UNLOCKING CHILDREN’S RIGHTS IN ANGOLA

THE IMPORTANCE OF BIRTH REGISTRATION IN THE DIFFERENT PROGRAMMES OF UNICEF ANGOLA
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### ACRONYMS

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<th>Acronym</th>
<th>Description</th>
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<tr>
<td>ADRA</td>
<td>Acção para o Desenvolvimento Rural e Ambiente</td>
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<tr>
<td>ARI</td>
<td>Acute respiratory infection</td>
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<td>CLTS</td>
<td>Community-led total sanitation</td>
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<td>C4D</td>
<td>Communication for Development</td>
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<td>CFS</td>
<td>Child-Friendly Schools</td>
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<td>CRVS</td>
<td>Civil Registration and Vital Statistics</td>
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<td>ECD</td>
<td>Early Childhood Development</td>
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<td>EPI</td>
<td>Expanded Programme on Immunization</td>
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<td>ICCM</td>
<td>Immunization and integrated community case management</td>
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<td>IBEP</td>
<td>Inquérito Integrado sobre o Bem-Estar da População</td>
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<td>IMNCI</td>
<td>Integrated Management of Neonatal and Childhood Illnesses</td>
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<td>INEJ</td>
<td>Instituto Nacional de Estudos Judiciários</td>
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<td>J4C</td>
<td>Justice for Children</td>
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<td>JMP</td>
<td>Joint Monitoring Programme for Water Supply and Sanitation</td>
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<td>MINAMB</td>
<td>Ministry of Environment</td>
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<td>QUIBB</td>
<td>Inquérito de Indicadores Básicos de Bem-Estar</td>
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<td>RED</td>
<td>Reaching Every District</td>
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<td>RUTF</td>
<td>Ready-to-use therapeutic food</td>
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<td>UN IGME</td>
<td>United Nations Inter-Agency Group for Child Mortality Estimation</td>
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With this report we want to celebrate one of the priorities set by the Government of Angola: birth registration, the key to unlock access to other children’s rights.

In this report you will hear the voices of Angolans, including a young mother whose baby has a promising start in life, as well as some of the most vulnerable children – orphans, children with disabilities and a child victim of sexual violence. You will hear their stories and find out how they were assisted last year and about the challenges they still face.

Their stories are told in the context of the reality in Angola where, despite the progress made since the end of the civil war in 2002, many families still struggle to access essential services, notably healthcare, water, sanitation and hygiene, as well as education. Children in rural areas are particularly vulnerable. They are one and a half times more likely to die before the age of 5 than children living in urban areas. Those who do survive are less likely to thrive.

To plan and implement strategies to reduce these disparities, first we need to have accurate vital statistics and population figures. However, in Angola, about 4 million children under 5 years of age do not officially exist as their births were never registered. This is despite birth registration being a basic child right in the Convention on the Rights of the Child (CRC). Moreover, children who are already disadvantaged – like the poor, those living in remote rural areas, orphans and children with disabilities – tend to be the ones without a birth certificate. This could marginalize them even further because unregistered children are more likely to be denied access to certain services, such as education, and when they are older, they could be denied other entitlements, such as being able to open a bank account. Unregistered children are also more vulnerable to abuse, particularly trafficking, child marriage, child labour and detention in adult prisons.

Registering all births is, therefore, one major step towards unlocking other basic child rights. Due to its significance and the progress made last year, this report has given birth registration a special focus.

Significantly, in 2013, a presidential decree made birth registration free until the end of 2016 for everyone, whatever their age. In addition, UNICEF supported the government’s efforts with a birth registration programme, funded by the European Union, which aims to increase the birth registration rate of children under the age of 5 from the current 31 per cent to 80 per cent in four years.

Examples of other major achievements in 2015 that you can read about in this report are the launch and sharing of the Situation Analysis of Children and Women in Angola. In health, UNICEF and WHO funded and gave technical guidance in 35 low-performing municipalities to improve routine immunization and the use of data for planning the Reaching Every District (RED) approach. In education, UNICEF assisted the National Institute for Special Education to draft a policy for special education. In sanitation, UNICEF reinforced the capacity of local authorities to plan and budget for community-led total sanitation (CLTS). And different initiatives have been introduced to tackle the high levels of violence against children and to decentralize and strengthen the country’s social protection system.

However, as you read about the gains discussed in this report, you need to see them in the context of what has become a critical period for Angola. Unfortunately, Angola’s steady economic progress during the past decade is now being threatened by the global fall in the price of oil – the mainstay of the country’s economy.

The drop in oil prices must not lead to any cuts in budgets for the social sector, and indeed for the birth registration programme, because this would undermine the major improvements made in the country’s social indicators, causing severe setbacks from which it could take years to recover.

