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# Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 21-Jan-2021 | Report No: PIDA29829

## BASIC INFORMATION

### A. Basic Project Data

| Country | Project ID | Project Name | Parent Project ID (if any) |
|---|---|---|---|
| Angola | P168699 | Girls Empowerment and Learning for All Project | |
| **Region** | **Estimated Appraisal Date** | **Estimated Board Date** | **Practice Area (Lead)** |
| AFRICA EAST | 17-Feb-2021 | 29-Apr-2021 | Education |
| **Financing Instrument** | **Borrower(s)** | **Implementing Agency** | |
| Investment Project Financing | Republic of Angola | Ministry of Education and Development | |

Proposed Development Objective(s)

To empower Angolan youth, especially girls, and to improve learning quality for all.

Components

## PROJECT FINANCING DATA (US$, Millions)

### SUMMARY

| | |
|---|---|
| **Total Project Cost** | 250.00 |
| **Total Financing** | 250.00 |
| **of which IBRD/IDA** | 250.00 |
| **Financing Gap** | 0.00 |

### DETAILS

**World Bank Group Financing**

| | |
|---|---|
| International Bank for Reconstruction and Development (IBRD) | 250.00 |

Environmental and Social Risk Classification

Substantial

Decision

The review did authorize the team to appraise and negotiate

Other Decision (as needed)

## B. Introduction and Context

Country Context

**1. Angola is facing the greatest challenges to the country's prosperity since the end of the civil war.** Africa's third largest economy, with a wealth of natural resources, Angola has the potential to generate significant economic growth and poverty reduction. After the end of Angola's 27 yearlong civil war in 2002, the economy prospered thanks to revenues from vast oil reserves, with GDP per capita doubling from US$ 2,000 in 2002 to more than US$ 5,000 by 2014. The benefits of that growth were not broadly shared, however, resulting in a high level of inequity, with a Gini coefficient of approximately 0.51. By 2018, an estimated 32 percent of the 30.2 million Angolans lived in poverty (9.7 million people).[1] Heavy reliance on oil revenues and a lack of economic diversification, with agriculture and services remaining particularly untapped, have stymied broad-based growth and created few jobs, especially for young labor market entrants.

**2. The collapse of oil prices since 2014 has led to fiscal stress and high debt.** The significant fall in oil prices and subsequent drop-off in investment have resulted in a steep decline in production, negatively impacting fiscal revenues, 60 percent of which consisted of oil revenues. In 2019, fiscal revenues were 20 percent of GDP--down from 30 percent in 2014. As a result, government spending fell from 36.5 percent of GDP to less than 20 percent over the same period. Public debt, much of it in foreign currency, is expected to reach 120 percent of GDP in 2020.

**3. The COVID-19 pandemic and the parallel steep decline in oil prices will further increase poverty.** The combined effect of these shocks is estimated to push poverty rates to 38 percent in 2020.[2] Populations in urban areas are believed to be more affected than rural populations. With average inflation projected to increase from 17.1 percent in 2019 to 21.0 percent in 2020, along with 66 percent of Angolans reported to be food insecure pre-COVID, a rise in food prices poses a major risk to the welfare of the poor and vulnerable. [3]The Government of Angola has instituted several actions in response to the pandemic, including tax relief and liquidity provided to the private sector through lines of credit. The government also implemented a food basket distribution, and has accelerated the implementation of the "Kwenda" cash transfer program.[4]

**4. Angola is a young country, with the potential for reaping a large demographic dividend once the current shocks have passed.** More than half of the population is under 15 years of age (INE, 2014). The country's total fertility rate (TFR) is 6.2 (2016), second only to Niger[5]. By 2030, an additional 30 percent of children will enter primary school, and more than 50 percent of the population will be in the labor market in search of jobs. The

[1] World Bank, 2020. Angola: Country Partnership Framework. (Forthcoming).
[2] Note that, if using the US$1.90 per day poverty line, these numbers are 53.6 percent and 56.4 percent respectively.
[3] Monsalve and Skoufias, 2020. Unpublished manuscript.
[4] Monsalve and Skoufias, 2020. Unpublished manuscript.
[5] Inquérito de Indicadores Múltiplos e de Saúde (IIMS), 2015-2016

country has a singular opportunity to reap productivity gains and eventually a demographic dividend, should these new labor market entrants be properly equipped to contribute to the Angolan economy, once the country has weathered current shocks, and returns to its path for economic growth.

**5. The government's pre-COVID economic transformation plan is predicated on several structural shifts; these will need to be adjusted in the new context.** The National Development Plan (*Plano de Desenvolvimento Nacional 2018-2022*, PDN) calls for greater economic diversification and a larger role for the private sector to accelerate and render growth more inclusive. The timing is ripe for a multi-sectoral approach to develop the country's human capital, so that oil revenues can transform the economy into a sustainable mechanism for long-lasting poverty reduction and prosperity for all. In the long-term, diversification toward previously neglected parts of the economy, such as agriculture, tourism, and manufacturing, presents an opportunity for reduced macroeconomic volatility due to adverse export and fiscal revenue shocks linked to commodity prices. To complement this diversification, the Government's Human Capital Action Plan calls for substantial investments in the skills (basic skills, cognitive skills, and life skills) that the future generations of youth will need to transform the economy and the country.

**6. Women face specific disadvantages and constraints and are also disproportionately impacted by COVID-19.** The informal sector, where 70 percent of Angolans are employed (75 percent of women vs 66 percent of men) is particularly affected by pandemic-related job losses. This compounds existing inequalities in labor market outcomes that are worse for women than for men, as women are more likely to be neither working nor enrolled in school, and less likely to be in higher paying jobs in industry or services.[6] Evidence from the Ebola crisis in Sierra Leone also shows that girls are less likely to return to school once they reopen, while adolescent pregnancies increase, and the prevalence of gender-based violence typically increases.[7] Similar effects may be seen in Angola following the ongoing COVID-19 pandemic.

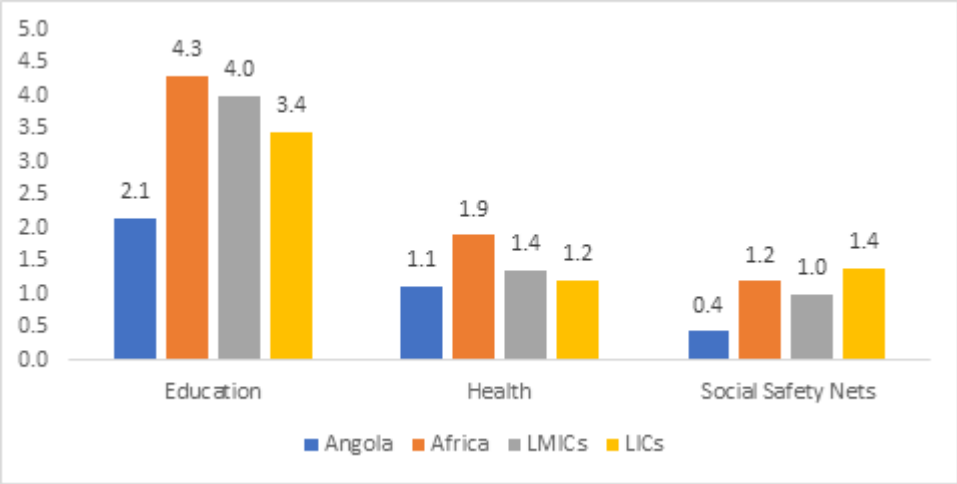
**7. The dual shocks compound an existing crisis in human capital outcomes.** Angola's Human Capital Index score is 0.36, meaning that a child born in Angola today can be expected to be only 36 percent as productive when she enters the labor market as she could have been had she received full health and education. This is below the regional average of 0.40 for Sub-Saharan Africa (SSA), and well below the expected level given Angola's GDP per capita. Most alarming are those elements of the index where even low-income countries (LICs) outperform Angola: percentage of children not stunted (62 percent in Angola vs 66 percent in LICs) and learning outcomes (harmonized score of 326 vs 356 in LICs), indicative that the country is suffering from a learning crisis. About half of women (51 percent) over the age of 15 years are literate, as compared to more than 80 percent of men. These gender differences are even more stark in rural areas, where only 25 percent of women are literate compared to 63 percent of men and where 6 percent of girls aged 12-18 attend school, as compared to 11 percent of boys (also shockingly low).

**8. Improving these outcomes is made even more difficult by significant fiscal constraints**. High debt and a decline in revenues have resulted in fiscal constraints, which limit resources for social sectors. The 2021 budget forecasts just 2.1 percent of GDP for education, less than half the regional average for SSA. Spending for health (1.1) and social safety nets (0.4) are also well below comparator countries (see Figure 1).

[6] World Bank, 2017, Jobs Diagnostic Lite

[7] Peterman, Potts, O'Donnell, Thompson, Shah, Oertelt-Prigione, and van Gelder, 2020. "Pandemics and Violence Against Women and Children." CGD Working Paper 528. Washington, DC: Center for Global Development. https://www.cgdev.org/publication/pandemics-and-violence-against-women-and-children

**Figure 1. Social Spending as a % of GDP (2021 budget)**




Note: Given data limitations, social safety net spending corresponds to 2015.

## Sectoral and Institutional Context

**9. The most binding constraints to developing Angola's future human capital center on girls' empowerment, and the learning poverty that prevents subsequent skills acquisition. The current crisis will further impact both agendas.** Girls' empowerment means equipping girls with the skills, information, and opportunities to succeed in school, work, and life. Learning poverty is the percentage of 10-year old children unable to read. This foundational skill is the gateway to acquiring higher-order cognitive and technical skills needed to increase productivity and ensure inclusive growth. This section outlines the challenges that each of these agendas face, along with a description of how the COVID-19 pandemic will further intensify these limitations. Table 1 contains the national-level indicators for the 4E framework (Empower, Enhance, Educate, Employ), which serves as the organizing principle for this Project and provides the basis for World Bank support to accelerate the demographic transition as outlined in the Africa Human Capital Plan[8].

[8] http://pubdocs.worldbank.org/en/562231555089594602/HCP-Africa-Plan.pdf.

| **Table 1. National Indicators for the 4E Framework (Empower, Enhance, Educate, Employ)** | **Angola** | **Zambia** | **DRC** |
|---|---|---|---|
| ***Empower – Indicators of women´s and girls´ empowerment*** | | | |
| Child marriage *(% of females and males married before the age of 18)* | F: 30.4%<br>M: 7%[9] | F: 36.6%<br>M: 4.1%[10] | F: 31.3%<br>M: 7.2%[11] |
| Age at first marriage (*Median age at first marriage or union in years among women aged 25-49)* | 20.5**Error! Bookmark not defined.** | 19.1**Error! Bookmark not defined.** | 18.7[12] |
| Age at first birth (*Median age at first birth for women aged 25-49)* | 19.5**Error! Bookmark not defined.** | 19.2**Error! Bookmark not defined.** | 19.9**Error! Bookmark not defined.** |
| Acceptance of violence *(% of the population who feel it is acceptable for a man to beat his partner)* | F: 25.2%<br>M: 19.8%**Error! Bookmark not defined.** | F: 45.1%<br>M: 24.1%**Error! Bookmark not defined.** | F: 61.5%<br>M: 47.9%**Error! Bookmark not defined.** |
| ***Enhance – Indicators of women´s and girls´ access to health services*** | | | |
| Current use of any modern method of contraception *(% of women aged 15-49 currently using any modern method of contraception)* | 12.5%**Error! Bookmark not defined.** | 34.1%**Error! Bookmark not defined.** | 17.6%**Error! Bookmark not defined.** |
| Unmet need for family planning (*% of currently married or in union women with an unmet need for family planning*) | 38%**Error! Bookmark not defined.** | 16.1%**Error! Bookmark not defined.** | 28.7%**Error! Bookmark not defined.** |
| Adolescent fertility rate (*Number of pregnancies per 1,000 girls aged 15-19)* | 163 births per 1,000 women**Error! Bookmark not defined.** | 135 births per 1,000 **Error! Bookmark not defined.** | 109 births per 1,000 **Error! Bookmark not defined.** |
| ***Educate - Indicators of women and girls' access to education*** | | | |
| Expected years of schooling (*Average number of years of education according to Human Capital Index*) | F: 7.0<br>M: 9.2**Error! Bookmark not defined.** | F: 6.7<br>M: 7.5**Error! Bookmark not defined.** | F: 5.6<br>M: 8.3**Error! Bookmark not defined.** |
| Gross enrollment rate, secondary (*Ratio of total enrollment in secondary, regardless of age, to total population of 12-18-year old*)[13] | F: 40%<br>M: 62% | F: N/A<br>M: N/A | F: 36%<br>M: 56% |
| Female dropout rate from lower secondary education (*% of female students from a cohort enrolled in lower secondary in a given school year who are no longer enrolled in the following school year)* | 14.7%[14] | 10.8%[15] | 23.3%**Error! Bookmark not defined.** |
| Completed secondary education (*% of the population aged 25+ with at least a completed upper secondary education - ISCED 3)* | F: 15.3% - M: 23.6%<br>Gender Parity Index: 0.65[16] | F:23.6%<br>M:34.6%<br>Gender Parity Index: 0.68[17] | F: 21.3%<br>M: 30.4%<br>Gender Parity Index: 0.70**Error!** |

