on the 12th of December 2005 to all UN Resident Coordinators encouraging the creation of Joint Programmes at country level, the UN system in Angola together with the Government of Angola (GoA) jointly developed a Joint Programme on HIV/AIDS. This Joint Programme elaborates the UN joint support for a three-year period to the National Strategic Plan with a focus on the decentralization process of the HIV/AIDS programmes.

The UN Joint Programme (UN JP) is a direct implementation of the Global Task Team (GTT) recommendations that call for (i) Empowering national leadership and ownership, (ii) Alignment and harmonization, (iii) Reform for a more effective multilateral response and (iv) Accountability and oversight.

The UN JP is jointly coordinated by the GoA and the UN Theme Group on HIV/AIDS. The activities developed have been harmonized with those of the other partners involved in the National response including the World Bank (HAMSET project) and the Global Fund. This UN JP aims at building institutional capacities, facilitating the expansion of services and developing the appropriate mechanisms at central and provincial levels.

Finally, building on the joint missions to Cunene and Benguela provinces, the UN JP intends to be a strategic instrument to guarantee the necessary partnerships to help drive the country towards the Universal Access.

<u>Programme Title:</u> “UN Joint support to the National Strategic Plan in the decentralization process of HIV/AIDS programmes”	<u>Estimated budget (year 1):</u> \$9,642,642.00
<u>Programme Duration:</u> 3 years (start/end dates): 01/01/2007 – 31/12/2009	<u>Allocated resources (year 1):</u> \$8,074,042.00
<u>Fund Management Option:</u> Parallel Funding	<u>Unfunded budget (year 1):</u> \$1,568,600.00

UNDAF Outcome(s):

This UN Joint Programme on HIV/AIDS (UN JP) first and foremost supports the National Strategic Plan (NSP) under the leadership of the Government of Angola (GoA) with a focus on the decentralization process of the HIV/AIDS programmes. The UN JP also contributes to the UNDAF and in particular to the achievement of its Outcome 3: *Rebuilding the Social Sectors. The contributions under this Outcome 3 aim at strengthening the national capacity for the delivery of basic services and sustaining processes of social empowerment in order to reduce mortality among under-five children and women and reduce morbidity caused by prioritized diseases.*

The Outcome 3 of the UNDAF is based on the national priorities set in the PRSP covering the period 2004-2006 and contributes to the following outcomes:

1. Control the spread of HIV/AIDS and assist those families within which people are living with HIV/AIDS (PRSP 4.)
2. Improve the health situation of the population by increasing access to primary health care and focus on the control of the spread of HIV/AIDS (PRSP 6.)

Expected Outcome(s):

Harmonization of UN approach to HIV/AIDS and establishing an integrated response in support of the Government in its implementation of the National Strategic Plan with a focus on the decentralization process of HIV/AIDS programmes. The UN JP is divided into four pillars of intervention that have the following expected outcomes to:

- Enhance the institutional capacity to ensure a rapid, multisectoral and decentralised provincial response to the epidemic;
- Reduce the incidence of STI-HIV/AIDS through strengthening clinical capacities;
- Reduce the incidence of STI-HIV/AIDS through strengthening prevention capacities; and
- Mitigate the impact of HIV/AIDS in the individual, family and community.

(Sub-)National partner(s): This UN JP relies on the coordination, participation and collaboration of several key sub-national partners that are:

1. Ministry of Health
2. National Institute to Fight HIV and AIDS (INLS)
3. HIV/AIDS NGO's Network (ANASO)
4. Provincial Governments (Through the Provincial Committees of the CNLCSGE)
5. Provincial Delegation of the INLS
6. Provincial Human Rights Committees

Expected Output(s):

The expected outputs are specified for each of the expected outcomes they are contributing to.

Outcome N° 1: Enhance the institutional capacity to ensure a rapid, multisectoral and decentralised provincial response to the epidemic

- a) National Seminar completed for review actions, global best practices and National Work Plan to operationalise the National Strategic Plan on HIV/AIDS (**UNAIDS, UNDP, UNICEF in the context of the UNAIDS Program Acceleration Funds, PAF**)
- b) Provincial plans rolled-out to identify immediate actions for integrated HIV response (**UNAIDS, UNICEF, UNDP, FAO, WFP, UNFPA, WHO**)
- c) Provincial Committees operationalised to strengthen the National Commission to Fight Aids and major endemic diseases at provincial level (**UNDP/UNAIDS**)
- d) 7 Provincial Operational Plans operationalised to strengthen the Provincial Delegations of the INLS to execute, manage, coordinate and monitor all HIV/AIDS intervention at provincial level (**UNDP/UNAIDS**)
- e) Support to the civil society provided in terms of their legalization and development of proposals of interventions on HIV/AIDS (**UNDP**)
- f) Provincial Human Rights Committees operationalised and Civil Society strengthened to promote Human Rights in the HIV/AIDS context through the dissemination and awareness raising of HIV/AIDS Law and the rights of those affected and infected (**UNHRO**)
- g) Laws and policies relating to separated children, orphans and other vulnerable children reviewed including regulation of foster care support law, inputs to regulation of HIV-AIDS law and Penal Code reform. National Separated Children's policy updated. (**UNICEF**)
- h) National Plan of Action against Sexual Abuse and Exploitation updated with focus on special provisions for separated children, orphans and other vulnerable children. (**UNICEF**)
- i) National policy on infant feeding and HIV-AIDS developed (**UNICEF**)
- j) Situation analysis of orphans and other vulnerable children (OVCs) completed (**UNICEF**)
- k) MoH (INLS, INSP, Planning Department) strengthened in the management of the HIV surveillance system at central level (**WHO**)
- l) HIV surveillance system at provincial level supported through the WHO epidemiological technicians (**WHO**)
- m) MoH (INLS, INSP and DNSP) strengthened through the adaptation of IMAI (Integrated Management of Adolescent and Adult Illnesses) and IMCI (Integrated management of Children Illness) approach (**WHO and UNICEF**)
- n) INSP and CNS (National Blood Center) strengthened with guidelines and protocols for laboratory and blood transfusion services and train of trainers (**WHO**)
- o) Norms of a home-based care minimal package elaborated (**WHO**)

- p) Awareness and knowledge raised among the population on the HIV/AIDS impact on Food Security, Agricultural production and Nutrition in the rural areas through the distribution of Information materials (**FAO**)
- q) Strengthen the capacities of the DPS and local NGOs to formulate, implement, monitor and evaluate the provincial strategic action plans for STIs-HIV/AIDS prevention (**UNFPA**)
- r) Implementation of one national M&E system in the provinces facilitated (**UNAIDS**)
- s) Seroprevalence study on the population at the southern border of Angola (Namibia) carried out (**WHO, UNICEF, UNAIDS**)

Outcome N° 2: Reduce the incidence of STI-HIV/AIDS through strengthening health services capacities