Dr Francisco Songane,
UNICEF Representative, Angola

All the names of the children have been changed to give them privacy.
REGISTERING ALL BIRTHS IS ONE MAJOR STEP TOWARDS UNLOCKING OTHER BASIC CHILD RIGHTS.
Following the death of her older sister in 2013, Ana, a single mother, has been bringing up her nephew Tomas, 6, with her own 2-year-old son. Tomas’s father died three years before that. Both Tomas’s parents were sick.

They live in Grafanil, a congested sprawling informal urban settlement about 15 kilometres from Luanda. Reaching their home is a feat after the heavy rains. It is inaccessible by car and involves carefully stepping on stones and planks of wood emerging out of the stagnant, dirty water flooding the narrow lanes.

Ana’s rented home is sparsely furnished, has no running water and shares a toilet with the neighbouring family. Yet it is not the living conditions that are causing Ana the most concern. Without success so far, she has been trying to find a job for herself and to get a birth certificate for Tomas.

At least her visitor, Domingas Antonio, has come to assist her with the birth certificate. Domingas is a community worker or activista, as they are called, who works for Cuidados da Infância, a local NGO. Ana tells Domingas that, for now, the school has not asked for Tomas’s birth certificate. “I know it might be a problem in the future but I don’t really understand what documents I need to register Tomas’s birth,” says Ana.

Domingas reassures her that she will help and explains that they must try to find the death certificates of Tomas’s parents. Tomas is one of 18 orphaned children in the area whose births Domingas is helping to get registered. She explains that sometimes relatives assume that death certificates are only important for burial rites and do not keep them safe to register the births of the children left behind, most of whom have not been registered at birth.

Nationally, 69 per cent of children are not registered at birth. Thus, they have no proof of their legal identity and risk being unable to access their citizenship rights, including basic social services. Barriers to registration include the complexity of the process, costs (including indirect costs, like transport), a lack of registration services and qualified personnel.
Nationally, close to 7 out of 10 children are not registered at birth.
In 2013 the government made birth registration a national priority and made it free for everyone.

Since then, the government has put in place effective measures that UNICEF has advocated for and supported. For example, in 2015, UNICEF advocated successfully at the highest levels of government for a new policy to allow mothers who are unable to identify and/or provide paperwork for their children’s fathers to register their children as a single parent.
Many Angolan children still remain unprotected and also without birth certificates.

Additionally, an EU-funded programme, which was launched in 2015 and is implemented by UNICEF and the Ministry of Justice and Human Rights, aims to increase the birth registration rate of children under 5 years over the next four years. The focus is on developing a unified, sustainable, accessible and affordable system. One of the main priorities of this EU-assisted programme is to open birth registration offices in the country’s 60 busiest maternity facilities. The programme also supports mobile birth registration teams to register children in hard-to-reach areas.

To strengthen birth registration systems, over 400 community leaders were trained on new simplified registration procedures and developed provincial plans for local birth registration campaigns. Also, in Kananun municipality, in Moxico province, UNICEF supported the training of 36 brigadistas. The participants, who had to have completed at least Grade 12 at school and have good handwriting, learnt about the theory and how to register children in practice. Their work in birth registration, which falls under the EU project, will be carried out on a voluntary basis.

Additionally, in support of birth registration, UNICEF assisted the government’s participation in a Pan African Minister’s Conference on Civil Registration and Vital Statistics that took place in early 2015.

Among other major achievements in child protection during 2015 was the UNICEF-supported launch of the government’s Campaign to Prevent Child Marriage, which engaged over 900 service providers and government officials in advocacy events.
During 2016, the challenge will be to build on these results, particularly registering more children and strengthening the child protection system. Many Angolan children still remain unprotected and also without birth certificates, particularly those who are living in rural areas and other vulnerable groups, such as children with disabilities and orphans like Tomas. (See page 8)

In the Justice for Children programme, UNICEF supported a number of initiatives in partnership with the Instituto Nacional de Estudos Judiciários (INEJ). Firstly, UNICEF supported the training of more than 300 judges, magistrates, public prosecutors and lawyers on child-friendly justice proceedings. Secondly, UNICEF assisted with the organization of an International Conference on Justice for Children (J4C) with the participation of over 200 legal professionals. Thirdly, UNICEF supported a study tour to Brazil for government officials to learn about child-friendly justice systems and assisted the online training of 88 legal professionals, who received Países Africanos de Lingua Oficial Portuguesa certification in J4C. Lastly, UNICEF supported the development of a child rights curriculum for police and magistrates and the provision of J4C materials to the Instituto Nacional de Estudos Judiciários (INEJ) law library. The J4C programme and all related services place special emphasis on girls, especially those who are survivors of violence, abuse, exploitation and neglect.
Seven-day-old Sabina has had a relatively good start in life. Her mother, Magdalena, 21, had regular antenatal consultations and Sabina was delivered in a well-serviced hospital in the capital, Luanda.