[9] Source: Empowering women and girls to accelerate the democratic transition. Country Snapshot: Angola, Zambia, and DRC
[10] DHS 2018
[11] MICS 2017-2018
[12] DHS 2013-2014
[13] UIS 2016 data.worldbank.org (accessed on November 5, 2020)
[14] FHI360 – Education Policy and Data Center, 2015
[15] UIS 2012
[16] UIS 2015
[17] UIS 2013

| | | | |
|---|---|---|---|
| | | | **Bookmark not defined.** |
| Children, adolescents, and youth currently not in school *(% of out-of-school children, and adolescents of primary + secondary school age)* | F: 40.1%<br>M: 25.77%[18] | F: 23.6%<br>M: 18.0%**Error! Bookmark not defined.** | F: 37.4%<br>M: 15.9%**Error! Bookmark not defined.** |
| Population with no education (*% of females and males*) | F: 22.1%<br>M: 7.5%**Error! Bookmark not defined.** | F: 7.7%<br>M: 4.0%**Error! Bookmark not defined.** | F: 15.4%<br>M: 4.1%**Error! Bookmark not defined.** |
| ***Employ – Indicators of women´s and girls´ access to labor and employment*** | | | |
| NEET *(% of young females and males aged 15-24 not in employment, education, or training)* | F: 11.81%<br>M: 7.28%[19] | F: 23.0%<br>M: 16.6%**Error! Bookmark not defined.** | F: 25.7%<br>M: 18.2%**Error! Bookmark not defined.** |
| Working poor *(% of employed women and men aged 25+ living in poverty despite being employed and earning under US$1.90 PPP a day)* | F: 27.59%<br>M: 24.53%**Error! Bookmark not defined.** | F: 46.0%<br>M: 40.0%**Error! Bookmark not defined.** | F: 69.5%<br>M: 66.4%**Error! Bookmark not defined.** |

***Girls' Empowerment***

Challenge 1: High rates of adolescent childbearing

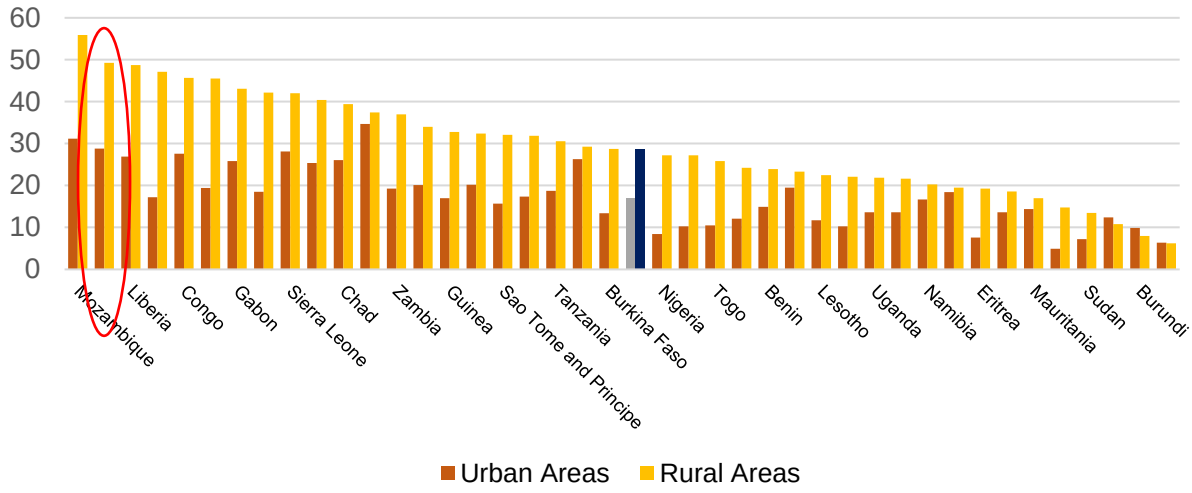
**10. For girls to reach their full potential, they need to have the liberty, tools, and information to make informed decisions, and the voice and agency associated with empowerment.** Girls and women are often denied this possibility in Angola due to discriminatory social norms that reinforce gender inequalities, condone harmful practices such as child marriage and adolescent pregnancies, and ignore gender-based violence. These discriminatory social norms also contribute to limiting endowments (health, education, and social and productive assets) and economic opportunities for girls and women, creating a vicious cycle of deprivation[20] whereby child marriage and early childbearing have a negative effect on educational attainment, which in turn increases the likelihood of child marriage and early childbearing.[21]

**11. One of the clearest manifestations of these discriminatory social norms is the high rates of adolescent childbearing.** Angola's adolescent pregnancy rate, at 163 births per 1,000 women, is the third highest worldwide. Contraception use among adolescents is low, at just 12.5 percent (see Table 1, and Figures 2 and 3). These statistics reflect low access to and knowledge of modern methods of contraception, exacerbated by male-dominant cultural practices at the community levels that perpetuate restrictive roles of girls and women in

[18] UIS 2010
[19] ILO. Modelled estimates for 2020.
[20] Klugman et al. 2014. https://openknowledge.worldbank.org/handle/10986/19036
[21] Wodon et al., 2017, 2018

society and sanction practices such as child marriage and gender-based violence.[22] Such practices are often also reinforced by religious leaders and traditional village leaders ("sobas").[23]

**Figure 2. Teenagers who have begun childbearing *(% of women aged 15-19 that have begun childbearing by residence: urban or rural)***




**12. School closures as a result of the COVID-19 pandemic are believed to lead to increased rates of adolescent pregnancies and childbearing.** Adolescent pregnancies in Liberia and Sierra Leone rose by as much as 65 percent in some districts following the Ebola crisis.[24] Closed schools increased the vulnerability of girls to physical and sexual abuse by their peers and by older men. With higher economic pressure on households, there was an increase in the reporting of transactional sex being used as a way for families to cover basic needs. Relatedly, when the main breadwinners were lost due to Ebola, many daughters were married off, with the hope that this would bring increased protection.[25,26]

[22] Findings from focus group interviews conducted in Angola with prominent civil society organizations.

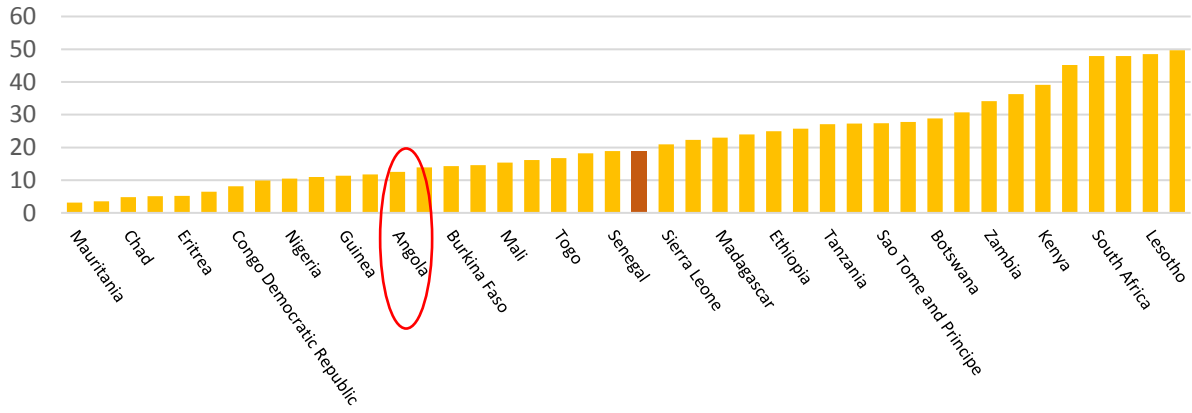
[23] Findings from focus group interviews and corroborated through field visits in Huila and Benguela, including key informant interviews with sobas.

[24] UNESCO, 2020. https://en.unesco.org/news/covid-19-school-closures-around-world-will-hit-girls-hardest

[25] Denney, L., Gordon, R., & Ibrahim, A. (2015). Teenage Pregnancy after Ebola in Sierra Leone.'. London: Overseas Development Institute.

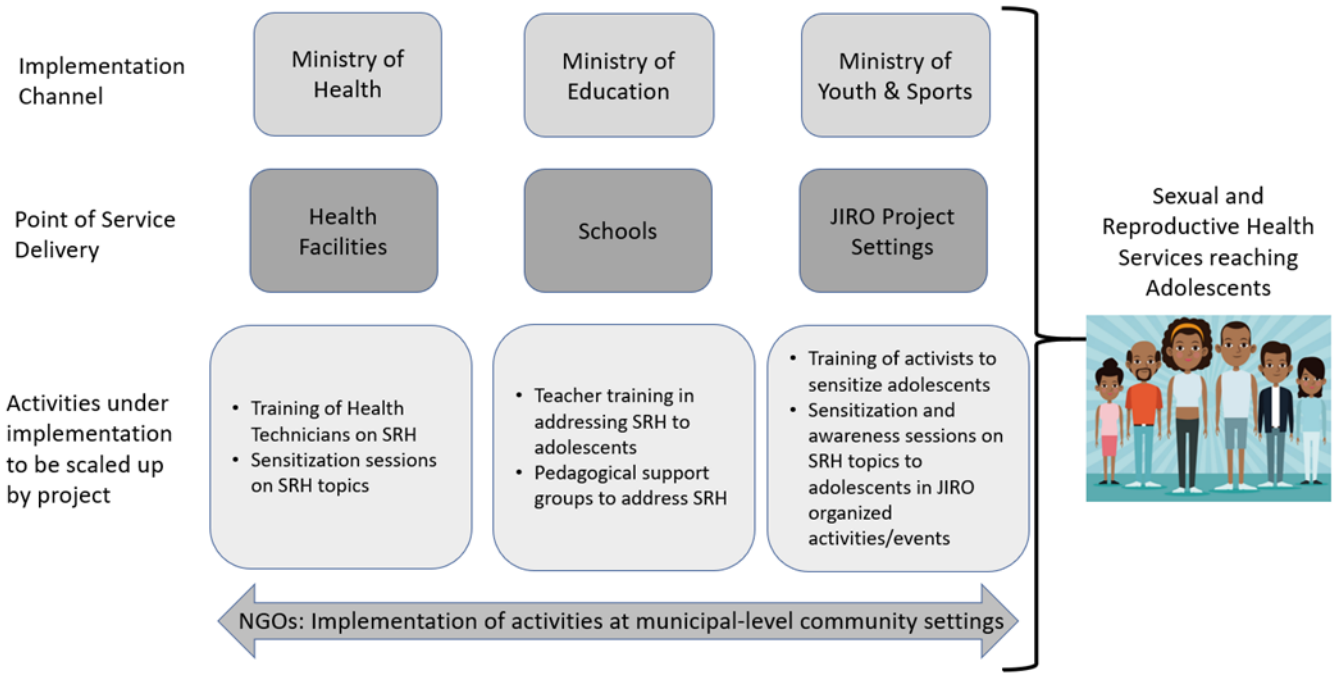
[26] Onyango, M. A., Resnick, K., Davis, A., & Shah, R. R. (2019). Gender-Based Violence Among Adolescent Girls and Young Women: A Neglected Consequence of the West African Ebola Outbreak. In Pregnant in the Time of Ebola (pp. 121-132). Springer, Cham.