- a) Voluntary counselling and testing (VCT) centres established, including mobile VCT clinics, as part of the provincial assessment and implementation plans underway with Government, UN partners and NGOs (**UNICEF**)
- b) Services which implement the PMTCT programme *plus* in other municipalities and the inclusion of traditional midwives to guarantee access to these services for pregnant women who do not use the ante-natal consultation progressively expanded (**UNICEF**)
- c) Paediatric treatment services established in 3 provinces (**UNICEF**)
- d) Micronutrient packages provided to all pregnant mothers, infants with HIV as part of PMTCT package (**UNICEF**)
- e) Outreach supported, training and provision of safe childbirth kits to midwives as part of PMTCT package (**UNICEF**)
- f) Anti-retroviral drugs procured and distributed to the provinces (**GoA**)
- g) Health professionals trained in VCT, HIV surveillance PMTCT, ART, STI care, IMAI and IMCI approach, drug distribution and laboratory tests (**WHO**)
- h) Infrastructures and of essential facilities (water supply system and power cables) of blood bank centres and laboratories at provincial level rehabilitated (**WHO**)
- i) Essential equipment provided to some blood bank centres and laboratories (**WHO**)
- j) Installation, maintenance and support to a sustainable maintenance system of the laboratory equipment (**WHO**)
- k) Additional diagnostic equipment (ultrasound scan, X-ray portable machine, microscopes) and medical consumables (needles, gloves, syringe etc.) to support the clinical follow-up of the AIDS patients under ART at provincial level (**WHO and UNICEF**)
- l) Health professionals trained in palliative care at provincial level (**WHO and UNICEF**)
- m) Availability of adolescent and youth-friendly Reproductive Health services (AYFRHS) increased including STIs-HIV/AIDS diagnosis and treatment through (**UNFPA**):
- n) Service providers trained in the delivery of AYFRHS (**UNFPA**)
- o) AYFRHS integrated into existing health facilities (**UNFPA**)

- p) Sustainable Sexual Reproductive Health referral system established and implemented for AYFRHS including STIs-HIV/AIDS and Voluntary, Confidential, Counseling and Testing (VCCT) services **(UNFPA)**

Outcome N° 3: Reduce the incidence of STI-HIV/AIDS through strengthening prevention capacities

- a) Prevention campaigns implemented in area of return **(UNHCR and IOM):**
- a. Condoms distributed
 - b. Community sensitization and distribution of IEC material on HIV/AIDS and STIs undertaken
 - c. Promotion of VCT undertaken
 - d. Multi-sectoral HIV/AIDS committees created to strengthen the network to fight HIV/AIDS
 - e. Network of Women Centers on Reproductive Health, SGBV and HIV/AIDS created to empower women to act as community mobilizers and peer educators

IOM has been implementing a cross-border program between Zambia e Angola “HIV/AIDS Prevention and Vulnerability Reduction for Angolan Returnees In Zambia and Angola”. In Angola, the IOM HIV programme is working in the following provinces: Huambo, Kuando Kubango and Moxico

- b) Condoms procured and distributed for the target provinces based on the needs assessment and in collaboration with the GoA through DPS and other NGOs **(UNFPA)**
- c) Male and female condoms provided to all the provinces **(UNFPA)**
- d) Food for work provided to HIV activists and training of trainers in schools, communities, working with truck drivers in food insecure areas **(WFP)**
- e) HIV/AIDS materials distributed to school age children and/or teachers in all school feeding locations **(WFP)**
- f) HIV/AIDS campaign 2006/07 in schools implemented and reaching at least 600,000 youth **(UNICEF)**
- g) Gender and HIV/AIDS clubs implemented in every school (II and III level) in the country **(UNICEF)**
- h) Increased availability of adolescent and youth-friendly information on STIs/HIV/AIDS prevention through **(UNFPA):**
 - a. Centres for provision of information and services for adolescent and youth established at the community level
 - b. Peer educators trained to support the activities of the youth centres
 - c. Telephone lines maintained or created for information and support adolescents and youth on SRH, GBV and HTP

- i) IEC campaign at national and provincial level implemented (**UNDP/UNICEF**)
 - a. 24 radio and 4 TV spots produced in 6 languages
 - b. 4 animated TV spots produced for 15-24 years old
 - c. Media spots aired on TV and radio (a total of 6 months airing time over 3 years)
 - d. CD featuring songs from Angola's popular musicians on HIV/AIDS produced and distributed (10,000 copies)
- j) Pamphlets and posters on HIV prevention and education, hitherto available only in Portuguese, translated into local languages and provided to the ANCs, VCT, PMTCT, ART and STI clinics for nationwide distribution (**WHO**)
- k) Reinforcement of IEC within the Educational system (**UNDP**)
- l) Sensitization of Armed Forces (FAA) and National Police (PNA) (**UNDP**)

Outcome N° 4: Mitigate the impact of HIV/AIDS in the individual, family and community

- a) Food provided to in and out patients living with HIV in food insecure areas (**WFP**)
- b) Food provided to mothers and babies attending PMTCT services as a nutritional supplement and as an incentive for pregnant HIV+ women to attend and continue attendance until the baby is tested for HIV at 18 months in food insecure areas (**WFP**)
- c) National Plan of Action at provincial level, following the RAAAP Process in Angola disseminated and implemented nationwide (**UNICEF**)
- d) Activities implemented to ensure that orphans and other children made vulnerable by HIV/AIDS have access to essential health, protective and educational services (**UNICEF**)
- e) Agricultural inputs such as seeds, tools, fertilizers, poultry and small ruminants supplied to support food production and diversification to peasant households, including those affected by HIV/AIDS (**FAO**)
- f) TeleFood micro-projects implemented to promote income generation activities, raising the nutritional level of food intake and creating self-confidence and empowerment (**FAO**)
- g) Non Food Items and assistance provided to people living with HIV/AIDS in area of return, special support to vulnerable people (**UNHCR**)
- h) Activities implemented to fight stigma and discrimination towards people living with HIV/AIDS in areas of return through working with local authorities, community structures and returnees (**UNHCR and IOM**)

Section 1: Context Analysis

1. Status of the national response to the HIV epidemic

This section describes the status of the national response with a focus on the institutional structures and the national strategic plan and their limitations. The country has recently completed the UNGASS reporting and the national consultation on Universal Access, which gives a consensual status of the national response, identifies challenges and obstacles and provides recommendations that the UN JP proposes to assist the Government to respond to.

National Commission

The National Commission to fight AIDS and other Endemic Diseases (CNLCSGE) created by the Council of Ministers in the light of Decree n°1/03 of 10 January 2003, is coordinated by the President of the Republic and is composed of the following Ministries: Ministry of Health, Ministry of Education, Ministry of Culture, Ministry of Assistance and Social Reintegration, Ministry of Agriculture and Rural Development, Ministry of Youth and Sport, Ministry of Justice, Ministry of National Defense, Ministry of Interior, Ministry of Public Administration, Labour and Social Security, Ministry of Territorial Administration, Ministry of Information and Ministry of Planning. It is therefore a political organ aimed at ensuring the engagement of all sectors of national life in the fight against the HIV epidemic and other major diseases.

The CNLCSGE is technically assisted in its decision making process by a Technical Committee comprising the Deputy Ministers of the Ministries that are members of the Commission, which is also a political organ.

At the level of the Provinces, the CNLCSGE is represented by the Provincial Committees of the CNLCSGE chaired by Governors or Deputy Governors for Social Affairs and is composed of Provincial Directors from the above Ministries. Most provinces have already formed their own provincial committees, which are currently in the operationalization phase. This operationalization process is of fundamental importance in the decentralization of the National Strategic Plan. In order to operationalize the CNLCSGE and the Provincial committees, it is necessary to regulate the Law decrees that created these organs. This activity is currently under process.

In November 2004, the Law n° 8/04 on the Human Immunodeficiency Virus – HIV and Acquired Immune Deficiency Syndrome – AIDS was approved, constituting a legal landmark for the strengthening of the national response to the epidemic and clearly spelling out the responsibilities of the State and the different national institutions. Prior to that, in July 2004, the Council of Ministers had approved the Decree 43/03, Regulations on HIV/AIDS, Employment and Professional Training.

