United Nations CERF Central Emergency Response Fund

RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS ANGOLA RAPID RESPONSE DROUGHT 2016

RESIDENT/HUMANITARIAN COORDINATOR	Pier Paolo Balladelli

REPORTING PROCESS AND CONSULTATION SUMMARY

a. Please indicate when the After Action Review (AAR) was conducted and who participated.

19 September and 20 December with all stakeholders and 14 December 2016 in the UNCT meeting.

b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES ☒ NO ☐

c. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES ☒ NO ☐

The final report was shared and discussed between the sister agencies.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: ***70,409,614***		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	**4,989,386**
	COUNTRY-BASED POOL FUND (*if applicable*)	
	OTHER (bilateral/multilateral)	1,192,627
	TOTAL	**6,182,013**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – date of official submission: 01-Apr-16			
Agency	**Project code**	**Cluster/Sector**	**Amount**
UNICEF	16-RR-CEF-006	Nutrition	2,795,003
UNCEF	16-RR-CEF-007	Water, Sanitation and Hygiene	1,074,861
FAO	16-RR-FAO-001	Agriculture	833,373
WHO	16-RR-WHO-003	Health	286,149
TOTAL			**4,989,386**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of implementation modality	**Amount**
Direct UN agencies/IOM implementation	4,255,940
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	327,428
Funds forwarded to government partners	406,018
TOTAL	**4,989,386**

HUMANITARIAN NEEDS

The el Niño phenomenon induced a dire drought in Angola during the third and last quarter of 2015, affecting a total of 1,555,894 people based in six provinces. Seventy-nine per cent of these people live in four provinces of southern Angola, namely Cunene (49 per cent with 755,930 people affected), Huila (19 per cent with 291,925), Cuando Cubango (17 per cent with 267,832) and Namibe (11 per cent with

177,627) (source: National Civil Protection). The region is populated by agro-pastoralist ethnic groups that practice transhumance yearly, seeking water and pasture for their livestock, primarily cattle and goats. The region has experienced drought conditions since the 2011-2012 agricultural season, marked by a combination of rainfall deficits, uneven rain- fall distribution and dry spells. The el Niño -induced drought of 2015 has exacerbated population vulnerability to natural hazards, rural communities have lost their stocks of seeds and food, and livelihood assets, consequently enmeshing communities in a poverty cycle.

Pastoralists were forced to stay in transhumance longer than usual. High livestock losses, estimated at 360,000 heads of cattle, were caused by scarcity of water and forage, and raise of outbreaks close to limited water points available. Women remained alone at site camps with children and old people. Beside the lack of goods and stocks, their vulnerability increased having to deal with responsibilities that are traditionally managed by men. In areas with agriculture potential, farmers lost draught animals to plough their fields. The agricultural losses were estimated at 52,000 tons. The total losses of the drought of 2015 were estimated at $242.5 million, affecting 82 per cent of rural populations. A total of 800,000 people were considered to be food insecure in the three provinces of Cunene, Huila and Namibe. Of these, 54 per cent are children and adolescents under 18 years old, and the adult population is of women at 52 per cent.

The global and severe acute malnutrition caseloads doubled within the period June 2015 to November 2015 for SAM cases (3 per cent to 6 per cent) and GAM rates (9 per cent to 22 per cent). This resulted in an increase of the total caseloads to 95,877 from 40,000 managed in 2014. This sudden increase in caseload has been attributable to the acute nutrition insecurity as a result of inadequate food intake. The persistent and prolonged stock-out of nutritional supplements, integrated management of new born and childhood illness (IMNCI) drugs, treatments and vaccines represented a barrier for mothers to attend consultations; and inadequate supplies of basic essential obstetric care kits for pregnant women increased the risk of child mortality. An outbreak of measles was recorded in Huila, Caluquembe municipality, in 2015.

Access to safe water and adequate sanitation for the families was also critical, as in November- December 2015, 80 per cent of boreholes were non-functioning (of these, 420 were in Cunene) and almost all water reservoirs dried up, due to a low water ground table following four consecutively drought years. A total of 420.000 people were estimated in need of safe water and adequate sanitation. From November 2015 to March 2016 malaria caseloads increased by 75 per cent and health centres faced stock out of treatments and rapid test. On 3 December 2015, a wide outbreak of yellow fever started in Angola and Huila\1 province was one of the most affected, with 148 suspected cases (33 confirmed) and 23 deaths.

The situation was compounded by two main factors: i) the foot and mouth disease outbreak, that spread in Cunene, part of Huila and Cuando Cubango, leading to suspended livestock selling and movement since June 2015, aggravating livestock losses; and ii) the economic crisis that limited the Government's capacity to address the situation, leaving population alone facing the natural disaster. Sky rocketing prices forced families to widely sell remaining assets, such as poultry, that represent a regular source of petty cash.

The government prompted by the office of the Vice president set up an interagency commission to rapidly assess the situation in November 2015 and provide recommendations for immediate response. This has been complemented by other mission assessments by FAO (Food and Agriculture Organization of the United Nations) and the MOH-DNSP (Ministry of Health-National Directorate of Public Health/Direcção Nacional de Saúde Pública) respectively confirming the seriousness of the acute on chronic situation in the last quarter of 2015. In January 2016, a UN team of OCHA (Office for the Coordination of Humanitarian Affairs), RCO (Resident Coordinator's Office), WHO (World Health Organization), UNICEF (United Nations International Children's Emergency Fund) and FAO representatives has visited the province of Cunene and assessed the dire situation, confirming the humanitarian intervention in support of the efforts of the Government of Angola.

II. FOCUS AREAS AND PRIORITIZATION

The majority of the rural population affected by el Niño live in very small and dispersed villages with limited access to basic services as electricity, water, hospitals and schools. The four provinces present very low population density, respectively Cunene 11 per cent, Huila 31 per cent, Namibe 10 per cent, and Cuando Cubango 2.7 per cent. The CERF intervention covered the whole territory of Cunene and Namibe, and 9 of 14 municipalities of Huila, being the most affected by the drought. Sectors prioritized were the following:

Food security: 800,000 people were estimated to be food insecure in the three targeted provinces, representing the 66 per cent of affected people. These people have finished their stocks of food and seeds, and have lost up to the 75 per cent of their livestock. In order to quickly re-establish their livelihood conditions, their needs were: drought selected short-cycle seeds, drip irrigation systems agriculture tools, and livestock feeding licks to strengthen animal health. FAO has focused the family garden intervention on 2,500 families, being the 2 per cent of food insecure families, living in four of the six municipalities of Cunene: Ombandja, Namacunde, Cahama and Curoca. Due to land grabbing issues, it was not possible to implement the intervention in Curoca and activities were shifted to Cuvelai municipality.