**Figure 3. Contraception Use *(% of all women using any modern method of contraception)***




**13. Based on the 4E framework, a core aspect to reducing the rate of adolescent fertility is to enhance access to and demand for reproductive health services.** Angola recently endorsed a multi-sector sexual and reproductive health (SRH) strategy developed by the Ministry of Health (*Ministerio da Saude*, MINSA), with support from UNICEF, UNFPA, and USAID. The strategy is implemented through three channels: (i) through the MINSA, which is responsible for the delivery of SRH services in health facilities; (ii) through the Ministry of Education (*Ministerio de Educaço e Desenvolvimento*, MED), which is responsible for the development of the curriculum to include sexual health content and teacher training on SRH; and (iii) through the Ministry of Youth (*Ministerio da Juventud e Desporto,* MINJUD), which is responsible for training community-level activists through the JIRO project on SRH issues. Each channel has its own unique point of service delivery which helps ensure adolescents can access SRH services in different settings. In addition, NGOs such as the Youth Support Center (*Centro de Apoio aos Jovens*, CAJ) and Development Help from People to People (*Ajuda de Desenvolvimento de Povo para Povo,* ADPP) are providing SRH services targeted to 12-18-year old in and outside school. As such, there is an existing coalition of actors engaged in SRH efforts, but these need to be strengthened and scaled up nationally.

**Figure 4. Implementation Channels for the Delivery of Sexual and Reproductive Health Services to Adolescents**



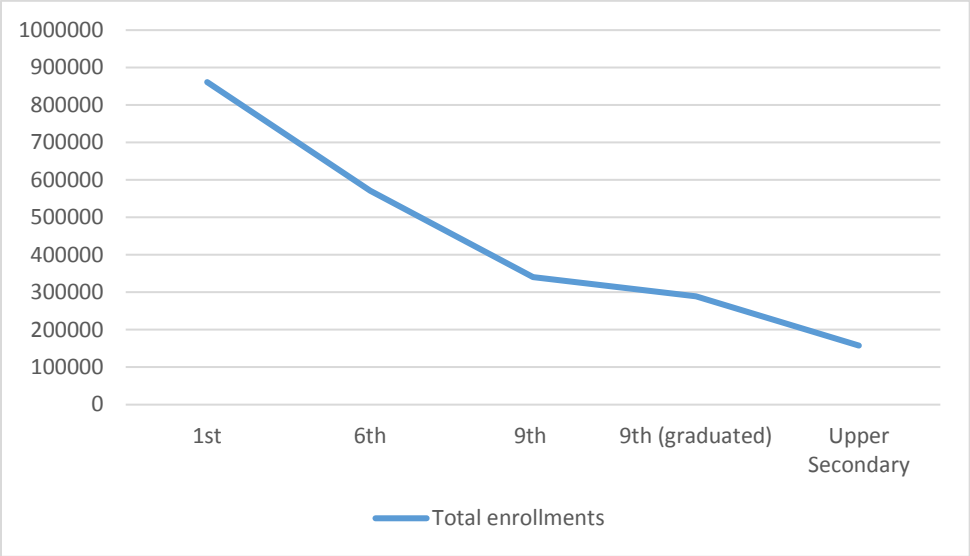

Challenge 2: High rates of out of school children and youth, especially girls

**14. There is a large and rapidly growing population of out of school children (OOSC) and youth in Angola.** According to the 2014 census, 1.8 million would-be students aged 5-17 were out of school. This number is expected to have grown in the last few years and will be further exacerbated in the coming years by several factors, including COVID-19. First, the size of future cohorts of children entering primary will require a large expansion of spaces. Second, the supply of schools (physical infrastructure, and number of teachers) is diminishing rather than increasing, with official statistics reporting a 20 percent drop in enrollments in primary school between 2016 (5.9 M) and 2018 (4.6 M). Third, there are fewer numbers of teachers with those teachers who left the system (through natural attrition) between 2014 and 2018 not being replaced, resulting in the closing of many schools (see Challenge 4).

**15. Girls are more likely to be out of school than boys.** About 34 percent of adolescent girls are out of school, more than double the average for lower middle-income countries (17 percent).[27] Only 15 percent of women and 23 percent of men have completed secondary education. Twenty-two percent of women – one in five – have zero years of schooling, compared with seven percent of men. If this trend is not reversed, ever larger numbers of girls will be at greater risk of early childbearing, instead of acquiring skills through the education system, thereby reducing the magnitude of Angola's potential demographic dividend.

**Figure 5. Low Grade Survival in Angola, 2018**
(Number of students enrolled in each grade)

[27] World Bank (2020). Angola: Investing in women' empowerment for human capital improvements. Human Capital ASA (P174976).




*Source: Authors' calculations, based on SIGE*

**16. Urgent action is needed to reduce the number of out of school children (OOSC) as well as stem the flow of dropouts. For the current stock of OOSC, the MED is expanding second chance education opportunities.** Even under the most optimistic scenarios for school system expansion, a large number of youth will continue to be outside of the education system for many years to come, requiring opportunities for skills acquisition through accelerated programs. The MED offers programs to complete primary and secondary education through an evening or weekend shift, whereby students can complete two years of full-time schooling in one year of part-time classes (for primary) and three years of full-time secondary school in two years. The primary program currently covers 750,000 students (two thirds of which are women), though the quality[28] varies greatly, and there is a high dropout rate (between 20-30 percent, depending on the module). The majority of students are 15-25 years old, with women slightly outperforming men in terms of graduation rates. The secondary program, known as *Primeiro Ciclo Acelerado*, has much lower coverage (13,000 students, half of whom are women) as it is offered only in 3 of Angola's 18 provinces. The main constraints to scaling up these programs are physical space (classrooms); financing of learning materials; and financing of additional hours for instructors, who must be accredited by the MED.

**17. To stem the flow of out of school students, the Government of Angola seeks to (i) expand the supply of classroom space, especially at the cycle 1 of secondary level (see challenge 4), and (ii) introduce incentives for girls to transition from primary to cycle 1 of secondary, and then graduate.** The incentives have two components to them. First, there is a one-time registration bonus (17,000 Kwanza, or ~US$ 25) for girls who transition into cycle 1 of secondary. Second, for both girls and boys, there is an annual scholarship (17,000 Kwanza, or ~US$ 25) for students who remain in cycle 1 of secondary.

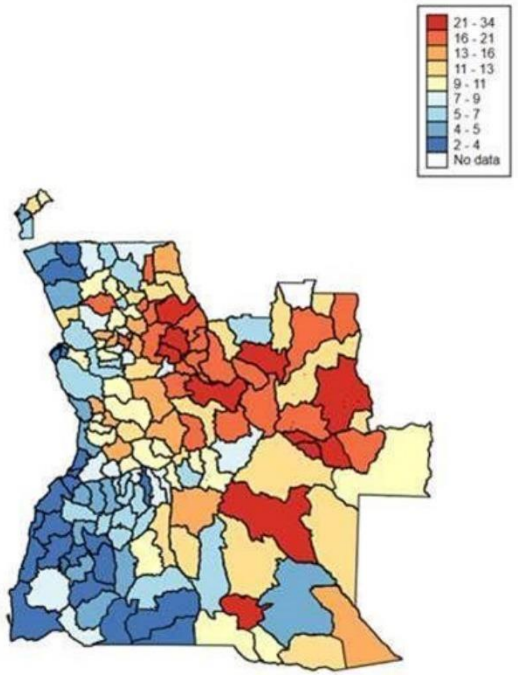
Challenge 3: Regional variations in gender disparities

**18. Angola has regional 'hotspots' where girls marry younger and adolescent fertility is higher.** In 22

[28] There is a paucity of evidence on the effectiveness and impact of the second chance education programs, in Angola, as well as globally. This program has been prioritized for evaluations under Component 3.

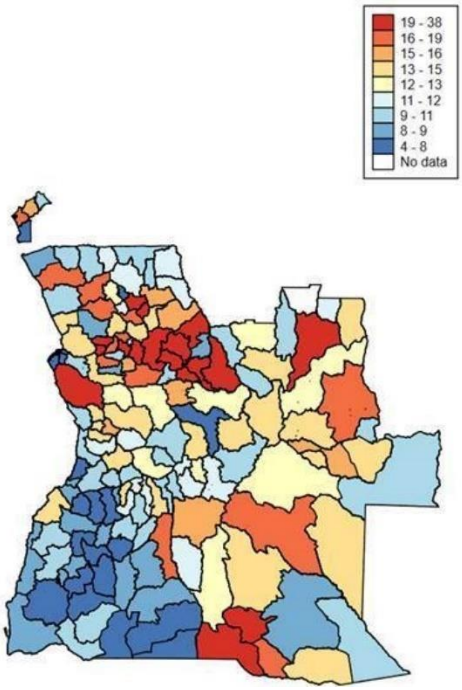
municipalities in the provinces of Malanje, Moxico, Cuando Cubango, Lunda Norte and Lunda Sul and Uige, more than 20 percent of girls aged 12 to 17 were married (Figure 6). In 17 municipalities, more than 20 percent of girls aged 12 to 17 are already mothers (Figure 7).

**Figure 6: Share of girls aged 12 to 17 years old who are married**




Source: Own calculations using the census 2014.

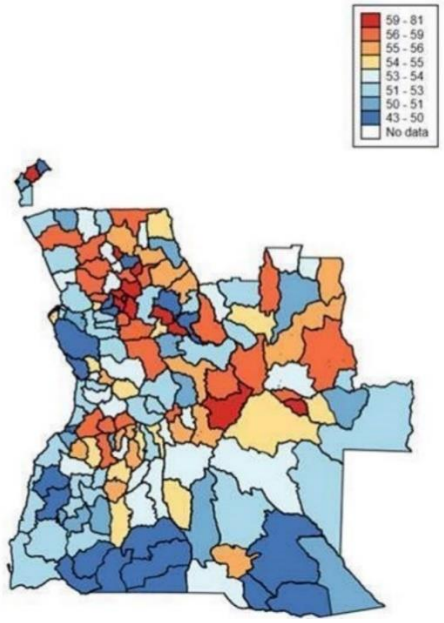
**Figure 7: Share of girls 12 to 17 years old whom have born a child**




Source: Own calculations using the census 2014.

**19. Relatedly, while more girls than boys are out of school across municipalities, there are some municipalities with particularly high numbers of out-of-school girls (Figure 8)**. There are sizable disparities by wealth. Fewer than 1 percent of girls and 5 percent of boys in the poorest quintile have completed secondary education compared to 69 percent of girls and 53 percent of boys in the richest quintile.

**Figure 8: Share of girls out of school/total children out of school**




Source: Own calculations using the census 2014.

**20. Regarding the likely impact from COVID-19, girls are less likely to return to school once they reopen.** Instead, they tended to shift their time toward income generating activities. School closures in Argentina resulted in long-term labor market income losses for girls.[29] Further, as discussed under Challenge 1, based on the Ebola experience, rates of adolescent childbearing will likely also increase. Consequently, girls need to be supported and encouraged to stay in school, with interventions particularly targeted at the "hotspot" regions highlighted above.

[29] Jaume and Willén 2019.

***Learning poverty***[30]

Challenge 4: Inadequate supply of safe and inclusive schools

**21. The school environment is not conducive to learning.** The projected demand for schooling at the kindergarten, primary, and lower secondary (cycle 1) levels in Angola is significant. Already, many students are relegated to studying under a tree, due to insufficient classrooms; of the country's 109,000 classes, nearly 20,000--representing an estimated 1.12 million students—are in the open air (in Benguela, such classrooms account for 40 percent of the total). At the same time, the percentage of children age 5 to 18 is expected to increase by 30 percent by 2030. Ensuring that there is physical space in schools for children to learn will necessitate an unprecedented acceleration in the expansion of schools, especially at the secondary level.