In 2005, the need having arisen to restructure and adapt the organizational state of the then National AIDS Programme, the National Institute to fight HIV and AIDS was created through Decree n°7/05 on the 9th of March.

During the consensus workshop on UNGASS, some limitations were identified in the political leadership within the context of the response to the epidemic and existing legislative instruments. These limitations need to be addressed at central and provincial levels to ensure a more efficient implementation of the national response. See UNGASS report for details.

Some relevant limitations to the decentralization process include:

- It is recognized that the civil society needs to get more engaged in the effort against the epidemic and that there is a need to create well defined spaces within the institutional organizational structure of the national response for the Civil Society. Networks of NGOs such as ANASO and Rede Esperança (religious organizations) are central actors in the national response and therefore should have a clear position within the institutional context headed by the CNLCSGE.
- The current law on HIV/AIDS, does not contain any articles specifically aimed at protecting vulnerable groups such as truckers, men having sex with men, commercial sex workers, intravenous drugs users, etc. The law does not contain articles specifically on populations at risk nor does it adequately address the problem of gender-related issues. This law needs to be divulged and debated at both central and provincial levels to ensure that the vulnerable groups are fully represented in the interventions.
- The issue of promotion and protection of human rights (in general and in particular related to HIV/AIDS) is not sufficiently debated. There are no mechanisms in place to ensure the defense of the individual. For example, no indicators have been identified to monitor Human Rights issues related to HIV/AIDS. Moreover, the public legal system is still not sufficiently engaged in the fight against AIDS, resulting in a lack of free legal support services for people living with HIV. The Provincial Committees of Human Rights need to be operationalised to promote discussion and debate in the provinces.
- Educational and sensitisation activities on Human Rights related issues for people living with HIV are insufficient and mainly developed in Luanda without institutional support. The Provincial Committees of Human Rights would need to play a key role in this area.

National Strategic Plan

The first national AIDS and STI strategic plan in Angola was prepared in 1999, followed by a second strategic planning exercise in 2003 covering the period 2003-2008.

The National Strategic Plan for Sexually Transmitted Infections and HIV/AIDS (NSP) aims at defining the strategic directions that will guide the approach of the GoA in its fight against the epidemic for the period of 2003-2008. Various ministries and other important

sectors of the national life, such as local and international NGOs, churches and some Deputy Governors, Donors and UN Agencies participated in the preparation of the NSP.

The NSP, which has a total budget of US\$ 159,825,953.00 and covers a five-year period (2003-2008), aims at achieving three general objectives:

1. Strengthen the capacity of the national response to fight the HIV/AIDS epidemic at various levels.
2. Reduce the spread of the HIV/AIDS epidemic and STI.
3. Reduce the socio-economic impact of HIV/AIDS on the individual, family and community.

As for the National Commission, the UNGASS reporting has identified limitations to the NSP that the UN JP proposes to respond to. See UNGASS report for details.

These limitations include:

- The NSP was translated into Provincial and Ministerial Operational Plans. Currently all the 18 Provinces and some Ministries have prepared their own operations plans including the Ministry of Education, Ministry of Youth and Sport, Ministry of Public Administration, Labour and Social Security, the Ministry of Family and Promotion of the Women, Ministries of Health, Ministry of Social Assistance and Reinsertion and the Ministry of Interior. However, the Ministries and Provincial Governments need clear guidance on the implementation process of their Operational Plans. Moreover, no operational plan has a clear definition of costs and sources of funding. Support needs to be provided in this area to facilitate coordination and implementation of programmes in the provinces.
- The major weaknesses of the NSP that require support include:
 - Plans are fractured and not approaching the required needs, but are reflecting specific initiatives of funded groups – a project rather than an integrated approach.
 - The issue of migration is mentioned however not as sufficiently as it would be needed in the current Angola geographical context.
 - The issue of orphans and other vulnerable children is mentioned under the responsibility of implementations of institutions involved in that area (MINARS, INAC).
 - The truck drivers, homosexuals and other groups such as drugs users are not sufficiently taken into consideration. For example, we do know that there are drug users but we do not know where they can be found.
 - A specific strategy is recommended for populations living in the border areas, possibly jointly with neighbouring countries.
 - Regarding health workers, not enough importance has been given to the issues of bio-safety.

Regarding strategy implementation, the following limitations were identified:

- Prevention activities, mainly information, education and communication, are mainly implemented in Provincial capitals and the capacity to decentralize these activities at the Municipal level is still limited. The country do not have a prevention policy.
- Messages disseminated through the social communication are mainly targeting the urban population. A proper communication strategy for the rural communities that takes the cultural and traditional elements into consideration has not yet been formulated.
- The programmes aired through the media are not consistent, which leads to an interruption of flow of information and education to the population groups. The programmes need to be improved from the point of view of management, implementation and coverage.
- Antiretroviral treatment, which is the complete responsibility of the Government, initiated in 2004. As a result the coverage is still insufficient and only a limited number of provinces have access to ARVs. It is important to create the basic conditions in the provinces for the introduction of ARV treatment through strengthening of the clinical and human capacity and adequate partnerships.
- Some support activities for orphans and other vulnerable children have been implemented mainly in Luanda by the civil society, such as the “Solidariedade” and “Padrinhos pela vida” projects that involve the insertion of children in school, food and medical assistance. However, these activities tend to be punctual and lacking a strong support. MINARS does not have a system in place for reaching out to vulnerable groups and is actually outlining a national strategy. It is important to better define the vulnerabilities of OVCs and strengthen interventions by adequately targeting needs in all relevant provinces and ensure that issues of HIV/AIDS are properly addressed.

2. Internationally driven mechanisms to assist the national response

At the international level, two mechanisms have been recently developed to assist the countries in streamlining and guiding their responses to the HIV epidemic with best practices. These are the Global Task Team (GTT) recommendations and the Universal Access.

GTT recommendations

The high-level meeting “Making the Money Work” held in London in March 2005, convened by UNAIDS and co-sponsors agencies, the Governments of the United Kingdom, the United States of America, and France, reaffirmed the commitment to the “Three Ones” principles and established the “Global Task Team” (GTT) on improving AIDS coordination among multilateral institutions and international donors. The Task Team, chaired by UNAIDS and Sweden and comprising a broad spectrum of stakeholders was tasked with providing time-bound, bold and actionable recommendations to “make the money work”. Making the Money Work is a call to harmonize and align the global response through

putting existing and future funds to optimal use while reinforcing the need for continued scale-up of the national AIDS responses.

The Task Team recommendations, under the overarching rules of national ownership of plans and priorities, are focused on making a difference at country level and in particular to facilitate implementation of the “Three Ones”. The implementation of the recommendations pilots certain aspects of UN reforms, albeit with a focus around HIV/AIDS. The recommendations are divided into four key themes:

1. Empowering national leadership and ownership
2. Alignment and harmonization
3. Reform for a more effective multilateral response
4. Accountability and oversight

At country level, the implementation of the GTT recommendations is supported through the establishment of UN JP on HIV/AIDS that has been requested by the UN General Secretary on the 12th of December 2005 in a letter to all UN Resident Coordinators.