On this day, Sabina is having her birth registered in the hospital. Her mother says she was advised by a nurse the day after she gave birth that she should register her baby within the first month in an office conveniently set up next to the maternity ward. “I know that to register my baby’s birth is so important because she will need this document wherever she goes and it registers her presence in the country.”

However, many babies do not have such a good start, which threatens their very survival and future wellbeing. Despite improvements in child mortality indicators since the end of the civil war in 2002, one in six Angolan children does not reach their fifth birthday, putting Angola among the world’s worst performing nations for child survival according to the UN Inter-Agency Group for Child Mortality Estimation. Most of the deaths are preventable and treatable and are due to malaria, the number one killer, followed by diarrhoea and acute respiratory infection (ARI).

Maternal death in Angola is as high as 1 in 35, compared to 1 in 900 in Mauritius (WHO 2014), another sub-Saharan upper-middle income country. Fortunately for Magdalena, when her labour pains began, she just needed to hire a taxi to the hospital, but pregnant women in rural areas often have to walk long distances to the nearest health centre with maternity facilities. Even if the expectant mother manages the walk, there is no guarantee of quality care. Many first-level health facilities are unable to provide a full set of basic services and the referral system is weak. Only a quarter of rural births take place in health facilities, compared with three quarters in urban areas (QUIBB, 2011). If there are complications, the lives of both mother and baby are at risk.

Also in Magdalena’s favour, as well as that of her baby, is the fact that she became pregnant for the first time when she had attained physical and social maturity. Usually in Angola childbearing begins at a very young age. According to IBEP 2008-2009, 55 per cent of females aged 15-19 gave birth before the age of 20, and 7 per cent gave birth for the first time before they were 15. Early pregnancies are more likely to result in complications during childbirth and babies with a low birth weight.
Considerable evidence links the health outcomes for children in Angola to the educational level of mothers and/or household heads. Magdalena and the father of her baby, who have both almost completed their secondary education, are relatively well educated and have access to health care information. During the interview, she is breastfeeding her baby. “I will exclusively breastfeed my baby until she is six months old,” she says emphatically.

Undernutrition and micronutrient deficiencies among children in Angola contribute significantly to child mortality and can cause permanent impairment to the cognitive development of young children, ultimately compromising their well-being and productivity as adults. In Angola, the prevalence of stunting – the result of chronic undernutrition – was last estimated to be at 29 per cent (National Nutrition Survey, 2007).
Updated data, including birth registration, is crucial in order to plan the delivery of quality health services for everyone.

In collaboration with USAID, UNICEF provided substantial technical support to the National Institute of Statistics for design and implementation of the Demographic Health Survey (DHS)/ Multiple Indicator Cluster Survey (MICS) 2015-2016.
UNICEF support included contracting two leading consultants to oversee the statistical aspects of the survey and provide support to the coordination of the survey. The MICS/DHS survey data, expected to be ready towards the end of 2016, will fill major data and knowledge gaps in Angola by providing up-to-date, disaggregated estimates on key social indicators related to children’s rights.

In addition, birth registration will be ongoing, which is an essential component for accurate baseline data. Innovative ways to expand the birth registration programme and integrate it with health services are being developed. For example, last year, combining the polio vaccination with birth registration was carried out for the first time in Lubango municipality, Huila, with encouraging results (see Box).

To improve health services of particularly vulnerable communities, the government requested technical assistance from UNICEF to design the Policy on Community Development Agents. In addition, UNICEF and WHO provided funding and technical guidance in 35 low-performing municipalities in eight provinces to improve routine immunization and the use of data for planning the Reaching Every District (RED) approach for immunization and integrated community case management (ICCM).

UNICEF also supported the training of 200 health workers and 1,080 community workers in Integrated Management of Neonatal and Childhood Illnesses (IMNCI). They have been taught how to give vaccinations and supervisors have been given training on enhancing interpersonal communication skills.
Furthermore, UNICEF assisted with the introduction of new vaccines through the Expanded Programme on Immunization (EPI). To dramatically reduce the incidence of ARI and diarrhoeal disease – which, in turn, will contribute to a reduction in child mortality – the vaccination against Streptococcus pneumonia was added to the programme in 2013 and a vaccine for rotavirus was added in 2014. Also, following an outbreak of polio cases in 2007-2011, UNICEF and the WHO have continued to support efforts to ensure Angola remains polio-free with repeated national polio immunization days.