**22. Factors relating to school environments also work against keeping girls in school.** In terms of school-level factors, the lack of planning and infrastructure investment has contributed to a pervasive under-supply of schools as these are not constructed based on needs, but rather as a result of financial availability. This is particularly felt at the cycle 1 of secondary level. Furthermore, schools may be unsafe (due to risks around GBV, pressures of trading sex for grades) and/or undesirable (due to lack of water, clean bathrooms, conditions not conducive to healthy menstrual hygiene). In many regions, parents and girls have safety concerns relating to going to and from school as well. A recent study undertaken in the province of Huila calculated average distances to school outside of the provincial capitals to 5 km (for primary schools) and 12 km (for cycle 1 of secondary schools). These distances are made that much further given the absence of public transport.

**23. School-level barriers are particularly present for girls.** First, there are fewer female than male teachers in the system, depriving girls of a key 'protective factor' in schools. In Angola, as in many countries, menstruation is a taboo subject and the stigma can keep adolescent girls from attending school. According to the Service Delivery Indicators survey (SDI), 60 percent of schools do not have functioning toilets. Without this minimum level of hygiene, many students – and particularly adolescent girls – are reluctant to attend school.

Challenge 5: Low quality "business as usual" service delivery

**24. Angola's HCI is constrained by the country's education outcomes.** Expected years of schooling, at 8.1 is about the same as that of low-income countries. For women, the expected years of schooling is only 7 years, as compared to 9.2 years for men. However, the learning adjusted years of school is only 3.6 years when accounting for the amount that girls learn during the time that they are in school (as compared to 4.8 years for boys). This learning crisis is further underscored by results from the recent World Bank-financed Early Grade Reading Assessment (EGRA) which revealed that only 1 in 3 ten-year-olds can read a full sentence. In addition to being a direct constraint to human capital accumulation, this low quality of learning reduces the opportunity cost for girls of getting pregnant and/or dropping out of school.

**25. Many Angolan children arrive at school unprepared to learn.** The Angolan education system begins in kindergarten (*sala de iniciação,* 5 year-olds), followed by primary school for grades 1-6 (*primario*, 6 to 11 year-olds), cycle 1 of secondary grade 7-9 (*primeiro ciclo de secundario,* 12 to 14 year-olds), cycle 2 of secondary grades 10-12 (*segundo ciclo de secundario*, 15-17 year-olds). However, before even arriving in the education system, many Angolan children are at a disadvantage. First, the prevalence of stunting among children is 38 percent,

[30] Learning poverty refers to children being unable to read and understand a simple text by age 10.

resulting in cognitive delays. Second, opportunities for engaging in early childhood learning, fostering early childhood development, are virtually non-existent. Only an estimated 24 percent of 5-year-olds are enrolled in kindergarten.[31] Finally, high prevalence of tapeworm leads to nutritional disorders that cause stunting, which also impacts education outcomes. Yet, there is low capacity for rolling out and managing de-worming programs.

**26. Teachers have low content knowledge, high absenteeism, and low motivation.** The 2016 Service Delivery Indicator (SDI) survey showed that, during unannounced visits, teachers were absent nearly 30 percent of the time. An additional 17 percent of teachers were found to be at school but not in the classroom, resulting in a total of about 36 percent of classrooms being without a teacher on any given day. Moreover, even when teachers are present, there is low mastery of the curriculum that they are responsible for teaching. Whether testing for content in math or language, or for pedagogical knowledge of teaching practices, teachers scored on average below 20 percent. This reveals the ineffectiveness of teacher policies that work to attract, select, support, and deploy teachers.

**27. Most Angolan children do not speak Portuguese as their mother tongue though this is the language used by teachers in school**. Though Portuguese is Angola's only official language, there are many other languages (and dialects thereof) spoken in Angola, of which eight are nationally recognized. A study by the National Statistics Institute (*Instituto Nacional de Estatistica*, INE) in 2012 found that 39 percent of Angolans speak Portuguese as their mother tongue. However, the 2014 census found that 71 percent speak some Portuguese in the home. This still leaves about a third of students entering school speaking little to no Portuguese, one of the key drivers of low levels of reading ability in the Portuguese language.

**28. Due to an absence of student assessment, little is known about learning levels and related trends.** Unless learning is measured regularly, across subjects and geographic areas, it is difficult to know the extent of the learning crisis (e.g. what proportion of children cannot read?), its distribution (e.g. geographic prevalence and grades), its curricular dimensions, and the associated trends. This will take on added importance given the expected inequities that will arise in the system as a result of the COVID-19 response that will favor students with access to technology. The 2011 and 2016 EGRAs that showed that only about 1 of 3 students could read, though the unequal distribution of those results is unknown. Similarly, Angola has joined the Southern and Eastern Africa Consortium for Monitoring Education Quality (SACMEQ), the entity responsible for conducting learning assessments, though has yet to participate in a regional assessment that would allow for comparisons between learning outcomes in Angola with those in other African countries.

[31] UNICEF, 2019.

Challenge 6: Disruption in learning due to COVID-19

**29. COVID-19 adds a public health and an economic crisis to the pre-existing learning crisis in Angola.** First, with regards to COVID-19, there are immediate challenges the country faces related to distance education, measures to be taken to ensure safe school reopening, and long-term structural changes that the country will need to undertake to improve learning.

**30. Over the coming 24 months, the Angolan school system has to offer distance learning programs to ensure learning continuity.** Distance learning programs include using radio (or other audio), in an interactive way, and television programming. These forms of instruction are still underdeveloped in Angola, in part due to the low telecommunication infrastructure in the country, resulting in limited penetration rates for communication technologies (estimated at just 30 percent for television). Thus far, the television-based learning programs *Telescola*, consisting of a partnership between the MED and the Public Television of Angola utility, has been the main source of distance learning for students at home.

**31. As schools reopen, measures must be taken to ensure the safety of students and staff alike.** Angola's COVID-19 emergency response plan for the education sector, developed with the support of UNICEF and the World Bank, includes actions relating to the deep-cleaning of schools prior to their reopening, equipping schools with soap and water for students and staff to maintain proper hygiene, as well as psychosocial activities to support students in their return to schools. A special focus is placed on community outreach to ensure that girls return to school, given evidence from similar contexts where girls were more prone to dropping out permanently (as discussed under challenge 3, paragraph 21).

## C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

To empower Angolan youth, especially girls, and to improve learning quality for all.

**PDO Level Indicators**

*Empower Angolan girls*

- [Increased] number of adolescents using SRH services (disaggregated by gender)
- [Increased] number of youth (12-18) benefiting from second chance education and life skills (disaggregated by gender) (including primary, cycle 1 secondary, and cycle 2 secondary)
- [Reduced] gender gap in half for children 12-17 enrolled in school in targeted municipalities

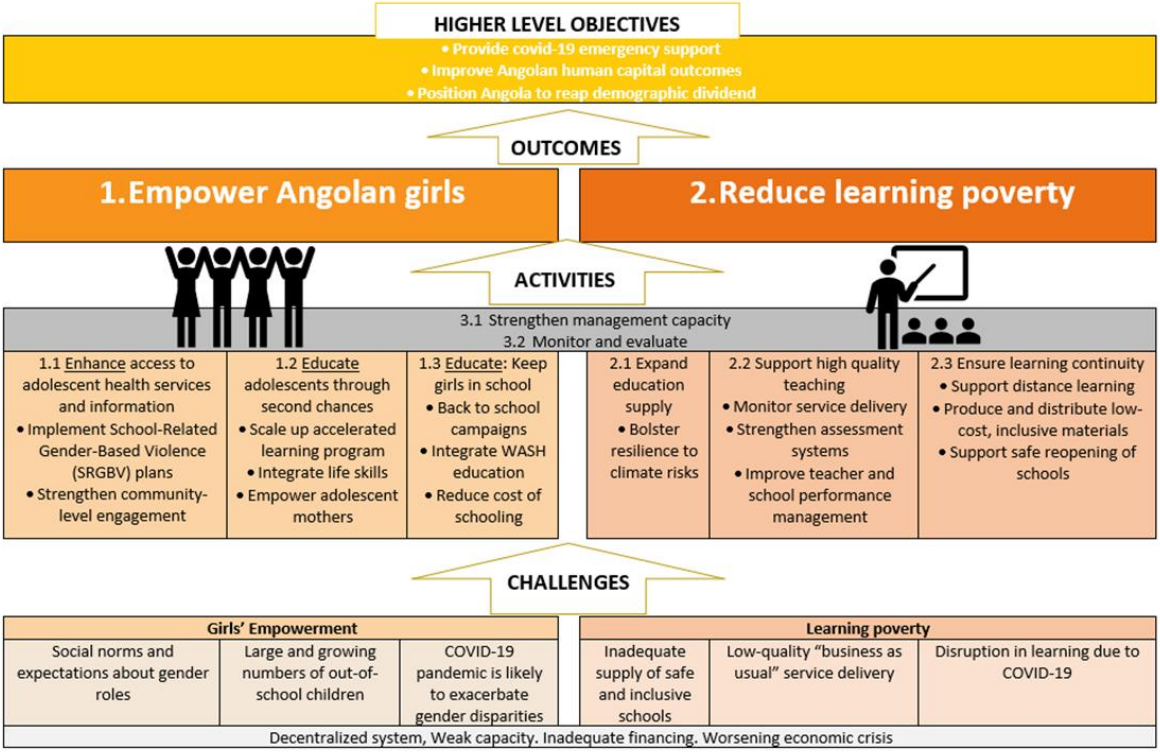
*Quality of Learning*

- [Increased] proportion of teachers performing at or above acceptable levels of teaching (primary)
- [Increased] Total number of new education spaces [classrooms constructed/rehabilitated at all levels]

## D. Project Description

**32. The proposed Project seeks to empower and educate Angolan girls and address learning poverty (Figure 9). ,** Applying the 4E[32] conceptual framework, Component 1 aims to empower Angolan girls by enhancing acceptance and utilization of health services (e.g. family planning, nutrition, sexual & reproductive health), ensuring youth, particularly girls, stay in school, and connecting those outside the school system to second chance education opportunities. As part of the COVID-19 response, Component 1 seeks to minimize disruptions to girls' education through the provision of scholarships aimed incentivize girls (and boys) to stay in school. Component 2 works to improve the education provided to children and adolescents by strengthening teaching and measuring learning, including, where and when relevant, through distance learning programs. It also seeks to keep more girls in school by building classrooms, refurbishing bathrooms, and improving the school climate of existing schools. Assuring the transition to secondary education for girls and offering them a better chance at skills acquisition through better learning will result in girls that are more empowered and a citizenry that is more productive, thus broadly contributing to growth and inclusion. Moreover, these improvements would allow school age generations to later generate better incomes for themselves and their families, have children later (and when they chose to do so), and be better able to invest in the health and education of their children, hence sparking a virtuous cycle at the household and national levels.