Universal Access

The Universal Access is a national consultative exercise to help draw a road map and identify obstacles to universal access by 2010. This exercise, building on the UNGASS reporting, specifically looks at: (i) the status of the national HIV response, (ii) specific obstacles to scaling up HIV prevention, treatment, care and support, (iii) determination of country targets on prevention, treatment and care and support that they want to reach by 2010, and (iv) development of a “roadmap”, highlighting key milestones and major interventions required to reach 2010 targets. The UN JP, through its support to the GoA in its implementation of the National Strategic Plan with a focus on the decentralization of HIV/AIDS programmes, directly contributes to the universal access by securing the basic conditions in the provinces for the introduction of ARV treatment and strengthening clinical and prevention capacities.

3. United Nations Development Assistance Framework (UNDAF)

At country level, the consolidated response by the UN to the CCA was elaborated in the UNDAF, though still to be approved. The goal of the UNDAF is to assist in the process of peace consolidation by supporting activities that lead to the sustainable improvement of the living conditions, especially for the most vulnerable, of the people living in Angola in an environment where human rights can be fully realized and the MDGs can be achieved. Moreover, the UN is presently transforming its role in Angola from one of provider of humanitarian assistance to that of principal supporter of building national capacities.

Within the UNDAF, HIV/AIDS is considered as a theme of common interest and importance to all UN staff throughout the planning and implementation of all UNDAF project activities, as are human rights, gender equity, integrated mine action, environmental management and information/data management. The UNDAF assists the UN agencies in the design of their interventions ensuring that they contribute to its outcomes.

Moreover, UNDAF recommends that partnerships and alliance building with government, civil society, donors and communities be expanded to maximize development efforts in Angola. It is stressed in the UNDAF that no single actor can achieve meaningful impact without collaborating with partners and therefore the UN should work with a wide range of partners at several different levels in the delivery of the UNDAF.

The activities elaborated in this UN JP directly contribute to the UNDAF outcomes in a consolidated joint format where the GoA, the UN, the Civil Society and the donor community work together to achieve these outcomes.

4. UN Joint Programme

This UN JP is a direct implementation of the GTT recommendations in Angola, empowering national leadership and ownership through the joint coordination of the JP activities. The activities are aligned and harmonized within the NSP and in synergy with the work plans by bilateral partners including the Global Fund and the World Bank. The UN JP promotes a multilateral response with engagement from the GoA, the UN, the Civil Society and the donor community. The mechanisms in place to coordinate, monitor and evaluate through the expanded UN TWG and the UNTG guarantee accountability and oversight.

Moreover, the UN JP builds on the UNGASS exercise and the national consultation on universal access and intends to answer the limitations identified in the UNGASS reporting. This UN JP aims first and foremost at building the appropriate context in the provinces to ensure better capacities in the delivery of HIV/AIDS programmes and their monitoring and evaluation. This starts with the reinforcement of the provincial committees of the NAC and of the human rights. It aims at strengthening clinical capacities through expansion of services, through training ensuring delivery of ARVs to the provinces. It intends to reinforce the prevention capacities expanded them to the most vulnerable groups including the refugees and OVCs.

The UN JP also builds on the previous joint missions to the provinces of Cunene (June 2005), Benguela (Sept 2005) and Uige (Jan 2006). These missions were conducted jointly by the GoA and the INLS, the UN, the Global Fund and the Civil Society to provide a diagnosis of the status of the HIV/AIDS response in these provinces and identify opportunities for intervention. The missions were also an opportunity to engage directly with the provincial government and the civil society and identify challenges and obstacles. The UN JP consolidates the recommendations made in these joint missions into a joint format expanded to all 18 provinces. However, the UN JP also takes into consideration the specificities of the provinces in terms of their epidemiological situation, population size, availability of infrastructure and medical staff, availability of strong partners in the area and population mobility. The UN JP will move forward to the provinces in priority order agreed upon by the expanded UNTG.

Section 2: Strategic Actions

1. Enhance the institutional capacity to ensure a rapid, multisectoral and decentralised provincial response to the epidemic

The first pillar of the UN JP directly contributes to the General Objective 1. of the NSP: *Strengthen the national institutional capacity to fight HIV/AIDS*, Specific Objective 1.1: *Strengthen the National Commission and Provincial Commissions to fight against AIDS through advocacy at the political level*, Specific Objective 1.2: *Capacity building of the National and Provincial programmes* and Specific Objective 1.7: *Promote a supportive ethical, legal and human rights environment to fight stigma and discrimination against PLWA*.

Institutional capacity

The objective is the enhancement of institutional capacities first and foremost at provincial level to ensure a rapid, multisectoral and decentralized response to the epidemic. However this activity requires contributions at central level to ensure that the regulation of the law on the CNLCSGE guarantees clear definitions of roles and responsibilities between institutions at central and provincial levels in terms of coordination of HIV/AIDS programmes in the provinces. In order to function efficiently, the regulation should also create an Executive Secretariat with clear multisectoral management and M&E capacities.

At provincial level, co-exist the Provincial Health Directorate, the Provincial Committees of the CNLCSGE, composed of focal ministries, the Provincial Committees of the Human Rights and soon to be established the Provincial Delegations of the INLS. However, these entities lack clear Terms of References and coordination mechanisms between themselves. It is urgent to operationalise these entities to ensure the implementation at provincial levels of the political and financial commitments established in the NSP.

The European Union has been working in 5 provinces (Luanda, Huila, Benguela, Huambo and Bié) to assist the Provincial Health Directorate in strengthening their capacities in programme and financial management and M&E. The aim is to develop a Health Provincial Action Plan to allow the Health sector to directly receive funds from General National Budget. The Global Fund is also planning to follow the same methodology as that developed by the EU to assist another 6 provinces to be identified by the GEPE (Gabinete de Estudos, Planeamento e Estatística). This activity should cover the rest of the provinces however at the moment GEPE has not confirmed the expansion plan.

Building on the ground work of the EU and the Global Fund, UNDP with technical support from UNAIDS and HAMSET will assist in this UN JP the capacity building of the CNLCSGE, of the INLS and of the Provincial Committees of the CNLCSGE and the operationalisation of the Provincial Operational Plans. The objective is to assist the provincial partners in developing a detailed Provincial Operational Plan of HIV/AIDS with budget and sources of funds. This should enable the provinces to directly seek funding for their activities. Moreover, UNICEF with several partners will organise a national seminar for inter-ministerial commission on HIV/AIDS to encourage inter-sectoral strategies and

common plans of actions for mechanisms to prevent HIV/AIDS. The seminar should produce an inter-sectoral operational plan.

UNHRO will join the capacity building effort to empower the provincial committees of Human Rights and help disseminate the HIV/AIDS law. This activity by UNHRO relates to the following General Objectives of the UN Human Rights Office in Angola (i) strengthen the Provincial Human Rights Committees and build capacity for the implementation of its plans in the promotion of human rights and (ii) promote Human Rights in the fight against HIV/Aids, malaria and other disease, with particular focus on the right to health (UNDAF 3- Social Sectors).

Similarly, UNFPA will provide technical support to enhance the capacities of the Provincial Health Directorate (DPS) and local NGOs to plan, implement, monitor and evaluate the provincial strategic action plan to HIV/AIDS.