Nutrition: More than 44,511 cases were registered in the three provinces, of these 14.237 in Cunene, with 4.7 per cent of SAM (severe acute malnutrition) and 17.9 per cent GAM (Global Acute Malnutrition), 24,881 in Huila, with 7.3 per cent of SAM at 7.3 per cent and 21.3 per cent of GAM (the most concerning situation in the municipalities of Gambos, Matala and Chibia), and 5,393 children in Namibe, with 5.1 per cent of SAM and 15.3 per cent GAM. The CERF project focused on the provision of food and ready to use nutrition therapeutic foods and supplements for the 85 per cent of those children, with SAM as well as in the treatment of children with complications. The agency established a geographical complementarity and synergy with the EU-ECHO nutrition project of World Vision: UNICEF implemented activities in 3/6 municipalities of Cunene, 9/14 of Huila and 6/6 of Namibe, and World Vision is implementing in the other municipalities.

WASH: over 420.000 people of the six provinces have no access to safe water and proper sanitary conditions. The CERF project targeted 120,000 people, the 26 per cent of total people in need, rehabilitating 240 non-functioning hand pumps in the three provinces: 40 in Cunene, 100 in Namibe and 100 in Huila, according to the provincial water and energy directorate (DPEA) technical assessment and prioritization.

Regarding the health sector, over 58 per cent of hospital admissions of children under five years were undernourished in October-December 2015 requiring immediate assistance for diseases such as diarrhoea (16 per cent), pneumonia (17 per cent) and malaria (10 per cent) besides new-born deaths (27 per cent of the total under five deaths) and child mortality rates of 38 per cents. The three targeted provinces contribute 16 per cent of the 220,000 unvaccinated children reported for the period January to October 2015 and routine immunization services coverage has been very poor due to the persistent vaccine and drugs stock out.

III. CERF PROCESS

The UNCT (United Nations Country Team) applied for CERF funding in early January 2016, after the inter-ministerial commission assessing the situation and recognising the concerning situation. Although, the situation started to be dire since June 2015, when the agricultural production reported losses up to 75 per cent and increasing livestock deaths, and the health sector reported doubling malnutrition rates and increasing child morbidity and mortality rates.

In mid-2015, the DMT (Disaster Management Team) in Angola started discussing the drought's effects on southern provinces and supporting the UNCT's advocacy with the government in order to recognise the level of crisis and request/allow an intervention by the

UN. Due to the government's positioning on humanitarian crisis, formal field assessments were not allowed or recognized. Funding appeals were elaborated and proposed. Cluster meeting were regularly held on food and nutritional security, with I/N-NGOs working in the affected areas, as World Vision, CUAMM-Doctors for Africa, ADRA, and Red Cross, and Doctors Without Borders.

Most of the UN agencies already had ongoing program in the targeted provinces, with a regular contact with provincial sector departments, partner NGOs and benefitting communities that allowed to regularly update the situation and to prioritize vulnerable groups. Projects were elaborated establishing agreements and/or synergies with NGOs in the area, as the example of the complementarity established between UNICEF and World Vision, as mentioned above.

Gender issues were mainstreamed throughout the design of each intervention. The nutrition intervention focused on children under five and care givers, including monitoring of gender and desegregation of data in the project proposal. The health intervention specifically focused on vulnerable pregnant and new-born children, also considering gender monitoring and disaggregation of data since the project proposal. The WASH sector targeted children under five, care givers and families with malnourished children through the distribution of hygiene and sanitation kits at health centres. The food security intervention on family garden targeted 30 per cent of women. This target was exceeded as 75 per cent of farmers benefitting of FAO's intervention were women.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR[1]									
Total number of individuals affected by the crisis: 1.553.894									
Cluster/Sector	**Female**			**Male**			**Total**		
	Girls (< 18)	**Women** (≥ 18)	**Total**	**Boys** (< 18)	**Men** (≥ 18)	**Total**	**Children** (< 18)	**Adults** (≥ 18)	**Total**
Agriculture	49,572	42,228	**91,800**	47,628	40,572	**88,200**	97,200	82,800	**180,000**
Health	7,718	60,660	**68,374**	7,416	NA	**7,416**	15,134	60,660	**75,794**
Nutrition	19,296	202,219	**221,515**	18,538	0	**18,358**	37,834	202,219	**240,054**
Water, Sanitation and Hygiene	29,962	25,522	**55,484**	28,785	24,521	**53,306**	58,747	50,043	**108,790**

1 *Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.*

BENEFICIARY ESTIMATION

Beneficiaries of the four interventions were not double counted due to having different targets populations.

UNICEF WASH calculation is based on the highest number achieved for the hygiene promotion component. Figures of different indicators reported are not summed due to non-cumulative concepts.

UNICEF Nutrition consider the target list for IYCF (Infant and Young Child feeding) but more families were reached through community workers and home visits

FAO - Food security' s intervention consider 2,984 families reached with family garden intervention and about 5,000 with seed distributions, around 100 families for each community animal health worker trained in animal health and approximately 50,000 people taking advantage of the rehabilitation of strategic water point.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING[2]			
	Children (< 18)	**Adults** (≥ 18)	**Total**
Female	106,548	330,629	437,177
Male	102,367	65,093	167,460
Total individuals (Female and male)	**208,915**	**395,722**	604,637

[2] *Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding This should, as best possible, exclude significant overlaps and double counting between the sectors.*

CERF RESULTS

The four CERF projects that constitute the overall CERF response were supported by the deployment of a humanitarian field officer (HFO), under the RCO office who supported the coordination and monitoring of project implementation progresses. The HFO contributed to strengthen the impact of the intervention through the regular support to the provincial civil protection in the three provinces, in lead of the drought response, and putting in place regular coordination meetings with all government departments involved, UN agencies, I/N-NGOs and Red Cross. Through the HFO support, the government of Huila together with the national civil protection have carried out the first ever interprovincial meeting on drought response that allowed all actors, namely municipal and provincial authorities and departments, NGOs, UN, civil society and academy, to share their experience, lesson learnt and allow all actors to be "in the same page" with commonly approved figures. The CERF intervention has certainly contributed to improving Government commitment in recognising and addressing the drought, as demonstrated with the formal request of the implementation of a PDNA (Post Disaster Needs Assessment) and the elaboration of a 5-year early recovery and resilience strategy. The PDNA has supported the government to recognize limiting factors, first of all the weak capacity to report and analyse data. As a consequence of it, and as already supported through the CERF projects, the UN has strengthened reporting capacity of the government, and many efforts still need to be spent on this.

UNICEF-Nutrition is supporting Angola Government on treatment of 37,834 Undernourished children, through the following interventions:

- Acquisition and distribution to the health department of the three provinces of 33,476 Cartons of Plumpy Nut, 6,000 cartons of Plumpy Sup, 235 Cartons of F100 and 528 Cartons of F75; 19,080 Pac of Vitamin A, 7000 Pac of Mebendazole, 30,000 Pac of ORS, 20 Pac of Folic Acid, 22 Cartons of Resomal; 300 scales, 5,000 MUAC Tapes and routine medicines;
- Training of 721 Health providers on Management of Severe Acute Malnutrition;
- Revitalization of 310 CMAM Centres;
- Supervision to health facilities;
- Improvement of quality care on inpatient care through a scaling up project on Management of Acute malnutrition on inpatient care

During the response period from January to September 17, 762 children 6 months to 59 months of age were admitted to the community management of acute malnutrition (CMAM) programme; of 37,834 targeted; 15,483 of them presented with severe acute malnutrition without complications and 2,279 of those with severe acute malnutrition with complications.