**Figure 9. Theory of Chain – Girls' Empowerment and Learning**

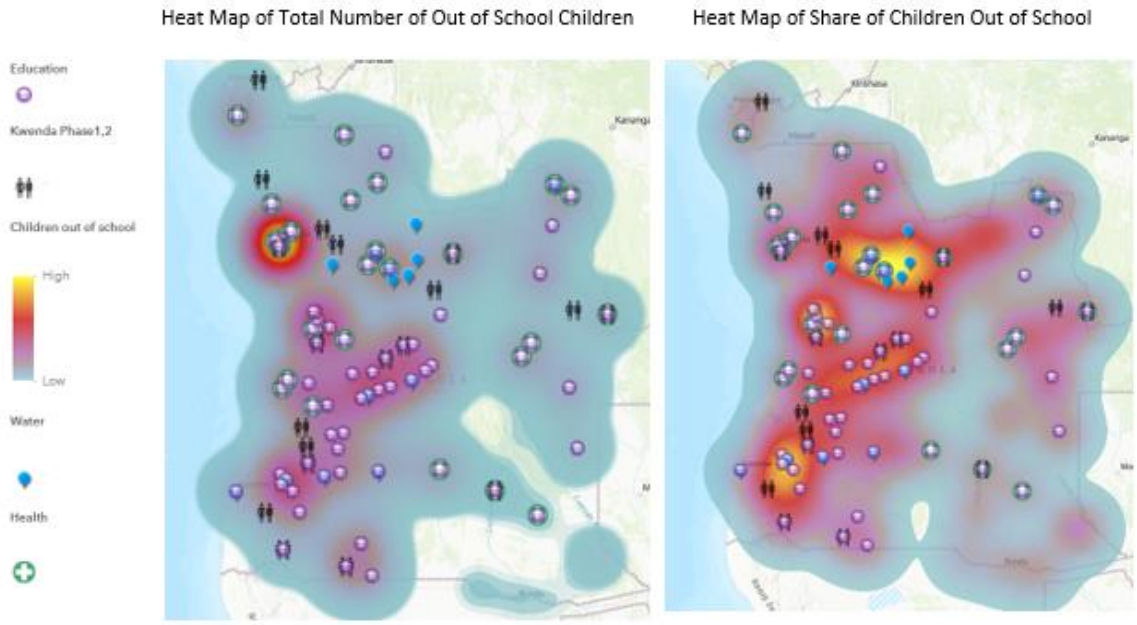



[32] Component 1 focuses primarily on the "E"s of empowering girls (through life skills), enhancing access to sexual and reproductive health, and educating (through connecting with second chance education). The 4th E "employ" is beyond the scope of this Project.

**33. Crucial to achieving the Project objectives would be the use of a multi-sectoral approach that builds on existing initiatives in other sectors (e.g. health, social protection, water, agriculture) and those supported by partner organizations (e.g. UNICEF).** This is most evident with the Health System Performance Strengthening Project (HSPSP) (P160948), where linkages between schools and clinics would result in improved take-up of both adolescent health services (e.g. family planning services, supply of contraceptives, etc.) and education services (e.g. accelerated learning programs aimed toward youth). Similarly, there are synergies to be established with the Strengthening the National Social Protection System Project (P169779), where the beneficiary registry and payment mechanisms developed under the Kwenda program will be used to manage and administer the scholarship program. In addition, the social protection operation supports Centers for Integrated Social Action (*Centros de Acção Social Integrada*, CASI), tasked with referring families to social services at the municipal level, including for survivors of GBV. The CASIs would also serve to do outreach to potential beneficiaries under the 'empower' component of the proposed Project. Links with other sectors, such as water, inform the micro-planning exercise to expand education supply. Finally, the proposed Project will establish linkages with other initiatives such as those implemented by UNICEF around parenting education and WASH, to enhance the collective development impact.

**34. The proposed Project features a spatial approach to investing in human capital service delivery, layering interventions targeted to identified hotspots.** The proposed Project proposes the use of a dual targeting methodology, starting with those municipalities already prioritized under the ongoing health operations (31), most of which are municipalities with high dropout rates. Next, using microdata from the 2014 national census, 29 additional 'hotspot' municipalities have been identified according to the number of children out of school. Figure 10 shows the target municipalities juxtaposed with the number of out of school children as illustrated through a heat map.

**Figure 10. Target Municipalities and Out of School Children**



**Project Components:**

**Table 2. Aligning Challenges and Components**

| Challenge | Component |
|---|---|
| 1: High rates of adolescent childbearing | 1.1: Improve access to adolescent health services and information, with a focus on girls (US$ 10 M) |
| 2: High rates of out of school children and youth, especially girls | 1.2: Provide adolescents with second chances education and life skills to adolescents (US$ 20 M) |
| 3: Regional variations in gender disparities | 1.3 Keep girls in school (US$ 110 M) |
| 4: Schools that can be safer and more inclusive | 2.1: Refurbish and expand education supply (US$ 60 M) |
| 5: Low quality "business as usual" service delivery | 2.2: Support high quality teaching (US$ 20 M) |
| 6: Disruption in learning due to COVID-19 | 2.3: Ensure learning continuity (US$ 20 M) |
| Institutional constraints | 3. Project management, monitoring, and evaluations (US$ 10 M) |

**Component 1. Empower Angolan Girls (US$ 140 M)**

**35. The first component seeks to empower Angolan girls, with certain activities also targeting boys.** The component aims to (i) provide adolescent health services; (ii) expand opportunities for second chance education and life skills; and (iii) keep girls in school through demand-side actions.

*Subcomponent 1.1: Improve access to adolescent health services and information (US$ 10 M)*

**36. This subcomponent will provide adolescent health services to girls (and boys) through NGOs (ie., the supply-side of improving access).** In support of the ongoing implementation of the adolescent health strategy, this Component will deliver sexual and reproductive health services to adolescent girls and boys through NGOs in 60 high priority municipalities. Services to be scaled up follow the culturally-appropriate program already developed, and include sex education, rights education, preventing strategies for STIs / HIV and AIDS and pregnancies, promoting condom use and contraception, preventing early marriages, information on alcohol and drug abuse, mental health information, and gender-based violence awareness. Girls (and boys) are also made aware of more specialized youth-friendly services that are available at the local clinics). In total there are about 30 sessions over the course of a year, offered in safe spaces in different settings, depending on the target audience: typically, in schools (in collaboration with the School Social Focal Point), or in community spaces[33]. For sessions held at schools, links would be made with School-Related Gender Based Violence plans. [34] The sessions are led by trained mentors (often students from the local teacher training institutions), and include modules that are peer-led, recognizing that adolescent girls may be more comfortable discussing sexual health with peers than recognized authority figures such as NGO workers, or teachers. While most sessions are geared to both sexes,

[33] Often these are "Jangos", simple thatched shelters that allow for community groups to gather and discuss important issues.

[34] In order to improve the safety in schools and given the expected increase in GBV during COVID-19, SRGBV plans would be designed and implemented. These plans would draw from a national menu of options available for improving school climates specifically for girls, including the travel to and from school. Options include activities such as appointing female guidance counselors, awareness campaigns, support systems for survivors, and signed school pledges. Responsibility for the design and implementation of the plans would be with the School Social Focal Point, an existing figure in all schools. The school Focal Point would report to the provincial GBV focal point for the Project, in turn supported by a regional GBV expert (hired by the Project).

some sessions are specifically targeted to boys, to focus on themes of positive masculinity.

**37. Community-level engagement will be a core part of these activities (ie. the demand-side, by normalizing and widening conversations about SRH).** Also facilitated by NGOs, this activity will serve to integrate a series of key messages for girls' empowerment, specifically on the topics of i) sexual and reproductive health services and early childbearing, and ii) information on education (including scholarships and second chance education program opportunities). Using communication materials developed as part of the adolescent health strategy, this activity will tap into the existing network of community agents to draw on local knowledge to construct targeted messages to reduce and prevent childbearing among teenagers. Under this activity, local community leaders will become and serve as champions and support adolescent girls to stay in school and delay marriage and pregnancy. The community outreach part serves to connect girls and their families in the 60 targeted municipalities to the second chance education programs that will be expanded in those same municipalities, as well as the youth-friendly health services.

**38. Implementation of this subcomponent would be led by the Ministry of Health (*Ministerio da Saude*, MINSA)**. The MINSA will be responsible for: (i) contracting the NGOs, based on TORs approved by the World Bank[35]; (ii) liaising with other sectors responsible for executing parallel programs (e.g. "youth-friendly" health services); and (iii) monitoring and reporting on the work of the NGOs. In turn, the NGOs will be responsible for: (i) recruiting and training mentors; (ii) organizing safe space sessions, including identifying the spaces, conducting the outreach, monitoring the attendance; (iii) procuring the reproductive health drugs and supplements (as per the logistics group of the adolescent health strategy); and (iv) printing, distributing, and disseminating communication materials through community engagement sessions.

**39. This component will enhance access to and demand for SRH for 300,000 youth in 60 target municipalities[36], at least 180,000 of whom are girls.** This includes adolescents, age 12-17, in school (200,000) and out of school (100,000), and their communities. The services provided by the NGOs are estimated at US$ 30 per beneficiary reached, including the costs associated with the safe spaces and the associated materials. For the SRGBV activities, cycle 1 of secondary schools in the target municipalities will be covered, as well as all schools offering second chance education programs. The proposed Project will reach 600 schools, with the implementation of an SRGBV in each school costing US$ 750 per school.

*Subcomponent 1.2: Provide second chance education and life skills to adolescents (US$ 20 M)*

**40. This subcomponent will provide out-of-school girls and boys with opportunities to complete their education and acquire life skills.** Activities under this subcomponent include improving and expanding the current accelerated learning programs known as Youth and Adult Education. These programs allow out-of-school youth to obtain their primary school leaving certificate over a period of three years (instead of 6), through evening classes or on weekends, and to complete cycle 1 of secondary school in two years (instead of three). A strong emphasis is placed on the acquisition of life skills, whereby knowledge of sexual and reproductive health, nutrition, financial literacy, civics, and self-esteem boosting are integrated into the curriculum.[37] To expand the reach of the programs, the MED will partner with civil society (e.g. church groups, community groups). Under such arrangements, at the primary level, the MED provides the textbooks and finances a stipend for the instructor, with the partner entity providing the physical space and handling the outreach to recruit students.

[35] A first draft of the Terms of Reference has been developed and is being consulted upon.

[36] This component would prioritize the 30 municipalities where the HSPSP is already operating.

[37] Under the Project, a specific module on positive and alternative masculinity will be added to the program.

With the support of the proposed Project, these partnership arrangements will be extended to training centers run by the National Employment and Professional Training Institute (*Instituto Nacional de Emprego e Formação Profissional*, INEFOP) under the Ministry of Public Administration, Work, and Social Security (*Ministerio de Administração Publica, Trabalho, e Seguranca Social*, MAPTESS), to complement the short technical courses offered. The component will finance: (i) instructor stipends; (ii) training of new instructors; (iii) printing and distribution of learning materials for students and teachers; (iv) technical assistance for consolidating materials in cycle 1 of secondary; and (v) technical assistance for developing the program for cycle 2 of secondary.

**41. The proposed programs will serve as a platform for connecting adolescent mothers with parallel parenting services.** To further empower adolescent mothers, the second chance programs will seek to connect beneficiaries with locally available opportunities for parenting education (including nutrition). The service takes the form of a mothers' group where adolescent mothers gather to learn from others on proper care and feeding practices, continuing education, and monitoring child growth through community-led tools supported by Ministry of Health professionals. Activities will be run by community health agents (ADECOS) together with "mother leaders" appointed by the participants. They are supported by ministerial technicians at the community level. Monitoring is conducted by ADECOS, which provide feedback /coaching at the end of each session. ADECOS also provide hands-on support in the formation of the mothers' groups, developing a schedule of activities, with specialized support as needed provided by the Ministry of Health technician on topics of nutrition, follow-up care strategies based on the adapted WHO growth charts for Angola, and stimulation activities.

**42. Implementation of the programs is the responsibility of the National Directorate for Adult and Youth Education in the MED (*Direcção Nacional da Educação de Adultos e Jovens*, DNEJA).** The DNEJA has a technical team at the national level and coordinators at the provincial level. At the national level, DNEJA is responsible for: (i) printing and distributing learning materials; (ii) contracting and supervising technical assistance for updating learning materials (including adding a positive masculinity module); (iii) contracting and supervising technical assistance for the design of the accelerated version of cycle 2 of secondary; and (iv) negotiating the frameworks of the partnership agreements[38] (i.e. stipend amounts per instructor). At the provincial level, DNEJA coordinators are responsible for: (i) negotiating and signing partnership agreements, aligned with national frameworks; (ii) organizing training of new instructors, including of partner organizations; (iii) delivering the learning materials to schools/partners; and (iv) conducting monthly unannounced quality control visits to all sites to verify attendance, observe instruction, and provide feedback to instructors.