Civil Society

UNDP will also strengthen the organisations of the civil society in the provinces by assisting their legalisation and their development of proposals of interventions on HIV/AIDS. This activity contributes directly to the Specific Objective 1.3 of the NSP: *Increase the multisectoral engagement (Gov., Civil Society, Public and Private sector)*. This is a critical activity considering that the two major funding mechanisms for NGOs, the Global Fund and the World Bank through HAMSET programme, are initiating the process of proposal evaluation and disbursement. The legalisation process will be done in collaboration with the Ministry of Justice. UNHRO will also increase the participation of the civil society by strengthening their capacities to promote Human Rights and in particular in the HIV/AIDS context.

Orphans and other vulnerable children (OVCs)

UNICEF will build capacity of the central and provincial institutions to better respond to the situation of OVCs through the revision of the law and policies on separated children, orphans and other vulnerable children and development of a plan of action. UNICEF will disseminate with the GoA and other partners the results of the situation analysis of orphans and other vulnerable children. These activities contribute to Specific Objective 1.7 and Specific Objective 2.1 of the NSP: *Promote safer sexual behaviour for young people, other specific population groups and for the general sexually active population*, with special attention to OVCs. This is of particular importance as it addresses one of the weaknesses of the NSP as identified in the UNGASS reporting.

Food security

FAO will raise awareness and knowledge in the communities on the HIV/AIDS impact on food security, agricultural production and nutrition in the rural areas. This contributes to the Specific Objective 2.1 of the NSP.

Monitoring and Evaluation (M&E)

UNAIDS in collaboration with the INLS, CDC, WHO, Global Fund and HAMSET and through the National M&E TWG will assist the development of one National M&E system as part of the “Three Ones” principles. A National M&E framework will be developed and provincial teams will be trained in M&E to ensure adequate tools and information flow processes between the provinces and the central level.

Surveillance

This activity contributes to the Specific Objective 1.6 of the NSP: *Strengthen the National Epidemiological Surveillance system*. WHO and UNAIDS will provide technical assistance to the MoH (INLS, INSP and Planning Department) to co-ordinate the plan for an effective monitoring and supervising (epidemiological surveys). WHO and UNAIDS will also provide technical support to evaluate the data. WHO and UNICEF will also strengthen the INLS, INSP and DNSP through training of health professionals in VCT, HIV surveillance, IMAI (Integrated Management of Adolescent and Adult Illness) and IMCI (Integrated Management of Children Illness). Finally, WHO will do a comprehensive map-out of the HIV sentinel sites for surveillance, ANCs, VCT, PMTCT and ART services to better orient strategies in these areas.

Bio-safety

This activity contributes to Specific Objective 1.4 of the NSP: *Reinforce the National System of Hemotherapy and Bio-safety*. WHO will strengthen the INSP and the National Blood Center with guidelines and protocols for laboratory and blood transfusion services. Moreover, WHO is committed to improve some of the laboratory and blood bank infrastructures, essential services (power and water supply) and equipment availability as well as to ensure continuity and safety of services.

2. Reduce the incidence of STI-HIV/AIDS through strengthening clinical capacities

The second pillar of the UN JP contributes to the General Objective 2: *Reduce transmission of sexually transmitted infections (STI) - HIV/AIDS* and Specific Objective 2.1: *Promote safer sexual behaviour for young people, other specific population groups and for the general sexually active population* and Specific Objective 2.2: *Reduce transmission of sexually transmitted infections (STI)*. The second pillar focuses on the clinical capacities both in terms of structures, services, human resources related to prevention and treatment.

VCT services

Currently there are a total of 54 VCT centers in Angola of which 13 are in Luanda. Few provinces only have one VCT center: Zaire, Bengo, Moxico, Huila, Bie, Huambo. Some of these VCTs were established in partnership with UNICEF and UNICEF is further supporting the expansion through the establishment of 3 VCT clinics (2 fixed and one mobile) in Cunene and 1 VCT in Benguela as part of the joint UN provincial roll-out plans conducted in 2005.

VCT is an integral part of HIV/AIDS prevention and care and VCT interventions are reinforced if in conjunction with ART. Furthermore, HIV-positive patients will have gradually greater access to antiretroviral care as these services expand from Luanda to the provinces. VCT is especially important for pregnant women, who can seek services to prevent mother-to-child transmission of HIV if their status is known. The role of the government will be central in this effort, in making the necessary drugs accessible and available, and in working with UNICEF, UNAIDS and other organizations to fully equip health facilities that will administer much-needed VCT, ARV and PMTCT services.

UNICEF will advocate for VCT and ARV in all municipalities with attached mobile units over four years. The Joint Mission to Cunene and Benguela has already gotten the commitment from the Government to supply ARV drugs in the 18 provincial capital cities. As much as possible, VCT centres will be located within existing municipal health facilities, allowing for patients' confidentiality needs. Centres will be staffed by facilitators who are trained to provide both pre-test and post-test counselling as well as the test itself. In this sense, UNICEF will facilitate and work in partnership with INLS, in order to provide specialized training for all health workers that will perform in the VCT programmes in provinces.

Similarly, UNFPA will establish and implement a sustainable referral system for Voluntary, Confidential, Counselling and Testing (VCCT) services. It will also provide technical assistance to create Adolescent and Youth-Friendly Reproductive Health Services (AYFRHS) and integrate them into the existing provincial health facilities. UNFPA will provide training to Reproductive Health (RH) service providers on different modalities counselling including individual and collective sessions, as well as VCT. It will also provide training to RH service providers to develop skills in the delivery of AYFRHS. It will establish and implement a sustainable medical SRH referral system including diagnosis and treatment services for STIs-HIV e AIDS.

PMTCT services

Regarding the programme of prevention of vertical transmission, 4 PMTCT centers were created in Luanda in 2004 and two more centers established in 2005. PMTCT services have been decentralized to the provinces with the opening of one center in each province of Malange, Cabinda, Cunene, Uíge and Huíla. The PMTCT programme is integrated into antenatal care activities utilizing the staff already in place who receive a special training on the handling of HIV+ patients. This translated into a total of approximately of 200 technicians including doctors and paramedical staff. However, PMTCT programmes need further expansion to the provinces with concomitant guarantee of continuous ARV deliveries by the GoA.

In this sense, this UN JP aims to build a comprehensive PMTCT package. UNICEF will advocate for and provide assistance in the provision of training/equipment/supplies for all hospitals and municipal and communal health posts to have available PMTCT services and supplies including safe childbirth kits that can be used in-house or used at home. Moreover, UNICEF will facilitate and work in partnership with INLS, in order to provide specialized training for all health workers that will perform in the PMTCT and programmes in provinces. WHO will also contribute by providing training of trainers for PMTCT health operators and updating the guidelines for an effective PMTCT.

Furthermore, the PMTCT package will be reinforced by WFP in food insecure areas focusing its interventions on the impact of HIV/AIDS on food security. WFP will provide food assistance in these areas to pregnant and lactating women attending PMTCT centres as a nutritional supplement and incentive to encourage HIV+ mothers to report to health centres regularly prior to delivery. Mother will be assisted until the baby is tested for HIV at 18 months.

UNICEF will also support AIDS paediatric treatment in three provinces to be confirmed by the INLS.

Targeting Childbearing Women

UNICEF will collaborate with the Ministry of Health to reach pregnant mothers and the newly born. At present, 35-40% of mothers access prenatal care services at least once. To reach all childbearing women, the project will therefore launch local outreach campaigns as an additional strategy for encouraging women to get counselling and testing. Women who do prenatal visits will receive information on the risk of HIV infection and the possibility of infecting their newborns. UNICEF will develop partnerships for outreach, training and provision of safe childbirth kits to midwives and other personnel working with pregnant women at local, municipal and provincial levels.