The admission rates of the ambulatory (outpatient treatment-OTP) 81 per cent for outpatient care of the malnourished children and the ITP (inpatient treatment) 19 per cent, is in line with the international recommendations and expectations.

The analysis of in-patient care, the fatality rates of 13 per cent are exceeding the international parameters of less than 10 per cent. The overall rate of hospitalization cure is 73 per cent and deaths of 15 per cent and defaulters of 12 per cent. This is to say that in the ITP the reported deaths rates are well above the recommended, although within acceptable cure rates of >70 per cent and defaulter rate less than 15 per cent. This is encouraging when compared to the outpatient level report; where, the overall cure rate is low, at about 63 per cent. Although a slight incremental improvement compared with the 55 per cent presented at the third quarter, the proportion of defaulters is well above 15 per cent, estimated at 36 per cent, which is very high. The highest proportions of defaulters were reported in the provinces of Huila and Cunene, 57 per cent and 55 per cent respectively.

The overall performance of the program in the two components (OTP and ITP) are not satisfactory; although there is increasing improvements noted between the first and second quarters in terms of total numbers admitted and quality of care from third to Fourth quarters.

Community screening, using community workers, is another crucial intervention conducted during the implementation of CMAM, where 63,287 children under 5 were screened in the community.

The performance indicators presented above can be justified by these factors, namely:

- The prolonged stock-out of products drugs for treatments up to March 2016 was a major barrier for mothers to attend consultations. It includes the lack of Government transport of products to health facilities and the lack of capacity in stock management, planning and monitoring;
- insufficient and poorly distributed skilled health professional on CMAM; high turnover of trained and skilled professionals to other areas
- weak capacity in data reporting and analysis, implying an under reporting of malnutrition cases and poor implementation of the programs
- absence of standardized CMAM national guideline and training package on CMAM, many untrained health professional working in ITP
- Lack of nutrition counselling during the consultations;
- Lack of community awareness of SAM;
- Lack of regular incentives to community workers and supervisors;
- Social barriers: existing resistance from communities to accessing health services and to long inpatient stays.

To address and overcome the identified bottlenecks the following actions were undertaken:

- ✓ Training of 537 health workers and 418 community workers on management of malnutrition without complications.
- ✓ Pre-service and on-the-job training of health workers on CMAM, training on reporting tools, supportive supervision at OTP sites
- ✓ Sustained advocacy with the government to allocate fund for nutrition products and to ensure transport of nutrition products to Municipalities,
- ✓ Development of a training package for CMAM
- ✓ Design and implementation of a sustainable community program
- ✓ Pre-service and on-the-job training of the remaining health workers in CMAM and
- ✓ Conduct of training on reporting tools, through investment on supportive supervision at OTP sites.

Regarding the UNICEF WASH component, 160 water points have been rehabilitated in the three targeted provinces, 29 in Cunene 69 in Huila and 62 in Namibe, benefiting an estimated total population of 80,000 people (as per Sphere standards, taking into account the nomadic nature of rural populations in southern Angola). This rehabilitation works has been carried out, and still continue, in close collaboration and participation of the Provincial Directorates of Energy and Water (DPEA). UNICEF provided DPEA with technical assistance of two emergency WASH specialists that have strengthened the technical capacities of municipal officials in technical rapid assessments and repair of hand pumps.

For the sanitation and hygiene components, the CERF project has reached 108,790 people with hygiene promotion messages in the provinces of Huila, Namibe and Cunene, and 56,456 people in these provinces have now access to basic sanitary facilities in affected communities. This has been achieved in partnership with the INGO Lutheran World Federation (LWF) in the province of Cunene, with the NNGO Acção para o Desenvolvimento Rural e Ambiente (ADRA) in Huila, and in partnership with the Provincial Directorate of Health (DPS) in Namibe.

Last but not least, the CERF project has substantially contributed to a joint humanitarian operation in the areas of WASH and nutrition, where WASH items, such as jerry cans, collapsible containers, latrine slabs, water treatment pills and dignity/hygiene kits, have been distributed to families with malnourished children, arriving to the health centres for treatment. The total population reached by the CERF project with this approach is 70,770 people.

Following the CERF proposal submission, UNICEF negotiated with the National Water Authority to change the logic of intervention from installing electro-mechanical pumps fed by solar power systems (as established by a presidential decree and the national "Water for All" program"), to rehabilitate and replace existing non-functioning hand pumps, as this modality was seen as more cost-effective and adapted to the local context, and could be accomplished in a shorter period of time. UNICEF was instructed to follow the national hand pump approved standards, stating that Volanta[1] hand pump is the required model in the targeted provinces.

After cross-checking the DPEA' technical needs assessments and prioritization of Volanta hand pumps to be rehabilitated/replaced, and re-identifying the technical needs (i.e. spare parts and complete hand pumps) for rehabilitating up to 240 water points in the three provinces, UNICEF found that there were only 63 complete Volanta pumps and very few spare part stocks available in Angola. UNICEF Angola worked closely with UNICEF Global Supply Division to find the fastest and most efficient way of delivering assets not available in

[1] http://www.jansen-venneboer.com/en/machine-building/handpumps/volanta-pump/

the country, finding that globally there are only two suppliers having/producing Volanta pumps and spare parts, and which production and delivery capacity takes between two and four months.

The food security component, FAO supported and trained 2,984 families in/on family garden, of 2500 targeted, exceeding the target of 119 per cent. FAO distributed seven tons of maize, 24 tons of millet, 10 tons of cowpea and 420 kg of vegetable seeds as well as tools and simple irrigation systems: 39 diesel water pumps, 9,200 m of PEAD pipes and 48 water tanks of 10,000 l. Together with the Department of Agriculture (DPA), and through the agreement of the NGO ADPP (Development Aid from People to People/Ajuda de Desenvolvimento de Povo para Povo), FAO is monitoring a total of 426 family gardens of the 116 targeted in the three provinces.

The targeted families have started to harvest horticulture products. FAO is now supporting the creation of farmer associations. By the end of the project 1,048 further families had requested to benefit from FAO distributions and training. They did not, however, attend due to lack of inputs to be distributed.

On animal health, FAO trained 342 community animal health workers (CAHW) and four veterinaries in animal health and established the first-ever mineral licks factory in Angola, together with veterinary service. CAHW were trained on mineral lick production and use, and were provided with three mineral blocks each (10 kg/block). The mineral licks factory was not foreseen in the CERF proposal; it was created when it became clear the unavailability of mineral licks in the country. The production and selling of mineral blocks represents an alternative income for pastoralist communities, directly supporting the purchase of other veterinary products. These 342 CAHW are directly supporting around 20.000 pastoralist herders.