**INTEGRATING BIRTH REGISTRATION WITH POLIO IMMUNIZATION CAMPAIGN**

The news that their children would get their births registered and be immunized against polio at the same time was met with excitement, says Paulo Mendes, UNICEF officer who supported the teams in the field. “They heard via word of mouth and needed no persuading.”

During the three-day campaign, which took place from 23 to 25 October 2015, four mobile birth registration teams at four fixed polio immunization posts in the Lubango municipality registered a total of 570 children from 0 to 13 years old. “In some cases, the parents had to get a taxi home as they had not realized they would need their own documents; this was possible for most of them because they did not live far away, but it was a lesson for when we do it in more remote rural areas. People may have to walk for hours to reach the post and would therefore not have time to return.”

He adds, “It proved to be a cost-effective approach which made a major impact, especially as the teams estimated that only one in five children had birth certificates. Lessons learned from this small-scale initiative could help provincial authorities to integrate health and birth registration services. Also, they could gradually be expanded in a more structured and regular manner, using not only polio campaigns but also routine health services such as immunization, child growth control and post-delivery services.”
To assess, classify and treat children with quality care and timely referral services, UNICEF supported the development of a cadre of community workers (ADECOs). UNICEF adopted the use of scorecards and dashboard reports to track milestones and outputs in primary health services at municipal level throughout the year.

In the municipality of Coconda, in Huila province, where mothers can walk up to 40 kilometres with their children to the nearest health centre, UNICEF supported a pilot project which involved community health workers following up on pregnant women seven days before the expected date of delivery to identify high risk pregnancies, and seven days after the birth to prevent maternal neonatal deaths. Any pregnant woman identified as having a high risk pregnancy would be transported on an innovative means of transport called a ‘pick up motor’, which is like a motor bike with a stretcher attached, to the nearest health facility with a maternity unit. The target population of this project was only 1,500 families, but the idea is to scale up this approach to other communities.
In response to the emergency in Namibe following a four-year drought, UNICEF procured and distributed ready-to-use therapeutic food (RUTF) products to 15 out-patient and 15 in-patient facilities, reaching 3,340 children aged 0-59 months, who were managed for severe acute malnutrition. Additionally, the office also provided basic sanitation and hygiene kits to 24,500 families and distributed 3,000 mosquito nets to 1,500 families.

Clearly, there is still a long way to go before the rights that baby Sabina will most likely enjoy are enjoyed by all other Angolan children. But the gains in 2015 are a step in the right direction and need to be built on in 2016.
WATER, SANITATION AND HYGIENE FOR A HEALTHY LIFE

Gloria Ecendje, 61, is part of a 21-member family who, like others in the community in N’harea Municipal Administration, 200 kilometres from the provincial capital, Kuito, had no toilet. Instead, they would have to defecate in the open.

However, that all changed last year when Gloria’s community took part in a Community-Led Total Sanitation (CLTS) initiative, an innovative and effective way to mobilize communities to totally eliminate open defecation.

Ecendje told the UNICEF WASH officer, Edson Monteiro, of the huge difference it has made to their lives. “Now we don’t walk anymore to hide, we have a latrine in our house like in the city.” She adds that she wants to build a more robust latrine with a metallic roof. “I am going to improve the latrine before the rain comes. My boys are preparing the site just there. It will be permanent with protection against rain. That is good, isn’t it?”

Indeed, it is good. Most diarrhoeal diseases – which cause approximately one quarter of all child deaths in Angola – are linked to unsafe water, inadequate sanitation or bad hygiene. Poor water and sanitation conditions have also contributed to repeated outbreaks of cholera in Angola and contribute to undernutrition.

In Angola, although coverage is relatively good in urban areas, access to improved water sources and sanitation facilities remains poor in rural areas. Many rural households still rely on unsafe surface water sources, such as rivers and lakes, and practice open defecation in the bush, spreading waterborne diseases. Moreover, hand washing at critical times, such as after using the toilet, before preparing food and before eating, is not a habit amongst most people, particularly where water is scarce and access to hygiene products is difficult.

The Census 2014 for Angola states that the share of families with access to water from safe sources is 43.7 per cent. In rural areas only 22.4 per cent of families have access to safe water and often women and girls have to fetch water, trekking long distances to do so.
ACCESS TO IMPROVED WATER SOURCES AND SANITATION FACILITIES REMAINS POOR IN RURAL AREAS.
Improving data collection, which also means strengthening the birth registration system, is essential to help with the planning for water and sanitation services.