**43. About 250,000 additional physical spaces will be created for these programs, with graduates acquiring basic skills and life skills and opportunities to pursue their education further.** First, the proposed Project will finance the national scale-up of these accelerated learning programs, especially at the lower secondary level (cycle 1), where it is currently only offered in 3 provinces, expanding coverage by 250,000 spaces to reach a total of 1 million students overall (see Table 3). The rollout of the program costs on average US$ 20 per student per year and US$ 30 per year for the primary and secondary levels respectively, with the bulk of the costs consisting of the learning materials. Girls will be eligible for scholarships as per Component 1.3 (see below). Second, it will track the graduates of the program, to monitor the continued education and labor market/other outcomes that the beneficiaries achieve. Aside from improved education or labor market opportunities resulting from the basic

[38] Model contracts with partners are presented in the operational manual.

skills acquisition, it is expected that the life skills components will reduce risky behaviors of adolescents.[39]

**Table 3. Expansion of Second Chance Education Programs**

| Second chance education program | Target expansion numbers | Share of Stock of Out-of-School |
|---|---|---|
| Primary:<br>- Module I<br>- Module II<br>- Module III | - From 538,845 (F: 336,781) to 600,000 (F: 385,000)<br>- From 96,058 (F: 52,384) to 150,000 (F: 75,000)<br>- From 108,078 (F: 54,005) to 150,000 (F: 75,000) | 250,000 new spaces / 1,8 M out of school or ~14 % |
| Secondary:<br>- Cycle 1 (lower secondary)<br>- Cycle 2 (upper secondary) | - From 13,577 (F: 7,295) to 80,000 (F: 40,000)<br>- TA to develop program (Year 1)<br>- From 0 to 20,000 (F: 10,000) | |
| **Total:** | **~250,000 additional spaces (F: 150,000)<br>For a total of 1,000,000 (F: 600,000)** | |

*Subcomponent 1.3 Keep girls in school (US$ 110 M)*

**44. This subcomponent will make schools more girl-friendly and provide financial incentives for adolescent girls stay in school, especially given the heightened risk of school dropout brought on by COVID-19 related school closures.** Activities under this subcomponent include scholarships for students attending cycle 1 of secondary (including a bonus for girls), and water, sanitation, and hygiene (WASH) education activities to ensure the safe and healthy participation of girls in school.

**45. Scholarships provided under this component will reduce the direct cost of schooling at the cycle 1 of secondary level.** Rolled out in the 60 priority municipalities[40], scholarships will be offered to reduce household costs of children attending cycle 1 of secondary school. This will have the added benefit of providing income support to families with children during the economic downturn. An extra bonus will be offered when girls register for the first time for cycle 1 of secondary school. Outreach will be done at the level of the school, promoting the program to all eligible students. All students attending classes in participating schools will qualify while enrolled (and attending) school. As such, a student entering cycle 1 of secondary at the beginning of the program can expect support for three years (equivalent to grades 7, 8, and 9). Beneficiaries will be registered at school-level, using the same tablets and software as the Strengthening the National Social Protection System

[39] As per international evidence, such as from the Dominican Republic, where the incorporation of life skills reduced adolescent childbearing by 8 percentage points among beneficiaries (20 percent overall). https://link.springer.com/article/10.1186/s40175-016-0065-7 accessed on November 5, 2020.

[40] The program aims to cover all municipalities, except for the 41 municipalities where ATMs aren't present.

Project (SNSPSP) (P169779). Payments will be made using the Kwenda mechanism established by the SNSPNP[41], with an annual scholarship of about US$ 25 paid in two tranches. In total, the program will finance scholarships for about 900,000 students in 60 municipalities, with schools remaining in the program for 4 years.

**46. To ensure the safe and healthy participation of girls in school, the component includes WASH education.** Following the policy guidelines under the National Program for Environmental Health within the Ministry of Health, the proposed Project will finance joint training sessions of municipal-level health technicians, school administrators, teachers, and peer educators to deliver WASH education and awareness sessions and establish Water and Sanitation Groups (*Grupos de Agua e Saneamento*, GAS). Under these activities, training sessions already managed by NGOs at the municipal level will be scaled up, working with communication materials and other WASH resources developed by UNICEF. Training sessions will include hygiene and sanitation measures that will ensure schools can appropriately accommodate for adolescent girls. The GAS, made up of parents and other community members including youth themselves, will be trained in the basic technical foundations for equipment maintenance in WASH facilities. Sessions will focus on menstrual hygiene management (MHM)[42] consisting of menstrual hygiene education, access to sanitary products, and sanitary waste disposal, all critical elements to reduce absenteeism of adolescent girls (and to educate boys). Activities will finance training sessions, materials for menstruation (e.g. disposable/reusable pads) as well as for management (e.g. soap, garbage cans, etc.) which will ensure the school and the community can appropriately dispose of sanitary waste. (See complementary WASH infrastructure activities in component 2). These activities will benefit 100,000 girls in at least 60 municipalities. The total budget for this activity is US$1.1 million, including the cost of training sessions (estimated at US$ 500/year). A minimum of 10 sessions is expected to be delivered in each of the 60 municipalities. The cost of delivering these activities include WASH experts to revise/adjust the training program (US$ 50,000), per/diem and travel for trainers, and production and procurement of supporting materials for the training (US$ 2,500/school).

**47. These activities will have a multitude of positive impacts in general, especially for girls, during a time of heightened risk of school dropout.** In terms of access, the program will finance 900,000 students per year for 4 years, about half of whom are girls (including 635,000 girls entering cycle 1 receiving registration bonuses). Activities relating to WASH will greatly improve the school climate for 100,000 girls per year and lead to increased attendance among girls. Overall, these activities, along with others such as the implementation of the SRGBV plan, will result in schools that are safer, more comfortable, more attuned to the needs of girls, and therefore more conducive to learning.

[41] The mechanism consists of opening one program account at a national bank (e.g. Banco Nacional de Angola), with sub-accounts for each registered beneficiary. Beneficiaries are then given ATM cards that allow them to access the sub-accounts at any ATM. The accounts are automatically replenished centrally.

[42] The definition of MHM, for the purposes of this operation: “Women and adolescent girls use a clean material to absorb or collect menstrual blood, and this material can be changed in privacy as often as necessary for the duration of menstruation. MHM also includes using soap and water for washing the body as required and having access to facilities to dispose of used menstrual management materials.” (WHO-UNICEF 2012).

**Table 4. Summary of Beneficiaries from Investments Keeping Girls in School**

| Actions for Keeping Girls in School | Beneficiaries | Share of Future Flow of out of School in 60 Municipalities |
|---|---|---|
| Scholarships for students attending cycle 1 of secondary<br>Registration bonus | - ~900,000 (F: ~450,000) per year<br>- (635,000 girls in total over 4 years) | ~130K girls that otherwise would have dropped out, representing reduction of ~25% of flow of dropouts |
| WASH education activities (including MHM) | - 100,000 girls per year | |
| **Total:** | | **1,000,000 students (F: 550,000)** |

**48. These activities would have a myriad of positive impacts in general, especially for girls, during a time of heightened risk of school dropout.** In terms of access, the program would finance 900,000 students per year for 4 years, about half of which are girls (including 635,000 girls entering cycle 1 receiving registration bonuses). Activities relating to WASH would greatly improve the school climate for 100,000 girls per year, and therefore lead to increased attendance among girls. Overall, these activities, along with others such as the implementation of the SRGBV plan, would result in schools that are safer, more comfortable, more attuned to the needs of girls, and therefore more conducive to learning.

**Component 2. Reduce Angola's learning poverty (US$ 100 M)**

**49. The second component addresses those challenges pertaining more directly to the education system, building on the experiences of the ongoing Learning for All Project (Projecto Aprendizagem para Todos, PAT, P122700).** The component is organized around subcomponents that relate to (i) expanding education infrastructure; (ii) improving the quality of teaching and learning; and (iii) minimizing COVID-19 disruptions.

*Subcomponent 2.1: Expand and rehabilitate education supply (US$ 60 M)*

**50. Activities under this subcomponent will support the expansion of education services at pre-primary, primary, and secondary levels of schooling.** To bridge the shortfall in education services, this subcomponent will support the creation of additional physical schooling infrastructure that will be able to accommodate the future increase in the number of Angolan students. The component will be coordinated by the Department of Infrastructure under the Office of Studies, Planning and Statistics (*Gabinete de Estudos, Planemaneto e Estatística*, GEPE). Working from micro-planning efforts by this Department, the subcomponent will support the construction, rehabilitation, and equipment of schools, using two modalities[43]: (i) a centralized approach for carrying out new construction and large-scale expansion/rehabilitation of existing infrastructure; and (ii) a decentralized approach for small-scale rehabilitation and/or expansion of existing infrastructure (see Table 5). Activities will be undertaken in the same 60 municipalities outlined under Component 1, which have been prioritized according to numbers of out of school children (Q4 and Q5).

**51. Small-scale activities will expand existing infrastructure, mainly at the primary level.** Given current fiscal constraints, which limit an expansion of the teaching workforce, schools already operating, but with classrooms in need of small-scale (<US$ 70,0000) rehabilitation and expansion, will be prioritized. For each site, a consultant

[43] Technical assistance would be provided under Component 3 to develop a third modality, which uses performance-based modalities.

will be recruited to draw up architectural plans, working from MED-endorsed national designs that will be adapted to the existing school site. Specifications outlined in the designs stipulate that schools should consist of 12 classrooms, at least one of which should be for kindergarten. Specifications will laid out for the size of the plot, the size of the classrooms, and the single-sex bathrooms. In parallel with the development of architectural plans, Environmental and Social Management Plans (ESMPs) will be developed, in accordance with the Environmental and Social Management Frameworks (ESMFs). The contracting of the preparation of the architectural plans and ESMPs will be bundled wherever possible, including across sites, depending on the size, complexity, and proximity of the works. Firms will be identified by provinces and contracted centrally by GEPE Department of Infrastructure to carry out the works. Technical supervision will be handled by either provincial public works departments or by third party entities, depending on existing local capacities, as outlined in the Project Operational Manual (POM).

**52. Large-scale activities will prioritize the secondary level.** For new constructions and large-scale (>US$ 70,000) works, expansion at the secondary level will be prioritized, starting with those municipalities with the greatest coverage gaps, including schools with open air classrooms. The site selection will be based on the school mapping study using Geospatial Information Systems (GIS) and census data[44]. The architectural plans will be drawn up by consultants following the national designs that call for 24 classroom schools, single-sex bathrooms, with specific dimensions for school sites, classroom sizes, etc. The national designs stipulate 36 children per classroom, with the expectation that all schools function on double shifts. Firms will then be identified and contracted centrally by the GEPE Department of Infrastructure to carry out the works. As per small-scale works, technical supervision will be handled by either provincial public works departments or by third party entities, depending on existing local capacities, as outlined in the Project Operational Manual (POM). In the case of contracting out technical supervision, these tasks will be bundled at the provincial level across small-scale and large-scale works.

**53. The proposed Project will follow national standards for architectural and engineering projects for different types of schools (primary and secondary schools).** The designs will be updated where needed[45] to incorporate risks posed by climate change and natural hazards, including having strategically sited schools serve as shelters in times of crises (minimum one per province). Activities and works will be done applying a gender lens, especially relating to school sanitation and hygiene (WASH) (e.g. separate latrines for girls and boys) and ensuring inclusive spaces for all children[46]. WASH activities inside schools are under the responsibility of the GEPE Department of Infrastructure, while connections to water supply will be planned in coordination with the Ministry of Energy and Water (*Ministério de Energia e Águas,* MINEA).

[44] The GIS-enabled mapping exercise, conducted with the support of the Geo-Enabling initiative for Monitoring and Supervision (GEMS) team, is underway and is expected to be completed by February 2021.
[45] This activity is being carried out during preparation, with the support of a grant from the Global Program for Safer Schools, under the auspices of the Global Facility for Disaster Reduction and Recovery, financed by the Government of Japan.
[46] Universal designs will also be applied ton selected infrastructure to eliminate architectural barriers for disabled students, teachers and any other person with disabilities.