FAO completed the rehabilitating of the three targeted water reservoir in Cunene Province, strategically selected on the main transhumance path. Each water reservoir improves water availability of estimated 150.000 nomadic herders.

Health: The support provided was focused on building capacity on improving management of children with SAM and medical complications in UEN. The following activities were carried out:

- ✓ Translation and updating of seven training modules for participant and guideline for facilitator;
- ✓ Training of 30 trainers from three provinces and 100 health professionals were updated to improve the management of children with SAM and medical complications.
- ✓ Essential medicines were acquired for treatment of children with SAM and medical complications.
- ✓ An evaluation of the nutritional surveillance system was carried out to improve the local system for early alert and response.

CERF's ADDED VALUE

The first value add of the CERF implementation is related to strengthen government capacity to understand and address the humanitarian situation and furthermore to support the response decentralization. The establishment of a coordination structure within the government commission has allowed information sharing between all sectors and reaching a common figure on the number of affected people, which represented one of the main limiting factors in determining the extent of the natural disaster and the funding gaps. Furthermore, this has opened the doors and/or facilitated other interventions in the area, for example the recent entry of “Doctors without borders” in the southern provinces, the INGO CODESPA and the Spanish Red Cross.

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?
YES ☒ PARTIALLY ☐ NO ☐

With CERF funds for Nutrition, the programme was able to reach vulnerable families and their children (beneficiaries) quickly at ITP as well as in remote areas. It was possible to acquire nutritional supplements and products timely and have the same distributed to the 310 planned sites. More than 800 workers were trained at the health units and community levels in order to assist with awareness-raising in the community and timely referrals of cases of malnutrition to health units and in patient care units besides providing psychosocial assistance to the beneficiaries.

Regarding the food security component, the CERF funds allowed a quick delivery of inputs, however it was allocated too close to the seedling season' end, and the number of months is too short to follow up communities up to the end of production harvesting.
Purchase and distribution of inputs faced the increment of prices and lack of products due to the current economic crisis in the Country. This particularly affected the purchase of vitamin complex for animal health.

Regarding the WASH component, CERF funds allowed a quick delivery of hygiene and sanitation kits and improved access to basic sanitary facilities. The rehabilitation of volanta hand pumps suffered delays described above.

b) Did CERF funds help respond to time critical needs[2]?
YES ☒ PARTIALLY ☐ NO ☐

Angola's nutritional emergency crisis as a result of the persistent drought that affected the southern provinces has suffered from diminishing investment. As a result, more than 800,000 people were estimated as food insecure with doubling malnutrition rates and more children with complications admitted and increasing child mortality. The CERF funds enabled UNICEF to acquire nutritional products for the treatment of severe and moderate acute malnutrition and reactivate the improvement of the nutritional status of children under 5 years through 310 CMAM centres. Community workers, ADECOS, were mobilized and trained to screen, early detection and referral to the health units of malnourished children. These funds also allowed the revitalization of CMAM centres sentinel surveillance system and the allocation of more trained health providers to these Units.

Regarding the food security and animal health component, the CERF allocation has allowed the re-creation of food and seed stock of targeted families and strengthening of livestock health and capacity to survive to the drought. Drought effects are partially addressed, being the high funding gap the first limiting factor.

The CERF fund for WASH enabled an improvement in the living conditions of 108,790 people in regard to improving hygiene practices, 56,456 people with ensured access to proper basic sanitation, and with 80,000 people with ensured access to safe water, thus diminishing the risk of water borne diseases in their communities.

c) Did CERF funds help improve resource mobilization from other sources?
YES ☐ PARTIALLY ☒ NO ☐

The CERF funds have partially improved resource mobilization in Angola, as following:
-UNICEF Nutrition leveraged MAESRK funding and EPI support from UNICEF HQ for community care of children and measles campaign in Huila and targeting 650,000 children 6-59 months in the three provinces.
-UNICEF WASH leveraged $78,185 of UNICEF HQ Emergency thematic fund 2016.
- FAO received an FAO HQ fund of $450,000 to implement a similar response in complementary municipalities (in Huila and Namibe and one municipality of Cunene), being that the CERF allocation focused on 4/6 municipalities of Cunene.

The funding gap to address the situation remains the highest between countries affected by El Niño, as of the RIASCO AP for the drought response. The funding gap in Angola is of $60 million.

The CERF allocation has given visibility to the effect of the drought in southern Angola and other NGOs will soon implement emergency projects in the southern provinces, such as Doctors without borders, CODESPA INGO and the Spanish Red Cross.

d) Did CERF improve coordination amongst the humanitarian community?
YES ☒ PARTIALLY ☐ NO ☐

Coordination was strengthened through the deployment of an OCHA' Humanitarian Field Officer who supported the civil protection of the three provinces (leading the drought response commission) in strengthening the coordination between all actors involved in the el Niño induced drought, namely GoA (Government of Angola) departments of agriculture, health, nutrition, water and energy, UN agencies UNICEF, FAO, UNFPA and UNDP, INGOs as World Vision, World Lutheran Foundation, CUAMM- Doctors For Africa, and NGOs as ADPP, ADRA and Red Cross of Angola. These coordination meetings have strengthened communication between sectors, shared progresses and constraints in project implementations and created thematic and geographical synergies as the one between UNICEF and World Vision (EU-ECHO funded nutrition project), and UNICEF and Red Cross.

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[2] Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

Sectoral coordination meetings were also organized, for example with the nutrition team at provincial level, to analyse the implementation of activities at the different municipalities and to plan the next steps. Meetings with municipalities were held regularly, to support them on implementation of nutrition activities, work with them on data management and ensure that the work to achieve the expected results is being conducted.

In September the Government of Huila and the CNPC organized the first inter-provincial meeting on El Nino-induced drought; which main recommendations were to scale up the coordination structure to a Southern Angola's provincial coordination platform, which is supported by the increased capacities of information management; and to invest in the long-term strategies in order to progressively reduce vulnerability and poverty in the southern region.