If a child is not registered at birth in a community, he or she could be overlooked. It is also necessary that those who are doing the planning have the necessary skills. Last year, UNICEF reinforced the skills of local authorities to plan and budget for CLTS.
Poor water, sanitation and hygiene in schools has consequences for the health of students.

In total, 39 municipalities from four targeted provinces received training on planning and budgeting, and all prepared budgets for CLTS to be submitted for approval from their municipal budget. As a result of training and other activities, municipalities will assume leadership of the implementation and maintenance of CLTS, which is crucial for keeping communities free of open defecation. In addition, Phase II of the CLTS programme comes with official commitment from the Ministry of Environment (MINAMB) to develop and approve a National Strategy on CLTS for Angola (CLTS-A), which will better structure the government, processes and resource allocation for a national roll-out of CLTS.

To address the severe shortage of qualified technicians in the water and sanitation sector, UNICEF, the EU, the World Bank and the government have laid the ground for the creation of a training centre for water and sanitation. UNICEF will work with the government to staff the training centre, design curricula, put in place management tools, create knowledge management infrastructure and promote courses. It is one of the most significant achievements of the year in terms of a sustainable solution to improve the operation, maintenance and thus sustainability of water and sanitation infrastructures in urban and rural areas.

Also in 2015, UNICEF facilitated the participation of the National Water Directorate in the third International Global Water Operators Partnerships (WOPs) Congress. This resulted in a cooperation agreement between Angola and the Spanish Association of Public Water and Sanitation Utilities (AEOPAS).

In regard to research, in 2015, UNICEF completed a study on the findings of Water, Sanitation and Hygiene (WASH) in 600 schools which showed that as many as 70 per cent of schools are not connected to the water network and 76 per cent of schools do not treat drinking water. Poor water, sanitation and hygiene in schools has consequences for the health of students and may contribute to high drop-out and repetition rates. UNICEF will advocate at local and national levels for solutions, including better institutional planning and public budgeting for WASH in schools.
These achievements in 2015 need to be built on in 2016. In particular, it is important that planning is improved, which in turn is dependent on collating comprehensive data and further developing skills of those working in the sector.

As a key participant in the emergency response plan, UNICEF acted immediately to a government appeal after the flooding of Benguela and Lobito, following an abnormal rainy season in early 2015, which affected a total of 5,204 people and resulted in 94 deaths.

Working closely with community leaders, UNICEF dispatched essential items to prevent diseases related to unsafe water, inadequate sanitation and poor hygiene. Items such as latrine slabs, jerry cans, emergency kits, as well as information, education and communication (IEC) materials, benefited around 200 families. Importantly, UNICEF helped to ensure that the response met SPHERE standards and aligned with good practice.
Teresa seems younger than her 11 years, partly because she is so slightly built and partly because she is so timid. Having the centre’s director, Maria Esperança Pires dos Santos, near her as she talks, seems to reassure her.

She gathers a little more confidence when asked about her friends. “I have four friends,” says Teresa in a whisper, still keeping her head down, and lists their names. However, the mention of school makes her look up and speak a little louder. “I want to learn to read and write,” she says. So far, she has only completed one year of primary school, and she is due to start Grade 2 next week. When asked what she would like to be in the future, she responds immediately in a quiet but determined voice. “I want to be a doctor.”

Teresa has recently had plenty of contact with doctors. She has only just been discharged from hospital after receiving treatment over a period of two months for the severe injuries she sustained when she was raped by a group of men, one of whom is thought to have been close to the family.

Her mother, who is poor, brought her to the hospital following the rape, but since at least one of the men suspected of raping her may have been living in or near her home and is possibly her main means of financial support, it is not safe for Teresa to return home. Instead, a local NGO, Cuidado da Infância, brought her to this centre which is run by another local NGO, Horizonte Azul.

The centre, set in the outskirts of the capital Luanda, is home to 86 girls and young women aged between 4-25 years, all of them here because they were abandoned or abused, and reuniting them with family members is, for now at least, impossible. However, in the past 10 years, the centre has reunited 400 girls with their families; most of those had been separated during the country’s 27-year-long civil war that ended in 2002.

Besides offering the girls a safe place to stay, they are cared for and given emotional as well as social support. They eat and sleep at the centre, but attend the local school with other children in the neighbourhood.