**Table 5. Modalities for Expanding Education Infrastructure**

| Modality | Implementing agency | Target coverage numbers | Prioritization / Sequence | Share of Future Flow of Out-of-School in 60 Municipalities |
|---|---|---|---|---|
| 1. Large-scale works, including new construction and rehabilitation (>US$ 70K) | GEPE Department of Infrastructure, centrally contracting firms for priority sites | 2,000 classrooms (avg unit cost of US$20K per classroom) | Municipalities with high levels of out of school youth (Q4 and Q5), mainly secondary | New spaces for ~140K girls by project end, representing reduction ~27% reduction in future dropouts |
| 2. Small-scale rehabilitation and expansion of existing infrastructure (<US$ 70K) | GEPE Department of Infrastructure, working with communities and provincial departments of education. | 2,000 classrooms (avg unit cost of US$10K per classroom) | Starting with classrooms functioning in the open air, mainly primary | |
| **Total:** | | **4,000 classrooms (US$ 60M)** | | |

**54. The proposed activities will be carried out with the aim to bolster long-term resilience to risks posed by natural events and disasters, climate change, and health shocks.** Natural disasters, including those made more frequent by climate change, present widespread and increasing risks to school infrastructure and the school community. COVID-19 has highlighted the need to ensure access and provision of WASH facilities within schools[47]. In addition to the construction and rehabilitation activities, the proposed Project will establish an overall framework to scale up infrastructure interventions, based on census projections and using microplanning techniques. This process will build on the ongoing rapid diagnostic that identifies the main risk factors to school infrastructure to identify priority lines of action, followed by analytical activities to develop a technically sound framework to maximize the outcomes of school infrastructure investments toward greater resilience of Angola's schools.[48]

**55. The proposed activities will result in 4,000 additional classrooms, benefiting at least 280,000 students per year.** At the cycle 1 of secondary level, this represents a 15 percent increase in the number of classrooms nationally. This would eliminate all classes in cycle 1 of secondary operating in open air (currently at 3 percent nationwide). Importantly, this will also result in improved school rehabilitation/construction capacity at the

[47] Nearly 40 million children worldwide have their education interrupted by natural disasters and disease outbreaks (a number that reached 1.6 billion because of the COVID-19 pandemic). Investing in infrastructure resilience efficiently is an imperative in a budget-constrained environment. See the following reports for more information: Theirworld. 2018. Safe Schools: The Hidden Crisis. A Framework for Action to Deliver Safe, Non-violent, Inclusive, and Effective Learning Environments. Allenby, Brad, Mikhail V. Chester, and Thaddeus Miller. 2020. What COVID-19 Has Taught Us About Our Infrastructure. ASCE News, April 14, 2020.

[48] With the support of the Global Program for Safer Schools (GPSS, https://gpss.worldbank.org) and grant financing from the Global Facility for Disaster Reduction and Recovery under the Japan–World Bank Program for Mainstreaming Disaster Risk Management in Developing Countries (P152894).

central and subnational levels, as well as improved technical capacity in the local engineering community, in particular with regards to managing climate risks and aspects related to the Environmental and Social Framework (ESF).

*Subcomponent 2.2: Support high quality teaching (US$ 20 M)*

**56. This subcomponent will improve (i) teacher management policies; (ii) monitoring of teaching quality and measurement of learning; and (iii) teacher professional development.** Implemented by the National Teacher Training Institute (*Instituto Nacional de Formaçao dos Quadros Educativos*, INFQE), activities will be done at the level of the Zones of Pedagogical Influence (*Zonas de Influência Pedagógica*, ZIP)[49], where the INFQE has focal points responsible for carrying out coaching and training activities to teachers in their catchment areas.

**57. Activities supported under this subcomponent will enhance Angola's teacher management policies.** The subcomponent will finance technical assistance to the Government of Angola in strengthening the policies and instruments for attracting and selecting the best candidates to become teachers. Activities include putting in place screening tools for prospective teachers at scale through the ongoing open competitions (known as "*concursos*"), currently designed by the human resources directorate within MED and implemented by provinces. These screening tools would be applied in the recruitment of 20,000 teachers over the life of the Project. For those areas of the country where teacher deployment has proven most problematic (e.g. due to remoteness), the subcomponent will also help establish sustainable policies around incentives and selection, such as prioritization of specific groups (e.g. young women) in the admission process to teaching training centers. Relatedly, these policies will ensure that teachers' linguistic abilities are taken into consideration for deployment, so that teachers who speak Angolan languages of African origin are matched with communities that speak the same language. Other policies that will be considered under this component are those relating to probation (e.g. how to ensure that only those qualified and motivated for a teaching career remain in the profession) and evaluation, so as to inform continuous professional development and give the MED an accurate view of teacher performance. These policies will culminate in an updated Human Resource management tool that tracks the qualifications, deployment, career trajectory, and performance of teachers throughout the system. The expected results include better qualified teachers that are more equitably distributed throughout the country.

**58. Activities under this component will also strengthen the monitoring of teacher practices in the classroom and measurement of learning.** The main result tracked would be teacher performance using TEACH[50], a classroom observation tool that objectively estimates the quality of instruction, combined with the Service Delivery Indicators (SDI) instrument. This data will provide measures of quality of service delivery at the school and classroom levels, estimating teacher absenteeism, time on task, and other basic indicators such as the state of school environment and the availability of textbooks. TEACH and SDI will be carried out in 1,000 schools, allowing for a nationally representative sample. Under this subcomponent, measurement systems will also be put in place to estimate trends at the national, provincial, school, and student level. Activities under this subcomponent include the development of a National Assessment Strategy, which will lay out a vision for the types of assessments that will be conducted, frequency, by whom, and at what grade levels. In parallel, the proposed Project will finance summative (allowing to monitor overall trends in learning through a National Students Learning Assessment in grade 4, 6, and 9) and formative assessments (to provide feedback loops to teachers on student performance in primary and secondary schools). Results of assessments will be shared widely

[49] Under the ongoing Learning for All Project (P122700), 167 ZIPs were set up, covering all municipalities in the country.

[50] Developed by the World Bank, TEACH is a classroom observation tool that estimates the time spent on instruction as well as the quality of teaching practices and interactions between teachers and students.

and at the lowest appropriate level (e.g. school, or municipality). Specifically, the proposed Project will finance Angola's participation in SACMEQ, a regional assessment that allows for comparison with other SSA countries in the areas of math and reading comprehension.

**59. Working from TEACH and assessment data, the subcomponent will support improvements to teacher professional development and pedagogic supervision, building on work carried out under the ongoing project.** Activities will be rolled out through the 167 ZIPs, and constitute a didactic approach that uses coaching (based on TEACH results), distance learning, and peer-to-peer learning opportunities. Emphasis will be placed on continuing the rollout of scripted teaching materials (lesson plans, printed and for tablets) that began under the Learning for All Project (P122700), eventually including Angolan languages of African origin. Importantly, these hybrid professional development activities (occurring virtually or face-to-face on weekends and during school breaks) will also contribute to GBV prevention by incorporating modules around GBV prevention and response, roles of teachers in survivor support, gender norms change[51], prohibited behaviors by personnel (including signing of codes of conduct as a condition for participation in professional development), and expectations for teacher participation in school-level complaint procedures. Finally, the component will work to strengthen school management/supervision such that school principals are equipped with the tools needed for more active supervision. Tools will be in the form of improved managerial skills to better perform daily responsibilities and strengthened pedagogical tools, using a simplified SDI, to monitor the implementation of pedagogical approaches and more effectively observe classrooms.

**60. Activities supported will provide policymakers, practitioners, school leaders, and the greater public with more and better information as to the state of learning in Angola.** For teachers, it will result in 60,000 teachers being better prepared in the classroom, with access to timely information about students who are struggling the most and what parts of the curriculum are most difficult for learning, allowing them to teach at the right level. School principals and pedagogical supervisors (10,000 people in total) will be able to better assist teachers who are in need of tailored support. At system level, there will be better diagnostic available of the most pressing problems and challenges to learning and tools and mechanisms for tracking progress in specific geographic areas over time.

*Subcomponent 2.3: Ensure learning continuity (US$ 20 M)*

**61. In response to COVID-19, this subcomponent will support distance learning approaches for students and teachers, the preparation of materials to help recoup learning losses, and activities that ensure the safe reopening of schools.** The subcomponent will be implemented by DIEME, in close collaboration with INFQE (responsible for executing training activities) and INADE (responsible for curricular design and developing materials). Activities will be rolled out through the ZIPs.

**62. Activities under this Component will support multi-modal education delivery including online, television, and radio-based learning programs currently supported under the Learning for All Project (P122700).** It will support the development of learning programs targeted at teachers and students, to prepare them for the re-opening of schools. Priority topics are hygiene and safety procedures, the accelerated learning programs, how to assess children and tailor teaching post-COVID-19, and how to provide basic psychosocial support to students (or refer more complex cases to CASIs). Further, the Component will connect teachers to each other (e.g., via telephone hotlines, WhatsApp groups, online fora) to form peer-to-peer teacher learning

[51] Incorporating the SRH curriculum as per the second channel of the three-channel SRH strategy.

networks as they adjust to new methods of teaching during school closures and as schools reopen. While these distance learning approaches presently serve as a response to COVID-19, they have utility beyond the pandemic in reaching students who are hard to reach (e.g., students in rural areas) and may limit access to schools (e.g., natural disasters). To address COVID learning loss, accelerated learning materials will be rolled out. New learning materials will have corresponding teacher guides with lesson plans, accompanied by student guides, tightly focused on reading instruction. In years 2 and 3 of the proposed Project, these materials will be extended to Angolan languages of African origin. The Component will also finance the design and curricular development of the learning programs (continuing ongoing activities), the printing and distribution of existing learning materials, participatory workshops to develop new materials (using Bloom), and the purchase of equipment such as radios, TVs, solar batteries and flash drives. The subcomponent will support the modernization of Angola's textbook distribution system, using technology-enabled solutions such as Track & Trace[52].

**63. Finally, this subcomponent supports the reopening of schools to ensure children's safety, wellbeing, and learning.** The MED Emergency Plan for the COVID-19 response outlines a set of actions for the reopening of schools that should occur before Project effectiveness, using PPA resources. The DIEME is responsible for coordinating the process of reopening schools, including psychosocial support activities. This consists of implementing guidelines[53] on safety in schools and communication materials on the COVID-19 transmission risks. The guidelines and communication materials include protocols on physical distancing and hygiene measures, including handwashing, respiratory etiquette, use of protective equipment, cleaning procedures for facilities, and safe food preparation practices. The proposed Project will train administrative staff and teachers on protocols for implementing physical distancing, school hygiene practices and procedures if students or staff become unwell. Other effective hygiene measures to be undertaken are deep cleaning of schools, safe water supply, handwashing stations, menstrual hygiene management, and provision of cleaning supplies. Finally, activities will also support the expansion of the government's ongoing deworming campaign to 10 additional provinces, to combat Schistosomiasis (SCH) and Soil-Transmitted Helminth (STH) which are significant determinants of children's malnutrition, school attendance, school outcomes and perpetuated cycles of impoverishment and low human capital. The subcomponent will finance printing of guidelines for schools, workshops on safe reopening protocols, materials and cleaning products for schools, and the expansion of deworming.

**64. Under this Component three million students will receive learning materials and 60,000 teachers will be supported through distance learning**. It will allow for the safe reopening of 13,000 schools and the safe return to school of about 6 million schoolchildren. Finally, it will enable the participation of about three million children in the national deworming program.

**Component 3. Project management, monitoring, and evaluations (US$ 10 M)**

*Subcomponent 3.1: Project management*

**65. This subcomponent will support Project implementation by strengthening the management capacity of MED staff and provincial and municipal education administrators.** This will include improving the selection, evaluation, and preparation of education system staff, through technical assistance to recruitment policies, as well as covering associated operating costs. Specifically, this component will finance: (i) technical assistance for the preparation of the training modules for the system administration staff at the central, provincial and

[52] Track & Trace is a technology-enabled system that allows schools and parents to track textbook deliveries in real time, using SMS.