The improved coordination between UN, government and the (little) humanitarian community, resulted in a successful implementation of CERF funds and in a significant improved willingness of the Government in recognizing the humanitarian context. The request of the Ministry of Interior of the implementation of a post disaster need assessment (PDNA) in Angola is an important achievement for this process.

e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response

The coordination mechanism has allowed the creation and support of synergies with other ongoing emergency response projects, as for example the UNFPA project that trained 35 volunteers of Red Cross and Civil Protection and helped to reach more than 10.000 adolescents with dignity kits and key messages to prevent SGB and HIV infections. The Red Cross of Angola and the civil protection were consequently involved in trainings provided by UNICEF and World Vision as an added value of these synergies between projects.
The CERF funds also allowed the creation of the first mineral licks factory in Angola, utilizing local products (beside vitamin complexes) and improving pastoralist capacity to cope with the economic crisis that represents the main compounding factor.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
Need for timely community mobilization	Start community mobilization and sensitization at community as soon as the supplies arrive in the country to ensure that the community are aware of the availability of the supplies at HF Much of the success of CMAM are based on effective mobilisation and acceptance so that children can be identified early and mothers agree to take the child to the OTP for services	Government/NGO/IP
Community engagement and ownership	Engage community (leaders, teachers, religious leaders and community workers) to ensure that the community will adhere to CMAM. Having community workers trained will ensure a timely referral of undernourished children to health facilities.	Government/NGO/IP
Conduct Mobile Brigades or nomadic teams	As a way to ensure that the communities hard to reach are reached, conduct emergency nutrition intervention that include mobile brigades or nomadic teams offering a minimum health package (immunisation, nutrition screening, counselling, access to safe water) can be a solution to improve nutrition status of children under 5	Government
Need a SMART nutrition survey	A SMART nutrition survey to identify the causes of malnutrition and the impact of cultural practices on nutrition status of under 5 should be addressed before the implementation of the project. This would enable to understand, identify the bottleneck and know how to best addressed them in order to see the expected results	Government/ UNICEF

Planning according to agriculture calendar	Taking into consideration the agricultural calendar in timing CERF proposal that should start in February to ensure millet seedling or in April for horticulture production.	secretary
Lack of items in Angola	Angola is facing lack of products and increasing prices due to the economic crisis and restrictions in USD transfer. This has affected the capacity of agency to implement CERF project in 6 months as expected and it was the reason of a NCE request.	secretary

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
Need for the Development of emergency preparedness and response plan/budget or Contingency plans for all at risk provinces	NPC to work with UN and sectoral departments	UNDP/RC Office
Need for sectoral coordination, identification of pre-postioning of items and delivery as One	NPC with UN / Sectoral departments	UNDP/RC Office
Need to improve integrated disease surveillance system, VAM and/or Early warning system	NPC with UN / Sectoral departments	UNDP/RC Office
Capacity building – institutional and staffing of both UN and Government staffs	NPC with UN / Sectoral departments	UNDP/RC Office
The procurement process of hand pumps not available in the national market, and accordingly forcing to international procurement processes, can become a critical issue and path to projects in emergency response operations that aim to ensure rapid access to water supply to affected rural populations in Angola.	Taking into account the important number of Volanta hand pumps installed in Angola during last decades, it would be of great added value, to the sustainable maintenance of this typology of hand pumps, to promote the creation of a Volanta pumps factory in Angola, similar to the case of Burkina Faso, that cover the need this country has (but with no capacity to supplying an international market).	National Water Authority / Ministry of Energy and Water, with the support from sector partners and the private sector.
In Cunene, the horticulture seedling season starts in April, contrary to other areas where it is starting in February	The project should start in February in order to have all inputs purchased and in the field by beginning of April.	FAO and HCT

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNICEF	**5. CERF grant period:**	01/03/2016 – 31/08/2016
2. CERF project code:	16-RR-CEF-006	**6. Status of CERF grant:**	☒ Ongoing
3. Cluster/Sector:	Nutrition		☐ Concluded
4. Project title:	Reducing undernutrition status of children under five and improving nutrition security in the 3 drought affected Provinces of Cunene, Huila and Namibe		

7.Funding				
a. Total funding requirements[3]:	US$ 20,983,813	d. CERF funds forwarded to implementing partners:	
b. Total funding received[4]:	US$ 2,795,003	▪ *NGO partners and Red Cross/Crescent:*	US$ 205,490
c. Amount received from CERF:	US$ 2,795,003	▪ *Government Partners:*	US$ 150,027

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*			*Reached*		
	Female	*Male*	*Total*	*Female*	*Male*	*Total*
Children (< 18)	19,296	18,539	37,835	19,296	18,538	37,835
Adults (≥ 18)	202,219		202,219	202,219	-	202,219
Total	**221,515**	**18,539**	**240,054**	**221,515**	**21,499**	**240,054**

8b. Beneficiary Profile

Category	*Number of people (Planned)*	*Number of people (Reached)*
Refugees		
IDPs		
Host population		

[3] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.
[4] This should include both funding received from CERF and from other donors.

Other affected people	240,054[5]	
Total (same as in 8a)	**240,054**	**240,054**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	none	

CERF Result Framework			
9. Project objective	To reduce undernutrition rates of children under five; and improve nutrition security in the 3 drought affected Provinces of Cunene, Huila and Namibe		
10. Outcome statement	Saving lives of vulnerable undernourished children under five and improving their well-being		
11. Outputs			
Output 1	Access of children with SAM to quality community management of acute malnutrition (OPT and IPT) increased		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of under-five children screened for SAM and MAM	707,765	83,287
Indicator 1.2	Number of children with SAM cured, discharged and defaulted	75% (37,835)	63% (12,638)
Indicator 1.3	Number of parents with SAM children receiving appropriate counselling	>80% (37,835)	>100% (152,824)
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Selection of implementing partners (IPs) and developing a PCA	UNICEF/CUAMM	UNICEF
Activity 1.2	Screening and growth monitoring of Children under five	CW/CUAMM	Provincial level/CW/ CUAMM
Activity 1.3	Procurement and distribution of RUTFs and supplements	UNICEF	UNICEF
Activity 1.4	Monitoring and supervision of CMAM centres	DPS/CUAMM	MOH/DPS/UNICEF/CUAMM
Activity 1.5	Design, production, training and distribution of materials for IEC	UNICEF/CUAMM and DPS	MOH/UNICEF/CUAMM
Activity 1.6	Independent Monitoring, Evaluation and Reporting	ANU/UNICEF/CUAMM	UNICEF/CUAMM
Output 2	Coverage of children 6-59 months with SAM receiving micronutrient supplementation increased		
Output 2 Indicators	**Description**	**Target**	**Reached**

[5] SAM caseloads (37,835)
Pregnant & lactating women (202,219)

Indicator 2.1	Number or coverage of children 6-59 m with adequate Vitamin A	>80% (37,835)	75% (28,376)
Indicator 2.2	Number or prevalence of children 6-59 months with SAM	<5%	4.5%
Indicator 2.3	Number or coverage of children 6-59 months with MAM	<5%	14%
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Selection of implementing partners (IPs) and developing a PCA	UNICEF/INGO	UNICEF/CUAMM
Activity 2.2	Conduct of integrated mass campaign with Vitamin A in 3 provinces	INGO/CW	UNICEF/DPS/WHO
Activity 2.3	Procurement and distribution of Vitamin A	UNICEF	UNICEF
Activity 2.4	Monitoring and supervision of campaigns and routine supplementation	DPS/INGO	DPS
Activity 2.5	Independent Monitoring, Evaluation and Reporting	ANU/UNICEF/DPS/INGO	DPS/UNICEF

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

The community led activities were delayed and started late towards the end of the year (4th quarter) because of non-agreement of incentivization concerns of the community workers between government and UN partners; hence, the low numbers and estimated 47% of the expected coverage.

The role of the community workers is critical in improving and sustaining community awareness of mothers to know about the CMAM Programme; timely referral of sick and malnourished children. The 4th quarter reports of community activities show that the number of children screened and admitted in OTP and ITP started to increase when community workers were contracted.