Once a week, the children come together with the ‘mothers’ at the centre, who are from the local community, and the directors. In this meeting, they are able to discuss issues and raise any problems, particularly regarding access to social services. “They bring up their worries and we try to find solutions together,” says the deputy director. For instance, they have just registered the births of all the girls apart from Teresa, as this was carried out while she was still in hospital. They have also ensured that all the girls attend school. And when necessary they facilitate their access to child friendly justice.
Although many of their experiences have been traumatic, they are more fortunate than those who suffer such abuses in areas where there is no support. Support services for families, children and other at-risk groups in rural areas are almost non-existent. Most services, including most social workers, are concentrated in Luanda and the provincial capitals. This is despite the fact that some of the most vulnerable families, particularly the poorest, live in rural areas. In 2008, when poverty was last measured in a national survey, the incidence of poverty in rural areas (58 per cent) was three times higher than in the urban areas (19 per cent). Rural areas are worse off than urban areas on all social development indicators, and in some sectors – such as water and sanitation, secondary education, literacy, maternal health and child survival – the disparities are stark. Girls and women, orphans and people with disabilities are amongst the most vulnerable.

Thus, in rural areas, a child who is a victim of violence, or a poor family struggling to cope with caring for children who are orphaned, would have to make a journey, often on foot for anything up to two hours, to a provincial capital to seek help. Even then, there would be no guarantee that they would receive the assistance they need to access the appropriate social welfare service. Angola still needs to develop integrated social care services to build the resilience of communities and to respond to families in crises.
One of the major ongoing works with the Ministry of Social Assistance and Reintegration is to develop a new decentralized model of integrated social protection services, part of the EU-funded SIMSAP social protection project.

Developing the institutional, programmatic and operational framework for the social centre was a major result of 2015. Besides the technical inputs, UNICEF engaged in dialogue and negotiations to gather the main actors to rally beyond the proposed model.
The new model for integrated social protection services will be tested in three provinces, starting in Moxico in August 2016, and will offer social assistance to vulnerable families while facilitating their access to other social services.

This social protection system will aim to reduce the vulnerability of the poor to social risks, build their resilience to livelihood and environmental shocks (such as the drought and floods that were experienced in 2015 and early 2016) and help children access social welfare services. This will ensure that children at risk in remote rural communities are able to access the same kind of support that Teresa has received. It will also be critical to ensure that all children have their birth certificates to assist those who are trying to help them access the appropriate service.

Among the other major achievements in 2015 was the launch and dissemination of the Situation Analysis of Children and Women in Angola. This comprehensive review offers important data that will guide policies and interventions to improve children’s access to their rights. Additionally, in collaboration with USAID, UNICEF has provided technical support to the National Institute of Statistics for the design and implementation of the Health and Multiple Indicators Survey 2015-2016.

UNICEF continues to support other research which provides evidence for policies and programmes. For example, UNICEF has been leading the ongoing research on the school dropout rate in Huila province. This research examines gender issues in education and contributes to discussion around gender equity and girls’ education in Angola. It led to the development of a paper on girls’ education at secondary school level which was shared with the Ministry of Education.
UNICEF also formed a partnership with a national NGO, ADRA, to jointly produce sectoral analyses of state budget and spending structure which were used to engage with parliamentary commissions.

The paper highlights low net enrolment and completion rates among girls in secondary schools and places girls’ education on the government’s agenda as well as promoting planning and prioritization of initiatives for girls in the education sector. Significantly, discussions emanating from this paper and the research in Huila will inform the design of the Ministry of Education’s first girls’ education project in 2016, which is due to be implemented from 2017 to 2019.

Additionally, the UNICEF country office, in an intersectoral effort, signed three memorandums of understanding with the Agostinho Neto University, the Catholic University of Angola and the Institute of Training of Local Administration (IFAL), which will increase evidence generation and capacity building at decentralized levels. The EU continues to be a core partner, providing funding support to the country on crucial programmes in Social Protection.
Samuel, 5, who has been diagnosed with Down’s Syndrome, has had his birth registered, has access to a wheelchair, plans to attend school and often goes outside his home.

By contrast, Liana, 7, whose condition is unclear but seems to be degenerative, has not had her birth registered, has no access to a wheelchair and has never been to school.

Why are their lives so different? The level of education and wealth of their mothers, as well as their social support and experience of discrimination, seems to have played a role.

Samuel is sitting together with his sister, Pouca, 21, in their courtyard garden full of leafy tropical plants, appreciating a gentle breeze in the high temperatures heat. “We want to register Samuel in school. It’s my mother’s dream that he studies,” says Pouca, who is a law student.

Nearby, Liana is cooped up in a stifling hot room with no fan. It takes a while for her mother, Maria, 22, to open the door. Liana sits on a blanket on the floor, dressed in light blue cotton shorts and a pink T-shirt; her thick, long, shiny hair is neatly combed back into pink hair bands that match her top. Her large eyes stare ahead.