All over Angola, 70% of women deliver their babies without assistance from skilled personnel (doctors, nurses, midwives). The reasons for this are multiple, though one important factor at play is that health services are distant and often inadequate. Many women opt instead to call on friends or relatives, or other untrained attendants.

To reach all childbearing women it is essential to engage midwives. UNICEF will advocate for the identification and training of midwives in all provinces. The strategy is to sensitize these important partners to the importance of encouraging childbearing women to get counselling and testing for STIs and for HIV, and in the event of sero-prevalence, to take measures for prevention of mother-to-child transmission. PMTCT in this case requires that women arrive at health facilities two weeks prior to their expected due date to avoid unexpected early deliveries and ensure availability of necessary drugs for baby and mother.

ARV drug distribution and treatment

The overall responsibility of drug procurement and distribution rests with the GoA and the INLS. In 2005 the treatment started to be made available to the Provinces and currently the 18 provincial capital cities have capacity to attend to HIV+ patients. In order to step forward to the universal access, it is critical to expand ARV therapy to municipalities.

One of the objectives of this UN JP is to assist the DPS to build their capacities to be able to manage ARV treatment (i) by identifying strong local partnerships in health that will be ARV therapy entry points, (ii) by guaranteeing training of DPS staff in drug management and treatment through the partnerships and (iii) by developing mechanisms to ensure ARV delivery and continuous stocks.

3. Reduce the incidence of STI-HIV/AIDS through strengthening the prevention capacity

The third pillar of the UN JP contributes to the General Objective 2: *Reduce transmission of sexually transmitted infections (STI) – HIV & AIDS* and Specific Objective 2.1: *Promote safer sexual behaviour for young people, other specific population groups and for the general sexually active population* and Specific Objective 2.2: *Reduce transmission of sexually transmitted infections (STI)*. The third pillar focuses on prevention activities at the community level.

Condom promotion and distribution

The UN JP aims at strengthening the prevention capacity in order to reduce the incidence of STI and HIV/AIDS. UNFPA will ensure the availability, access to and proper use of high-quality male and female condoms. The procurement and distribution of condoms to the provinces will be based on needs assessment and in collaboration with the GoA, through the INLS, DPS and local NGOs. In areas of return, UNHCR and IOM will also guarantee supply for condoms to the returnees.

Community sensitization

Prevention activities will be reinforced by activities of community sensitisation. UNHCR and IOM will sensitise communities and distribute IEC materials in areas of return to promote condoms and visits to VCT centers. UNHCR will also encourage the creation of multi-sectoral committees in areas of return to strengthen the network for fight HIV/AIDS and of women centers on reproductive health, SGBV and HIV/AIDS to empower women to act as community mobilizers and peer educators.

Similarly, WFP will also mobilize the community by providing food-for-work to HIV activists and training of trainers in schools, communities, working with truck drivers in food insecure areas. HIV/AIDS materials will be distributed to school age children and/or teachers in all schools feeding locations.

UNFPA will focus on adolescents and youths through the establishment of centers for provision of information and services at community level. Peer educators will be trained to support the activities of the centers. Telephone lines will be maintained for information and support to adolescents and youths.

Information, Education and Communication (IEC)

As indicated in the limitations of the strategy implementation of the NSP, the messages disseminated through the social communication are mainly targeting the urban population. A proper communication strategy for the rural communities that takes the cultural and traditional elements into consideration has not yet been formulated. Moreover, the programmes aired through the media are not consistent, which leads to an interruption of flow of information and education to the population groups. The programmes need to be improved from the point of view of management, implementation and coverage.

UNDP will implement an IEC campaign at national and provincial level that will address the above-mentioned limitations. UNDP will facilitate the production of 24 radio and 4 TV spots in 6 languages and 2 animated TV spots for the 15-24 year olds. These spots will be aired for a total of 6 months per year. Moreover, UNDP will assist in the production and distribution of CDs featuring songs with HIV/AIDS messages from Angola's popular musicians. These IEC activities by UNDP will be harmonized with those of UNICEF in the context of their reaching out to out-of-school youth programmes. As part of the National Aids campaign initiated in September 2005, UNICEF will implement gender and HIV/AIDS clubs in every school (II and III level). UNICEF will also prepare the National HIV campaign 2007 in schools with training of teachers and materials production and distribution. Technical support will be given to the 2nd phase of the national HIV/AIDS campaign, involving the creation of Gender and HIV clubs in schools, guaranteeing campaign sustainability. This will involve peer-to-peer activities such as theater, youth-to-youth radio and magazines and other recreational activities. Youth will reach out their peers out of school. Teacher training activities will continue through new and longer training on

Gender and HIV/AIDS issues for II and III grade teachers to overcome low level of knowledge found in the first phase of the campaign. The training will be done in preparation of the new HIV/AIDS campaign planned for 2007. In collaboration with Ministries of Youth, Justice and Health, ANASO, INLS, UNICEF will conduct a campaign targeting youth in their free time. The campaign will promote the ABC approach and its objective is to boost primary HIV/AIDS prevention efforts through nightclubs, sports recreational places, beaches, and others places identified during the diagnostic phase. DJs and venue owners will be trained on HIV/AIDS themes to be promoters of safe sexual behaviors for young people through flash spots between dance tunes. Posters and pamphlets on safe sex and HIV will be displayed in these venues. National singers will be actively involved and will record a CD containing songs promoting safe sexual behaviors. Some materials already produce by BBC will also disseminated. Youth centers (Jangos) that were set up in 2004 in 5 provinces with support from UNICEF with the purpose of creating momentum for communication exchange and participant empowerment will continue develop life skills. The centers aim to deliver information on issues relevant to youth to stimulate appropriate behaviours to prevent HIV. The messages will be delivered utilizing participatory methodologies. Along the same lines, UNICEF will support activities such as re-organization of the library and movies debates. Another approach to contacting out-of-school youth will be through youth radio programmes and UNICEF is planning to support production and distribution.

Moreover, UNDP provides technical and financial support to the Ministry of Education in the project of reinforcement of the Educational System in Angola to fight HIV/AIDS. This project initiated in 2002 and is supposed to be completed by end 2006. In 2005, the project reached out directly to 5,208 social actors (teachers, school directors, students, NGOs and journalists) and approximately three millions people through media communication, TV, radio and newspaper. A comprehensive school curriculum was developed and implemented in 6 provinces. The target populations included the social actors and also the armed forces of Angola (FAA) and the National Police (PNA). Seven types of educational materials were produced with themes on Human Rights, HIV/AIDS, correct condom usage, vertical transmission, sexuality and reproductive health, gender and HIV/AIDS and others. The objective in 2006 is to reach out to 6 provinces – Huila, Uige, Zaire, Kwanza Sul, Luanda and Kuando Kubango -, 100 schools and sensitise approximately 100,000 students. In 2007, the objective is to further expand the activities to Cunene, Moxico, Namibe and Bengo.