The performance indicators improved based on the data from 2nd quarter through 4th quarter with the cure rates, defaulter rates and death rates improving slightly as a result of improvement of quality of care (training and supportive supervisions).

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

The project formulation is based on community engagement, where the authorities of community are part of the group. Regular community consultations and meetings were held to inform them about the implementation of the programme, specifically results of the children screened. During the meetings, the group helps to identify the gaps regarding implementation of nutrition activities (such as defaulters, low adherence of mothers to the services) and devising the best ways to overcome the gaps in order to reach the expected results (improve nutrition status of community). Meetings with community workers (CW) and their supervisors are conducted regularly to identify the problems and possible solutions

On a monthly basis, coordination meetings are held in each province, with the participation of provincial Government, sectors and implementing partners to present the situation of nutrition implementation activities within CERF support.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☒
	NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNICEF	**5. CERF grant period:**	26.02.16 – 25.11.16
2. CERF project code:	16-RR-CEF-007	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Water, Sanitation and Hygiene		☒ Concluded
4. Project title:	Improving access to adequate sanitation and safe water for the affected population in the drought affected Provinces of Cunene, Huila and Namibe		

7.Funding				
a. Total funding requirements[6]:	US$ 6,479,215	d. CERF funds forwarded to implementing partners:		
b. Total funding received[7]:	US$ 1,153,046	▪ *NGO partners and Red Cross/Crescent:*	US$ 95,489.54
c. Amount received from CERF:	US$ 1,074,861	▪ *Government Partners:*	US$ 240,466.46

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*			*Reached*		
	Female	*Male*	*Total*	*Female*	*Male*	*Total*
Children (< 18)	33,048	31,752	64,800	29,962	28,785	58,747
Adults (≥ 18)	28,152	27,048	55,200	25,522	24,521	50,043
Total	**61,200**	**58,800**	**120,000**	**55,484**	**53,306**	**108,790**

8b. Beneficiary Profile

Category	*Number of people (Planned)*	*Number of people (Reached)*
Refugees		
IDPs		
Host population		
Other affected people	120,000	108,790
Total (same as in 8a)	**120,000**	**108,790**

[6] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.
[7] This should include both funding received from CERF and from other donors.

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	As mentioned, the unavailability of volante hand pumps (spare parts and new hand pumps) at national and international level compromised the ability to fulfil the rehabilitation of 240 hand pumps up to date.

CERF Result Framework			
9. Project objective	To reduce water borne diseases and improve child survival and development		
10. Outcome statement	Improved health and nutritional well-being of the drought affected communities		
11. Outputs			
Output 1	Access to safe water sources (public and home) increased through borehole rehabilitation		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of people with safe water;	(95%) (120,000)	80,000 (31%)
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Number of people with safe water;	(95%) (120,000)	37,500
Activity 1.2	Extension of implementing partners (IPs) PCA	UNICEF/DEA/IP	UNICEF/IP
Activity 1.3	Rapid assessment of the boreholes and locations	IP	UNICEF/DEA
Activity 1.4	Procurement and distribution of water treatment kits	UNICEF/IP	UNICEF/DPS
Activity 1.5	Monitoring and supervision of Boreholes and water quality	DEA/IP	UNICEF/DEA
Activity 1.6	Design, production, training and distribution of materials for IEC	UNICEF/IP and DEA	UNICEF/DPS/IP
Output 2	Access to adequate sanitation facilities increased		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number households with adequate sanitation	100% (120,000)	56,456 (47%)
Indicator 2.2	Number of communities and households' open defection free	80% (120,000)	56,456
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Selection of implementing partners (IPs) and developing a PCA	UNICEF/IP	UNICEF/IP
Activity 2.2	Rehabilitation of 12 boreholes in 3 provinces	IP	UNICEF/DEA
Activity 2.3	Procurement and distribution of family hygiene kits	UNICEF/IP	UNICEF/DPS

Activity 2.4	CLTS promotion and implementation	IP and DEA	UNICEF/IP
Activity 2.5	Independent Monitoring and Evaluation with Reporting	ANU/UNICEF	ANU/UNICEF
Output 3	Family and community hygiene behaviour and home care practices improved		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	Number of care givers applying appropriate hygiene practices	85% (6,000)	7,504 (125%)
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Conduct of bottleneck and barrier analysis	UNICEF/IP	UNICEF/IP
Activity 3.2	Reproduction of IEC materials with key messages	UNICEF/IP	UNICEF/IP
Activity 3.3	Support home visits by community workers for family dialogue	DEA/CW/IP	DPS/CW/IP
Activity 3.4	Monitoring, Supervision and Reporting	DEA/INGO	UNICEF/DEA/DPS/IP

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

Although 108,790 people living in affected communities were reached with hygiene messages, the time required for the "triggering or waking up" of rural communities, for the behavioural change needed[8] to ending open defecation in the affected areas, by helping communities to understand health risks associated to the lack of proper sanitary facilities and promoting self-construction of latrines, made possible to reaching up to 56,456 people with access to a proper sanitary facility during the implementation time of the CERF project. Regarding the water supply component, logistical complexities associated to the nature of the intervention, with rural and isolated communities spread across the 3 provinces of Namibe, Huila and Cunene (all together as big as Portugal), brought at the end of the project a level of achievement of 2/3 of the total target. Anyhow, the implementation of this component continues in the field, and the reaching of the total target (240 water points rehabilitated with Volanta hand-pumps) is expected by the end of February 2017.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

For the water supply component, the Provincial Directorates of Energy and Water have been responsible to report at municipal and community level the actions carried out to rehabilitate the water points covered by this emergency intervention. In regard to the hygiene and basic sanitation component, a certification process of communities ending open defecation has been carried out and directly monitored by UNICEF, together with the focal points from the Provincial Directorates of Land Management and Environment. Last but not least, the Provincial Directorates of Health have regularly reported on WASH items received and distributed to families with malnourished children attended in health centres.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☐

[8] "The Dynamics and Sustainability of Community-led Total Sanitation (CLTS): Mapping challenges and pathways" Movik and Metha, 2010 (https://www.ids.ac.uk/files/dmfile/CLTSweb.pdf)

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	FAO	**5. CERF grant period:**	02.03.2016 – 30.11.2016
2. CERF project code:	16-RR-FAO-001	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Agriculture		☒ Concluded
4. Project title:	Improved food security for drought affected households in Cunene and Huila Provinces of Angola		

7.Funding			
a. Total funding requirements[9]:	US$ 20,684,465	d. CERF funds forwarded to implementing partners:	
b. Total funding received[10]:	US$ 1,815,815	▪ *NGO partners and Red Cross/Crescent:*	US$ 26.449
c. Amount received from CERF:	US$ 833,373	▪ *Government Partners:*	US$ 15.000