Liana’s condition has gradually deteriorated. She is now unable to stand on her emaciated legs and she does not speak. Suddenly, during the interview, there is a thud on the hard floor as Liana falls back, hitting her head; she goes into convulsions. “She has recently started having these fits,” says Maria, who is a single mother and unemployed. The last time Liana saw a specialist was three years ago. “People discriminate against her,” says Maria, becoming tearful. She tries to soothe Liana on her lap.

Liana rarely leaves her home – the last time was two months ago when Maria took her to see her family. There is no mention of an intention of getting her some form of schooling.

Yet schools and teachers need to adapt to children with disabilities – they have a right like every other child to an education. Consequently, efforts need to be stepped up to ensure that all children with disabilities have their births registered, are able to access school and receive a suitable education.
In the past 10 years, Angola has increased the number of pupils enrolled in all levels of schooling by more than threefold, from 2.2 million in 2001 to 7.9 million in 2014, but inequalities in the access to and quality of education persist. A significant proportion of children, like Liana, never attend primary school – estimated at 23.8 per cent of the children between 5-11 years in Angola (2014) – and many children who enter primary school drop out before they complete the six-year course. Furthermore, only 15.4 per cent of secondary school-age children (from 12 years and older) enrol in secondary school (MED, 2013).

Also, although official policy promotes the integration of children with disabilities into normal schools wherever possible, some children with severe disabilities need special education. In the past decade special education has expanded, with the number of children enrolled rising more than sevenfold, from 4,357 in 2001 to 31,762 in 2014 (MED). Yet children in special education still account for a small number of all children in primary education.

Additionally, participation in Early Childhood Development (ECD) programmes for children under the age of 6 remains low, despite the fact that it is widely accepted as critical for a child’s social, physical and cognitive development prior to starting primary school. The last nationally representative data from IBEP (from 2008-2009) found that only 9.3 per cent of children aged 3-5 attended pre-school ECD programmes, far below the target of 30 per cent outlined in Angola’s 11 Commitments for Children.
UNICEF established a partnership with the Technical Working Group of Education for All and the Cabinet for Studies, Planning and Statistics (GEPE) in the Ministry of Education.

The aim is to improve data collection, analysis and reporting in the education sector including on special education, pre-school education, the quality of life-skills education and education for migrating and nomadic populations. This collaboration resulted in three research reports and a finalized draft policy for special education. It will also strengthen the Education Management Information System (EMIS).
Improving birth registration will also help planning in the sector. Although the lack of a birth certificate should not prevent a child’s access to education, many schools, particularly secondary schools, demand that pupils show a birth certificate to sit exams and/or to receive their school certificates. Thus, the programme to register the births of all children should result in better access to education, and, critically, should improve retention rates of pupils beyond primary school.

In regards to inclusive and special education, in 2015, UNICEF supported the National Institute for Special Education by facilitating a South-South partnership with the Brazilian Instituto Rodrigo Mendes to exchange ideas for the development of a national policy for Special Education in Angola. The plan has since been submitted to the Minister of Education. In the meantime, before the policy is approved, an action plan is being drawn up to focus on necessary training and delivery of basic equipment.

To improve the quality of education in general, UNICEF has supported initiatives to make schools more child friendly. The government is leading the process with technical support from UNICEF. The focus is shifting towards child-oriented teaching which caters to the specific needs of the individual child. It also involves parents and the community, particularly encouraging their participation on school committees. Also important is ensuring that schools have water and separate toilets for boys and girls and that pupils receive hygiene education and have access to hygiene products. In 2015, the Child Friendly School programme was launched in Moxico and Bié, which aims to reach 244 teachers and 13,229 children in 10 schools over three years. The provincial directorates took on direct accountability for the management and monitoring of projects, increasing the sustainability of CFS programming.

To guide better resource allocation for schools in the provinces, UNICEF facilitated a series of consultancies to assist the Ministry of Education in developing provincial profiles and to set up a more reliable database.
All these efforts will be built on in 2016, so that all children – including those with disabilities, orphans and the rural poor, and those caught up in emergencies – are reached with quality education that allows them to fulfil their potential and helps them contribute to the development of the country.

Another area that needs attention is life-skills education and environmental awareness. A study conducted by UNICEF in 2015 in collaboration with the National Institute of Investigation and Development of Education (INIDE) found that respondents (teachers and students) showed only a slight interest in a clean environment and that less than one third of respondents (32 per cent) actively promoted sustainable development and protection of the environment. The findings will be formulated into recommendations on ways to improve environmental awareness, particularly critical in the wake of the current emergencies in the country.