[53] Guidelines for Angola have been developed by the MED, with the support of UNICEF and the World Bank.

municipal levels; (ii) consultancy services for supporting capacity building activities; (iii) training materials and costs related to providing the training programs; and (iv) operational costs for Project management, monitoring, and training programs.

**66. The expected results are the effective management of the Project by the Ministry of Education.** The Project will strengthen the current project management capacity at MED, developed under the Learning for All Project. Activities will also help carry out the ongoing institutional reform led by MED, rooted in a transparent and meritocratic selection process of MED staff, and provincial and municipal education administrators. Finally, the proposed Project will result in performance evaluations for staff to assure the quality of Project and education system management.

*Subcomponent 3.2: Develop, monitor and evaluate the implementation of education policies*

**67. This subcomponent will help inform the development of future education policies through monitoring the implementation and evaluating the impact of interventions.** Activities under this subcomponent include: (i) capacity building activities to establish and process educational data and statistics to incorporate them into planning; (ii) in-service training to strengthen the MED capacity in monitoring and evaluation (M&E); (iii) technical assistance to develop a Performance-Based Grant (PBG) financing scheme for infrastructure activities; and (iv) technical assistance to conduct qualitative studies and rigorous impact evaluation of the innovative interventions developed under the Project. The PBG program would be a financing facility that would allow provinces to respond to infrastructure needs in a just-in-time way, respecting minimum conditions. It would have the following key components: (i) a development grant; (ii) an incentive system; and (iii) a capacity-building dimension to provinces requiring more technical support. The GEPE would coordinate the implementation of this program, given its role in cooperating with subnational governments.

**68. This subcomponent will achieve results around generating evidence on the effectiveness of interventions and would build up the capacity of the ministry team for evaluation**. The capacity of using statistics and M&E, and to conduct qualitative studies and rigorous impact evaluations would allow the MED to perform evidence-based decision making about the design and dosage of interventions, target population and allocation of funds. The key programs that could be rigorously analyzed are: (i) the second chance/accelerated learning programs; (ii) instruction in mother tongue; (iii) the impact of life skills on GBV, school violence, and girls empowerment; and (iv) the effect of teachers' probation programs on teachers' performance, including socioemotional skills, teaching practices, and impacts on student learning.

Legal Operational Policies

| | Triggered? |
|---|---|
| Projects on International Waterways OP 7.50 | No |
| Projects in Disputed Areas OP 7.60 | No |

Summary of Assessment of Environmental and Social Risks and Impacts

**69.** The project's environmental and social risk is deemed substantial given: i) the government's weak capacity on the ESF application and its first exposure to some of the Project's specific focus area of investment; ii) the

relevant construction investments that are likely to result in labor influx, land/resettlement issues, health and safety of workers, students, teaching staff and communities, disposal and management of waste, and noise and dust; iii) substantial risks of GBV/SEA/SH, including issues related to worker-community-education community interactions; and iv) the presence of Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities (IP) in project's implementation area. As such, ESS1, ESS2, ESS3, ESS4, ESS5, ESS7, ESS8 and ESS10 are relevant to the project. Key environmental and social issues related to constructions investment are expected to be: i) noise and dust; ii) disposal and management of construction waste; iii) general health and safety of workers and students; iv) labor influx, including STIs, GBV/SEA/SH; v) and involuntary resettlement. These impacts are not envisaged to be significant or irreversible. Regarding specific social aspects, the social screening highlighted the concerns related to girls? participation in the education system; teenage pregnancy and gender-based violence (GBV), including school related gender-based violence (SRGBV); IP inclusion, disability and their negative impacts on children's and adolescent's education, especially on girls.

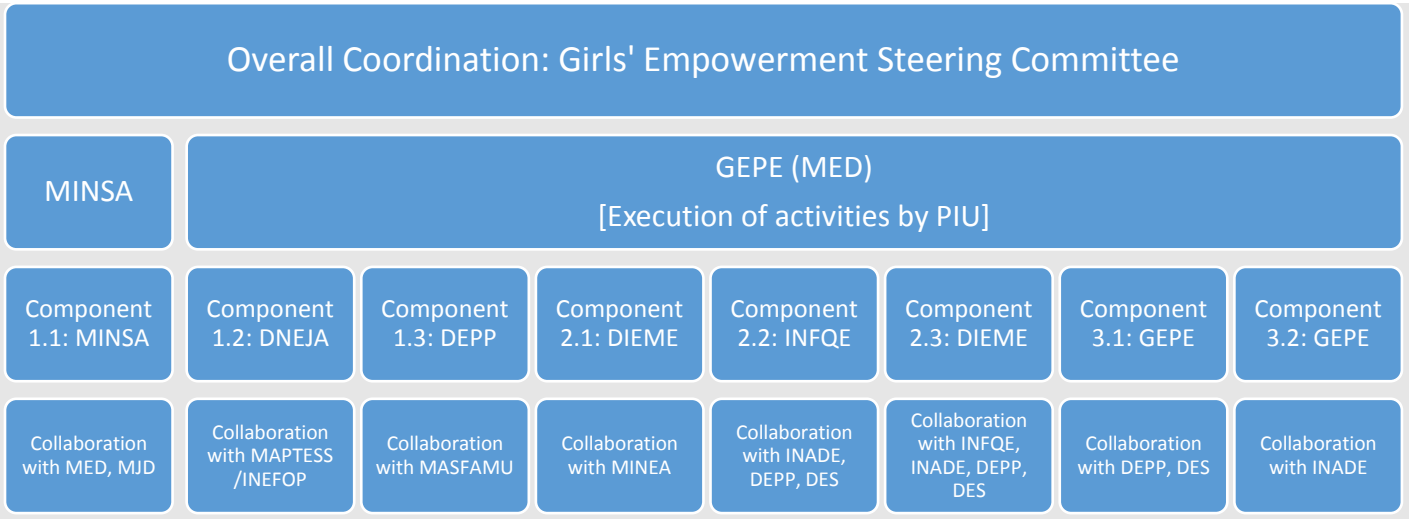
## E. Implementation

### Institutional and Implementation Arrangements

**70. The proposed Project builds on the implementation arrangements of the ongoing Learning for All Project (P122700) and the Health System Performance Strengthening Project (P160948).** A Steering Committee (SC) will provide overall guidance and coordination for the Project. Chaired by the State Minister for Social Affairs, the SC will be responsible for assuring the overall direction and progress of the Project. The SC will consist of the Minister of Finance, the Minister of Education, the Minister of Health, and the Minister of Youth and Sports. The implementation of the Project will be mainstreamed in the MED, implemented by its relevant directors and institutions, supported by the existing Project Implementation Unit (PIU). Given comparative advantages in health service delivery, Component 1.1 will be implemented by MINSA, specifically the UCC currently executing the HSPSP. The Project's implementation arrangements are summarized below (Figure 11).

**71. The MED will be responsible for overall Project implementation, using the current Learning for All Project Implementation Unit, and work in close collaboration with other sector ministries.** This includes activities relating to Component 1, with activities under Component 1.1 executed by MINSA. Other involved ministries are the Ministry of Family, Women, and Social Affairs (MASFAMU), and Ministry of Youth and Sport (MINJUD). A Financial Management Assessment has been undertaken to evaluate the adequacy of the proposed project financial management arrangements. It was carried out in accordance with the Directives and Policy for Investment Project Financing (IPF) and the Bank Guidance on FM in World Bank IPF Operations issued on February 28, 2017. The two existing implementing agencies within the MED and MINSA have several years of experience in managing Bank-financed operations.

**Figure 11. Implementation Arrangements for the Girls' Empowerment + Learning Project (P168699)**




**72. For all activities other than those under Component 1.1, the MED PIU will be responsible for the coordination of the Project. It will be headed by the Director of the GEPE.** To support the Director of GEPE, the MED will hire a Project Coordinator who will lead the overall coordination of activities under the Project. The GEPE Director's role will be to oversee the implementation of the Project, in support of the management of operational, fiduciary, communications, and environmental and social activities. The Project Coordinator will provide advisory support to the Director, coordinate the implementation of project components, and oversee fiduciary, monitoring and evaluations, and safeguard activities. An M&E specialist will be hired by the PIU, responsible for building the capacity of the MED team and coordinating the analysis related to the monitoring of the Result Framework, JSR, statistical reports, and technical analysis. Procurement and financial management specialists will also be hired to strengthen the fiduciary capacity of the MED. Finally, the PIU will have focal points from the line directorates to jointly coordinate interventions. Also, it will coordinate hands-on capacity building of MED directors and institutions. The overall approach taken to project implementation and monitoring and evaluation aims to strengthen the MED's capacity in various areas, while ensuring the continuation of the operational and fiduciary capacity developed under the Learning for All Project (P122700).

**73. For Component 1.3, the scholarships would be executed by the GEPE, in collaboration with MASFAMU.** Working from microdata available from the 2014 census, GEPE would conduct the targeting using geographic prioritization of municipalities based on the criteria of i) poverty, and ii) adolescent fertility, as well as using co-location criteria based on investments happening under other Bank operations and under Component 2.1. Within selected municipalities, cycle 1 secondary schools would be selected, starting with those schools with the greatest absorption capacity for new students. At the school level, all enrolled students would qualify for support. The registration process would be the responsibility of school directors, working with the Community Development and Health Agents (*Agentes de Desenvolvimento Comunitário e Sanitário*, ADECOs) from each chosen municipality. ADECOS, in turn, would use the same beneficiary registry platform as that of Kwenda, facilitating an eventual dovetailing of the scholarship program into the unified beneficiary registry. Payments would follow the system of Kwenda, whereby one account would be opened at the national level, with sub-accounts opened for each beneficiary. Beneficiaries, in turn, would access sub-accounts through SIM-enabled ATM cards. Sub-accounts would be topped up twice a year.

**74. The INFQE is responsible for the development and implementation of the teachers' professional development policy of the MED.** It is also in charge of the implementation of Component 2, in collaboration with INIDE and DNEGE, and will host the PIU. This includes ensuring planning and coordination in the implementation of project activities in liaison with all the relevant directorates and structures of MED. It will also be in charge of M&E, reporting on the results framework and carrying out evaluation activities. Activities include maintaining an updated POM, annual implementation plans, developing of terms of reference (TORs) for consultancies and training activities, and implementing and reporting of activities. On the technical side, the INFQE is responsible for pre-service and in-service teacher training, and will therefore be responsible to implement teacher professional development activities under Component 2.2. The ISEC will contribute to the upgrading of the distance learning program, for both preschool and basic school teachers, to conduct in-service structured training and coaching programs and the creation of scripted teaching materials (lesson plans, printed and for tablets).

**75. To supplement the government's implementation capacity at the central level, the Project would make use of other existing capacity that has proven fiduciary systems.** For the small-scale construction activities under Component 2.1, this would be provinces, where those entities meet Bank standards for executing activities. Other actors would include working through partners such as the United Nations (UNICEF, UNFPA), and local private actors such as NGOs. These entities would be contracted for activities such as the delivery of life skills training, and the establishment of girls' clubs, using applicable World Bank procedures.

**76. For Component 1.1, activities would be coordinated by MINSA, with fiduciary measures building on the implementation arrangements in place for the Health System Performance Strengthening Project (P160948).** The MINSA PIU implements several complementary programs. The fiduciary execution would benefit from the technical support of the Central Coordination Unit (*Unidade de Coordenaçao Central*, UCC) physically located within MINSA under the GEPE. The UCC consists of: a Project Manager, a Performance Based Finance (PBF) team, a Public Health Specialist, a team of M&E Specialists, a Financial Management (FM) team of specialists, a a team of procurement specialists, a team of quantification and distribution and logistics specialists, who all report to the Project Manager, who in turn reports to the MOH GEPE Director. In addition, the UCC includes support functions for the financial management and procurement areas. A risk mitigation measure that will be built into the project would be to carry over the authorized signatories for the existing health program (HSPSP and REDISSE) to be the same authorized signatories for this component.

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