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*			*Reached*		
	Female	*Male*	*Total*	*Female*	*Male*	*Total*
Children (< 18)	41,310	39,690	81,000	49,572	47,628	97,200
Adults (≥ 18)	35,190	33,810	69,000	42,228	40,572	82,800
Total	**76,500**	**73,500**	**150,000**	**91,800**	**88,200**	**180,000**

8b. Beneficiary Profile

Category	*Number of people (Planned)*	*Number of people (Reached)*
Refugees		
IDPs		
Host population		
Other affected people	150,000	180,000
Total (same as in 8a)	**150,000**	**180,000**
In case of significant discrepancy between planned and reached beneficiaries, either		

[9] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.
[10] This should include both funding received from CERF and from other donors.

the total numbers or the age, sex or category distribution, please describe reasons:	

CERF Result Framework			
9. Project objective	To improve the food security of 2,500 vulnerable households in Cunene (Cuanhama, Ombadja, Curoca and Cahama) and 5,104 households in Huila provinces.		
10. Outcome statement	Farmers access to crop and livestock inputs is enhanced		
11. Outputs			
Output 1	Cattle herders equipped with technical means to improve animal health		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Quantity of multivitamin kits and mineral licks purchased	342 kits	342 kits
Indicator 1.2	Nº of LoA signature	1	1
Indicator 1.3	Nº of communities where CAHW are selected	175	175
Indicator 1.4	nº of dairy cows and calves accessing multivitamin kits	35,000	35,000
Indicator 1.5	nº of herders whom livestock had access to these drinking through in 5 months	120,000	120,000
Indicator 1.6	Nº of assessments of Food insecurity in visited communities	342 kits	342
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Procurement of multivitamin kits	FAO	FAO
Activity 1.2	signature of LoA between FAO and ISV and first and disbursal of funds	FAO and ISV	FAO and ISV
Activity 1.3	Registration of beneficiaries	FAO and ISV	FAO and ISV
Activity 1.4	Training of 342 Livestock auxiliaries CAHW	FAO and ISV	FAO and ISV
Activity 1.5	Distribution of multivitamin kits and mineral licks	FAO and ISV	FAO and ISV
Activity 1.6	Tender and Rehabilitation of drinking troughs	Service Provider	Service Provider
Activity 1.7	Post distribution review	FAO and ISV	FAO and ISV
Output 2	2,500 households have access to vegetable, millet seeds and agricultural tools kits		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Quantity of vegetable, millet seeds and agricultural tools kits purchased	20.2 Ton	24 tons of millet, 7 tons of maize, 10

			tons of cowpea 420 kg of vegetable seeds and 2,500 kits
Indicator 2.2	Nº of LoA signature	1	2
Indicator 2.3	Nº of beneficiaries' communities	2,500	2,984
Indicator 2.5	Number of households accessing to short cycle vegetable production	2,500	2,984
Indicator 2.6	Number of households' food secure	2,500	2,984
Indicator 2.7	Quantity of vegetable, millet seeds and agricultural tools kits made available to farmers	20.2 T of seed and 2,500 kits of agricultural tools	24 tons of millet, 7 tons of maize, 10 tons of cowpea 420 kg of vegetable seeds and 2,500 kits
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Procurement of vegetable, millet seeds and agricultural tools kits	FAO	FAO
Activity 2.2	signature of LoA between FAO and ADPP and disbursal of funds	FAO and ADPP	FAO and ADPP
Activity 2.3	Selection and registration of beneficiaries	ADPP	ADPP
Activity 2.4	Training sessions in micro-garden technics	FAO and ADPP	FAO
Activity 2.5	Distribution of vegetable, millet seeds and agricultural tools kits to farmers in the target municipality	FAO and ADPP	FAO and ADPP
Activity 2.6	Monitor planting and crop grow	FAO and ADPP	FAO, ADPP, DPA and IDA
Activity 2.7	Post planting review	FAO and ADPP	FAO, ADPP, DPA and IDA

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:
The family garden component has supported 2,984 families to re-establish food and seed stocks and improving capacity to cope with natural disasters, being a successful life-saving story. Farmers, of them 75 per cent women, have harvested the first production: 80 tons of tomatoes, 80 tons of onions, 260 tons of cabbage, 13 tons of carrots. The total production of 533 tons has an estimated market value of 280,000 USD (calculated at local market prices). Families use part of production for own consumption, improving food security within their communities and recreating grains stocks, partially to sell at local markets. The production of horticulture is highly profitable, comparing to millet, but communities have limited capacity to store and/or process it. The first ever mineral lick factory was another successful story of CERF funds, improving pastoralist capacity to take care of their animal health and becoming an opportunity of alternative income, useful to purchase veterinary treatments. The distribution of millet was not completed due to the late arrival of seeds at the end of the seedling season. These seeds were kept and are now being distributed to beneficiaries for the 2016-2017 agricultural season.

13. Please describe how accountability to affected populations (AAP) has been ensured during project dive income, design, implementation and monitoring:
Community accountability was ensured by the methodology of family garden described in the CERF proposal. Community received weekly follow up of the NNGO ADPP and a focal point of agriculture department. Pastoralist communities received training on animal health and were actively involved in the production on mineral licks. Regarding the rehabilitation of water points, communities participatory lead the regular maintenance.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

<table>
<tr><th colspan="8">TABLE 8: PROJECT RESULTS</th></tr>
<tr><td colspan="8">CERF project information</td></tr>
<tr><td colspan="2">1. Agency:</td><td colspan="2">WHO</td><td colspan="2">5. CERF grant period:</td><td colspan="2">04/03/2016 – 03/09/2016</td></tr>
<tr><td colspan="2">2. CERF project code:</td><td colspan="2">16-RR-WHO-003</td><td colspan="2" rowspan="2">6. Status of CERF grant:</td><td colspan="2" rowspan="2">☐ Ongoing
☒ Concluded</td></tr>
<tr><td colspan="2">3. Cluster/Sector:</td><td colspan="2">Health</td></tr>
<tr><td colspan="2">4. Project title:</td><td colspan="6">Lifesaving maternal and child health interventions for pregnant and SAM children with complications in the 3 most drought affected provinces of Angola</td></tr>
<tr><td rowspan="3">7.Funding</td><td colspan="2">a. Total funding requirements[11]:</td><td>US$ 286,149</td><td colspan="4" rowspan="3">d. CERF funds forwarded to implementing partners:
▪ NGO partners and Red Cross/Crescent:
▪ Government Partners:</td></tr>
<tr><td colspan="2">b. Total funding received[12]:</td><td>US$ 286,149</td></tr>
<tr><td colspan="2">c. Amount received from CERF:</td><td>US$ 286,149</td></tr>
</table>

<table>
<tr><td colspan="7">Beneficiaries</td></tr>
<tr><td colspan="7">8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</td></tr>
<tr><th rowspan="2">Direct Beneficiaries</th><th colspan="3">Planned</th><th colspan="3">Reached</th></tr>
<tr><th>Female</th><th>Male</th><th>Total</th><th>Female</th><th>Male</th><th>Total</th></tr>
<tr><td>Children (< 18)</td><td>7,718</td><td>7,416</td><td>15,134</td><td></td><td></td><td>2080</td></tr>
<tr><td>Adults (≥ 18)</td><td>60,666</td><td></td><td>60,666</td><td></td><td></td><td></td></tr>
<tr><td>Total</td><td>7,718</td><td>7,416</td><td>75,800</td><td></td><td></td><td>2080</td></tr>
</table>

<table>
<tr><td colspan="3">8b. Beneficiary Profile</td></tr>
<tr><th>Category</th><th>Number of people (Planned)</th><th>Number of people (Reached)</th></tr>
<tr><td>Refugees</td><td></td><td></td></tr>
<tr><td>IDPs</td><td></td><td></td></tr>
<tr><td>Host population</td><td></td><td></td></tr>
<tr><td>Other affected people</td><td>Sam children with complications -15,134
High risk pregnant and lactating women – 60,666</td><td>Sam children with complications: 2080
High risk pregnant and lactating women:48.022</td></tr>
</table>

[11] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.
[12] This should include both funding received from CERF and from other donors.