Several schools were affected by 2014 flooding of Benguela and Lobito. Four out of a total of 11 flooded schools were completely destroyed. To meet the need for educational facilities, the Provincial Directorate of Education built a temporary school for 360 students inside a resettlement camp and teachers were deployed to ensure school curricula remained on-track. UNICEF provided Early Childhood Development kits and the government provided furniture for eight classrooms.
Communication is needed to help children inform others about their situation, to advocate for change and to empower them and the caretakers to make sure that all their rights are met.

Thus, the communication section provides cross-cutting support to all of UNICEF programmes in the areas of information, communication for development and fundraising.

During 2015, UNICEF’s communication section developed digital content, videos, press releases, speeches and other communication and visibility material to disseminate key messages about core programme issues regarding health, water, sanitation and hygiene, education, child protection, social policy and emergencies.

Specifically, in 2015, platforms such as YouTube and Facebook were used to heighten awareness on topics such as: every child’s right to have a birth certificate; the lack of a child-friendly justice system; the importance of hygiene practices such as hand washing; immunization against polio; services for children with disabilities; and reporting cases of violence against children. These issues and many more have engaged Angolans, particularly the youth, in lively online debate, and have increased visibility among stakeholders. Despite UNICEF staff shortages to support digital communication, followers of UNICEF Angola on Facebook increased approximately 25 per cent in 2015, and at end of the year it had almost 5,000 followers.

Additionally, UNICEF provided visibility material and support for events such as public programme launches, and guaranteed media presence to ensure wide dissemination of key messages and programme content. **External Communication initiatives in Angola aligned with regional and global communication campaigns, such as the African Union campaign to End Child Marriage in Africa and UNICEF’s campaign to promote equity – A Fair Chance for Every Child – with dissemination of country-specific information to national media.**

During 2015, UNICEF produced 12 press releases and supported the organization of seven public events to increase dialogue and debate among key decision-makers and strategic partners on priority issues, and also increased the visibility of UNICEF in the national media.
UNICEF provided visibility material and support for events such as public programme launches.
UNICEF’s engagement with the media expanded in 2015. One of the main highlights for media coverage, both nationally and international, was the launch of Angola’s Situation Analysis report, which took place on 16 June, the International Day of the African Child. It resulted in major national and international media coverage of the key findings. Significantly, the main recommendations of the report were well publicized in major national print media.

UNICEF also held a joint media briefing with the European Union on partnerships for child protection, social policy and WASH.

The UNICEF Strategic Framework for Communication for Development (C4D), put together in 2015, outlines cross-sectoral communications initiatives with a focus on strengthening C4D capacity in Angola to reinforce and promote positive behaviours and social change for children. The framework was developed through a participatory approach involving all UNICEF sections along with government counterparts and partners. The final document makes recommendations for key programme outcomes and implementation, which will start in 2016.

Another main achievement in C4D during 2015 was a partnership with Movitel, a local mobile phone carrier, and the Ministry of Family. This enabled UNICEF to develop an innovative digital platform to expand the reach of key behavioural messages related to child well-being, making content from the Family Competencies programme freely accessible through mobile phones. The launch of this platform was integrated within a global UNICEF partnership with Internet.org, an initiative by Facebook to make UNICEF content available to broader audiences. By October 2015, the platform had 20,123 monthly users.
Thus, communication is a powerful tool for the well-being of Angola’s children and the country’s development. In 2016, UNICEF will continue to look for ways to engage the media, including expanding its social media platform, and will support C4D work with local communities to help them improve the well-being of children.

The need for the wide dissemination of these key behavioural messages is evidenced in the Situation Analysis. The report states, “lack of knowledge, beliefs, and cultural norms contribute to low rates of exclusive breastfeeding of children under six months, low levels of hand-washing and treatment of water for drinking, open defecation in rural areas, and increased HIV risk, particularly among women and in rural areas.”

It also identifies that low levels of knowledge about the transmission of malaria, the number one child killer in Angola, might also contribute to its spread. The report cites the 2011 Multiple Indicator Survey which found that 27 per cent of women aged 15-49 did not know that malaria is transmitted by mosquito bites and that 30 per cent were not aware that it can be avoided by sleeping under a mosquito net.
With this report we celebrate one of the priorities set by the Government of Angola: birth registration, the key to unlock access to other children’s rights.

In this report we have presented the actions taken in 2015 by the different sectors of UNICEF emphasizing their connection with birth registration, the first of children’s rights: the right to have a name and a nationality. We have heard and reported stories of Angolan citizens to humanize facts and figures and show the progress made by the various partners with the support of UNICEF during 2015, and also the challenges still ahead.

Recognizing the low levels of birth registration and its importance to Angola, UNICEF will continue to prioritize support in this area in 2016 and in the coming years contributing to the increase birth registration rates in partnership with the European Union and the institutions of the Government of Angola.