IOM has been implementing a cross-border program between Zambia e Angola “HIV/AIDS Prevention and Vulnerability Reduction for Angolan Returnees in Zambia and Angola”. In Angola, the IOM HIV programme is working in the following provinces: Huambo, Kuando Kubango and Moxico

4. Mitigate the impact of HIV/AIDS in the individual, family and community

Nutrition

The Harvard School of Public Health has shown that a combination of micronutrient supplementation helps to delay the progression of HIV. Provision of micronutrients on a wide scale already takes place in Angola, reaching every household. UNICEF proposes that a combination of micronutrients be provided to targeted groups of youth and to women of child-bearing age. WFP will work with MINSA and UNICEF to develop nutritional care and support policy, guidelines and teaching tools for PLWHA. The package will not only improve the health of all those reached (surveys show that the provision of zinc to under-fives reduces diarrhoea prevalence by 25 per cent), but will delay HIV progress and improve overall health, thus reducing the risk of contracting HIV. In addition, micronutrients will be provided by health facilities for those that are tested positive in the VCT centres mentioned above. Moreover, WFP will continue to support in and out patients living with HIV/AIDS with food supply in food insecure areas. WFP will also join UNICEF effort in strengthening PMTCT services by providing food to mothers and babies attending PMTCT services as a nutritional supplement and as an incentive for pregnant HIV+ women to attend and continue attendance. This support will continue until the baby is tested for HIV at 18 months in food insecure areas.

FAO will also join the effort to improve food intake in family affected by HIV/AIDS by providing information materials on the impact of HIV/AIDS on food security and agricultural production and agricultural inputs to affected families.

Orphans and other vulnerable children (OVCs)

To support out-of-school children and youth, UNICEF will link with the education programme to provide accelerated learning. UNICEF will expand their support for community-based education activities for out-of-school youth. These activities will be expanded forward, utilizing further partnerships with community-based organizations and other partners, such as religious organizations, to ensure adolescents out of school can receive basic pedagogical education as well as life-skills information.

As part of the life skills package, materials similar to those developed for the formal education sector will be developed for the informal accelerated learning programme. The GSSH curriculum will also be used in life skills and other youth centres so that out-of-school youth will have a space to learn about these issues and ask questions, like school children. They will be encouraged to get tested for STIs and HIV, and to spread the word to their peers and families of the importance of understanding the ways that these diseases are spread. Schools, churches, pre-school structures and other local buildings will be utilized, through close collaboration with the Ministry of Youth and Sport, to create locations at the community level for youth to gather. UNICEF aims to reach 900,000 out-of-school youth. Some of these facilities have already been established and provide life skills information.

A second approach to contacting out-of-school youth will be through young people enrolled in schools and forming HIV/AIDS clubs. Through theatre, games and other social and

recreational activities, youth clubs will reach out to their peers out of school and others in the community to share what they have learned.

UNICEF has been working with the GoA and other partners in the development and implementation of policies and strategies to address the impact of conflict on children, in particular separated children. As these efforts are ongoing, UNICEF has started to advocate and provide the necessary technical assistance to initiate a process of reviewing of the existing policies and strategies, in order to make them consistent with the complexities and the specificities of the OVC issue. This process already resulted in the development of plans of action, since 2002, and includes support to the establishment of an OVC focal point in the Ministry of Social Affairs.

Credible technical information on the current and future magnitude of orphaning and other effects of HIV/AIDS on children and families does not exist in the country. Conducting a situation analysis is therefore crucial as a first step to improving knowledge about the existing responses to the OVC problem and its impact. The situation analysis will also help to identify the major political and programmatic strategies necessary for an adequate response to the problem. With the support of experts, UNICEF will work with the partners and Government to gather information on the epidemiological and demographic context of HIV/AIDS and OVC in the country, the societal and cultural implications and the responses to the problem so far at the level of the family, community and society at large. The conclusions and recommendations of the analysis will be disseminated and discussed in national consultations, leading to the adoption of a National Plan of Action for OVC.

In order to strengthen the protective framework, UNICEF will provide the necessary technical assistance for the review of HIV-AIDS/OVC-related legislation and advocate for more provisions to be adopted nationwide for increased access to services and prevention of discrimination and stigma. The review of legislation related to the protection of OVC, especially in the context of the *Regulamento da Lei de Bases de Assistência Social* (Regulation of the Social Assistance Law), will be concluded.

In Angola, families and communities were the first line of response to the war-affected separated children problem during decades of war, and a similar role is being played so far in relation to orphans and vulnerable children (OVC). Building on the systems and networks developed for the Family Tracing and Reunification Programme (FTRP), UNICEF will continue to work with partners acting all over Angola to strengthen family and community leadership and capacity for providing adequate care and protection for their children. Initiatives in this regard will link up with ongoing extended family initiatives, reintegration of adolescents, skills training, income generation, birth registration and access to education.

The preparation of a National Protocol for Nutrition of Children born from HIV+ mothers will be prepared and a research paper on “HIV Prevalence in Severe Malnourished Children Admitted at the Therapeutic Feeding Centers (TFCs) in urban setting in Angola” will be conducted in 2006.

Care and support

In order to strengthen the care and support for people affected and infected by HIV/AIDS, WHO will develop and implement a full package starting with the development of guidelines for palliative terminal AIDS patients and the development of home-based care

package. These activities will be followed by the training of trainers in palliative care and home-based care.

Section 3: Opportunities, assumptions and risks

Opportunities

1. The Joint Missions to Cunene, Benguela and Uige were a positive initial step towards the decentralization of joint activities in HIV/AIDS to the provinces. Commitments taken in the joint missions were immediately followed up with the delivery of ARVs by the INLS in Cunene and Benguela provinces and the expansion of PMTCT and VCT services. The solid partnership between the INLS, the UN and the Civil Society and the momentum that resulted from the success of the joint missions, builds the foundation of this JP to further expand to the rest of the provinces.
2. Angola has a relatively low prevalence rate compared to its neighboring countries and therefore its HIV/AIDS epidemic offers a window of opportunity. It is critical to urgently establish strong multilateral partnerships to guarantee the expansion of HIV/AIDS services to all the provinces and ensure that a maximum number of people in Angola are reached out to keep the prevalence low.
3. The presence of both the bilateral partners, the Global Fund and the World Bank (HAMSET) project, in their implementing phase will definitely drive a momentum in the country with a focus on capacity building of the institutions and the civil society. This UN JP will ensure complementarity of its activities with those of its bilateral partners and will promote harmonized and coordinated actions.

Assumptions and Risks

1. Given the multiplicity of partners involved in this UN JP, it is critical to maintain strong commitment to joint coordination, implementation and M&E across partners. While modalities for effective coordination have been established, it is necessary that all partners make individual and collective efforts to ensure that there will be a frank environment to discuss problems and challenges in order to always overcome any constraints that may arise.
2. It is fundamental, for a decentralised multisectorial response, the effective operationalization of the NAC at central and provincial level and enhance the INLS's capacities.
3. The sustainability of this JP depends on availability of resources to cover the gaps through the life of this JP.

Section 4: Coordination Arrangements

The overall coordination of the UN JP rests with the GoA and the UN through an enlarged Thematic Group on HIV/AIDS to include the GoA with a representation from the INLS. The role of the expanded UNTG is to ensure that the activities mentioned in the UN JP are implemented as per the annual AWP. It is also responsible to make decisions on appropriate coordination and monitoring mechanisms for specific interventions/activities when applicable. The expanded UN TG will meet on a quarterly basis to discuss progress made during the past quarter and confirm planned activities for the next quarter. It will act upon the inputs from the UN Team on HIV&AIDS that also includes for this purpose a representation of the INLS. Coordination of the implementation of activities rests with participating agencies responsible for these activities, however with direct supervision by the UN Team on HIV&AIDS, which will meet on a monthly basis for agencies to provide updates on activity implementation. It will produce a quarterly status report on the activities to be shared with the expanded UNTG for discussion.