Total (same as in 8a)		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		

CERF Result Framework			
9. Project objective	To improve children survival and quality of care for high risk women in the three drought-affected provinces.		
10. Outcome statement	Reduced morbidity, disabilities and mortality of malnourished children and high risk women in the affected areas.		
11. Outputs			
Output 1	Access to proper case management of children with SAM and complications		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of SAM children with complications accessing care	5,938	2080
Indicator 1.2	Number or proportion of SAM Children recovering	>80%	69%
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Design and adapt the IMNCI strategy with triage for implementation	WHO/DNSP	WHO/DNSP
Activity 1.2	Train health care providers on proper case management	DNSP	WHO/DNSP
Activity 1.3	Procure and distribute IMNCI drugs and equipment	WHO/DNSP	WHIO/DNSP
Activity 1.4	Conduct of support supervision and follow up of trained health care providers	DNSP	DNSP/DPS
Activity 1.5	Develop and disseminate key messages on family and community practices	DNSP/UNICEF	DNSP/UNICEF
Activity 1.6	Hold review and evaluation meetings	DNSP and partners	DNSP and partners
Output 2	Health system support strengthened in the 3 provinces		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number health facilities functional with at least 1 trained personnel on IMNCI	50	64%
Indicator 2.2	Coverage of high risk women seen and treated	80% (60,666)	79%

Indicator 2.3	Number of health facilities without stock out	80% (50)	76%
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Procurement basic and essential IMNCI drugs for 50 health facilities in 3 Provinces	WHO/DNSP	WHO/DNSP
Activity 2.2	Reproduction and distribution of the guidelines, protocols in the 24 Hospitals in 3 Provinces	WHO/DNPS	WHO/DNSP
Activity 2.3	Monitoring and supervision of the 24 Hospitals in 3 Provinces	WHO/DNSP/DPS	WHO/DNSP/DPS
Activity 2.4	Set up sentinel surveillance system for 50 health facilities	WHO/DNSP	WHO/DNSP
Activity 2.5	Hold quarterly review and evaluation meetings	WHO/DNSP/DPS	WHO/DNSP/DPS
Output 3	All children 0-59 months fully vaccinated with Penta3, measles, rotavirus and yellow fever vaccines		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	Coverage of children 6-59 months' children with Penta3 (third dose)	90% (202,219)	77% 156,036
Indicator 3.2	Percentage of children fully vaccinated by their first birthday	>80% (202,219)	Not available
Indicator 3.3	Drop out of children DPT1-DPT3; and DPT1-measles	<10%	Cunene: 11.2% and 26,8% ;Huíla: 18% and 7% ;Namibe: 11.2% and 26,8%
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Support fortnightly outreach vaccination sessions on a monthly basis	WHO/DPS	WHO/DPS
Activity 3.2	Support the development of micro plans for all municipalities	WHO/DNSP/DPS	WHO/DNSP/DPS
Activity 3.3	Create demand for vaccination and follow up of defaulters	DPS/DNSP	DPS/DNSP
Activity 3.4	Support monitoring and supervision of immunization sessions	WHO/DNSP	WHO/DNSP
Activity 3.5	Conduct data quality audit	WHO/DNSP	WHO/DNSP
Activity 3.6	Hold quarterly EPI reviews and evaluation meetings	DPS/WHO	DPS/WHO

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:
The target established for children with SAM and medical complication was overestimated because the final result of the 2014 Census are changing until know. The final published data shows a percentage reduction in the denominators. At this moment the discussions about the significance of this is doing in the MoH. The reduction of the number of surviving infants and the other age group in relation with the first data is doing evaluated to determine the impact in the health services and programs. As in this project the population estimation effect in the performance is directly proportional. The access, the people respond and the opportunity to offer the services are other variables to consider in the results.
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:
Regional and provincial meetings with all actors were held on regular basis

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US$
16-RR-CEF-006	Nutrition	UNICEF	GOV	$150,027
16-RR-CEF-006	Nutrition	UNICEF	INGO	$55,490
16-RR-CEF-006	Nutrition	UNICEF	INGO	$150,000
16-RR-CEF-007	Water, Sanitation and Hygiene	UNICEF	GOV	$66,758
16-RR-CEF-007	Water, Sanitation and Hygiene	UNICEF	GOV	$112,903
16-RR-CEF-007	Water, Sanitation and Hygiene	UNICEF	GOV	$24,154
16-RR-CEF-007	Water, Sanitation and Hygiene	UNICEF	INGO	$58,508
16-RR-CEF-007	Water, Sanitation and Hygiene	UNICEF	NNGO	$36,981
16-RR-CEF-007	Water, Sanitation and Hygiene	UNICEF	GOV	$37,176
16-RR-FAO-001	Agriculture	FAO	GOV	$15,000
16-RR-FAO-001	Agriculture	FAO	NNGO	$26,449

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

Acronym	Description
ADPP	Development Aid from People to People/Ajuda de Desenvolvimento de Povo para Povo
ADRA	Adventist Development and Relief Agency/Acção para o Desenvolvimento Rural e Ambiente
CAHW	Community animal health workers
CMAM	Community management of acute malnutrition
DMT	Disaster Management Team
DPEA	Provincial water and energy directorate
DPS	Provincial Directorate of Health
FAO	Food and Agriculture Organization of the United Nations
GAM	Global Acute Malnutrition
GoA	Government of Angola
HFO	Humanitarian Field Officer
ITP	Inpatient Treatment
IYCF	Infant and Young Child Feeding
LWF	Lutheran World Federation
MOH-DNSP	Ministry of Health-National Directorate of Public Health/Direcção Nacional de Saúde Pública
NPC	National Civil Protection
OCHA	Office for the Coordination of Humanitarian Affairs
OTP	Outpatient treatment
PDNA	Post Disaster Needs Assessment
RCO	Resident Coordinator's Office
SAM	Severe Acute Malnutrition
UNICEF	United Nations International Children's Emergency Fund
UNCT	United Nations Country Team
WHO	World Health Organization