Role of the participating UN agencies

The role of each participating UN agency is to implement their activities as per the annual work plan –AWP- and as per the coordination mechanisms established by the expanded UNTG. Each UN organization is responsible to allocate time and human resources (as members of the UN Team on HIV&AIDS) to the UN JP ensuring participation of the HoAs in the meetings of the expanded UNTG.

Role of Sub-National partner(s)

Ministry of Health

Ministry of Health is the Government Ministry mandated to define policies and strategies, programmes and projects for the development and promotion of strategic plans to fight the HIV/AIDS and STIs for the country. It is the leader in the fight against HIV and Aids and it ensures that HIV/AIDS issues are mainstreamed into all national processes. It thus has the responsibility to coordinate all efforts related to Universal Access and mainstreaming both within Government institutions and among civil society organizations.

National Institute to Fight AIDS (INLS)

The INLS is the technical organ from the MoH with responsibilities over HIV/AIDS programme design and implementation. The INLS will play a key role in coordination of the activities of this UN JP through its participation in the *ad hoc* meetings of UN Team on HIV&AIDS and the expanded UNTG.

Civil Society Organizations and ANASO

The Civil Society and ANASO are a key partners in this UN JP with responsibilities over the coordination of activities related to the legalization and development of proposals for submission to the Global Fund and the World Bank (HAMSET). ANASO should galvanize the local NGOs to ensure their full participation in this UN JP.

Provincial Committees of the CNLCSGE

Though the TORs of the Provincial Committees of the CNLCSGE are still to be developed as part of the operationalization of the NAC it is expected that the Provincial Committees of the CNLCSGE will play a key role in coordination of activities at provincial level through the implementation of the Provincial Action Plans.

Provincial Delegation of the INLS

The Provincial Delegation of the INLS will play a key role in the coordination and implementation of the activities as well as in their monitoring and evaluation.

Role of the Provincial Human Rights Committees

The Provincial Human Rights Committees will be responsible to divulgate the law on HIV/AIDS and ensure monitoring of human rights issues in the provinces.

Reporting: Each participating UN organization will prepare narrative and financial reports in accordance with its policies and procedures, and operational policy guidance. Reporting should be annual and focused on results. Reporting practices and formats should be harmonized to the extent possible. The expanded UN TWG will be responsible for the preparation of an aggregated or a consolidated narrative and financial report for submission to the expanded UNTG. The aggregated/consolidated narrative and financial report should be clearly identified as a compilation of the UN organizations' narrative and financial reporting and be presented "for information purposes" only.

Monitoring and Evaluation: Monitoring and Evaluation occurs throughout the year and culminates at the annual review of the common work plan (organizations that conduct their reviews on a biennial basis should attempt to participate in the annual review). The planned monitoring activities and evaluation(s) of the joint programme should form part of the UNDAF M&E plan. Coordination of M&E activities is the responsibility of the UN TWG, which then reports to the UNTG on progress. Field supervision will be undertaken by designated members of the expanded UN JP and expenditures paid by own agencies. The CRIS (Country Response Information System) database will be used to monitor and evaluate the JP and facilitate the periodic reporting.

Communication: All communications regarding the joint programme should reflect participation of the (sub)-national partners and all other organizations involved. In cases where an individual organization would publicize the joint programme, any reference to activities carried out by the individual organizations should mention the activities in the context of the joint programme.

Funding arrangements: This Joint Programming will be managed through parallel funding. Under this option, the funding arrangements follow each agency's regulations and rules for individual programming and project processes.

Budget Preparation: Each participating UN organization will prepare a separate budget, consistent with its procedures, and covering the mutually agreed components of the programme that it will manage. The UN Team on HIV&AIDS will be responsible for the preparation of an aggregated/consolidated budget, showing the budget components of each participating UN organization/implementing partner(s) for submission to the expanded UNTG. That may also contribute to identifying funding requirements.

Accounting: Each UN organization will account for the income received to fund its programme components in accordance with its financial regulations and rules.

Indirect Costs: In the case of Other Resources, each participating UN organization will recover indirect costs in accordance with its financial regulations and rules and as documented in the funding agreement signed with the donor.

Interest on funds: In the case of Other Resources, interest will be administered in accordance with the financial regulations and rules of each UN organization and as documented in the funding agreement signed with the donor.

Balance of Funds: The disposition of any balance of funds remaining at the end of programme implementation will be in accordance with the agreements between the participating UN organizations and the implementing partners as well as donors where applicable.

Audit: Consistent with current practice, each UN organization will be responsible for auditing its own contribution to the programme as part of its existing regulations and rules. Audit opinions of the individual UN organizations should be accepted by the other UN organizations.

Section 5: Common Work plan and Budget

See Common Work plan and Budget in Annex 1. The overall budget for this UN JP has been prepared jointly by the participating UN agencies. Since the UN JP adopts the Parallel Funding format, participating UN agencies are allowed to follow their own Parallel Fund raising procedures to secure funding for their own activities. However in order to guarantee the synergy of joint activities, it is critical to secure funding of all contributing activities to any given intervention area. It is the responsibility of the expanded UNTG to ensure that all activities have secured funding before implementation.

Section 5: Letter of agreement INLS



**REPÚBLICA DE ANGOLA
MINISTÉRIO DA SAÚDE
INSTITUTO NACIONAL DE LUTA CONTRA A SIDA
GABINETE DA DIRECTORA GERAL**

**Ao
Representante da ONUSIDA
em Angola
Dr. Alberto Stella**

LUANDA

Ref. 423 /INLS/MINSA/06

**ASSUNTO: Parecer sobre projecto do programa conjunto das Nações Unidas
Sobre ITS/VIH e SIDA.**

Excia,
Os nossos melhores cumprimentos

O Instituto Nacional de Luta contra a SIDA (INLS), após apreciação da proposta do programa conjunto das Nações Unidas sobre ITS/VIH e SIDA, felicita as N.U. pela iniciativa de harmonização das intervenções no seguimento das recomendações do GTT.

Relativamente a proposta apresentada concorda no geral com o conteúdo da referida proposta, porém, sugere revisão da componente logística e de aquisições com vista a evitar-se sobreposições e constrangimentos na gestão de equipamentos e insumos propondo a não identificação dos produtos mencionando apenas o montante disponível para o efeito. A planificação da aquisição deverá ser feita em coordenação com o INLS e outros eventuais parceiros.

Outras modificações poderão surgir no decorrer do processo de revisão do PEN.

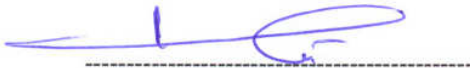
Com elevada consideração, subscrevemo-nos renovando os nossos melhores cumprimentos.

**GABINETE DA DIRECTORA GERAL EM LUANDA, AOS 12 DE OUTUBRO DE
2006.**

A DIRECTORA GERAL

Ducelina Serrano
DUCELINA SERRANO
Médica

Section 6: Signatures of the Representatives of the UN organizations



UNDP, Country Director
Date: 14/11/06



UNFPA, Representative
Date: 24/11/06



WHO, Representative
Date: 18-12-2006



UNICEF, Representative
Date: 24/11/06



IOM, Representative
Date: 24-11-06



WFP, Representative
Date: 18/12/06



UNHCR, Representative
Date: 24-11-06



FAO, Representative
Date: 24-11-06



UNHRO, Representative
Date: 24/11/06



UNAIDS, Country Coordinator
Date: