

**RESIDENT/HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
19-RR-AGO-35794
ANGOLA
RAPID RESPONSE
DROUGHT
2019**

RESIDENT/HUMANITARIAN COORDINATOR	PAOLO BALLADELLI
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REPORTING PROCESS AND CONSULTATION SUMMARY

a. Please indicate when the After Action Review (AAR) was conducted and who participated.	8-10 December 2019
The following organization participated in the After-Action Review (AAR): UN Agencies and partner NGOs, OCHA, Provincial Government Representatives, and a Representative of the Presidency Social office. Additional meetings took place through the Disaster Management team (DMT) to monitor the projects' implementation.	
b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report on the use of CERF funds was discussed in the Humanitarian and/or UN Country Team.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. Was the final version of the RC/HC Report shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
The report was shared with the recipient agencies and implementing partners.	

PART I

Strategic Statement by the Resident/Humanitarian Coordinator

The severe droughts in southern Angola, consisting of Cunene, Huila, Namibe, and Bie provinces, led to an inter-agency appeal to provide humanitarian assistance to the affected population. The appeal enabled FAO, UNFPA, UNICEF, WHO and implementing partners to restore agricultural and food production for 30,140 households, reduce Gender Based Violence (GBV) risks and cases, provide appropriate sexual reproductive health, GBV and HIV prevention information to 38,295 women and adolescent girls, including men and boys; provide life-saving nutrition screenings and treatment to 321,193 children with severe and moderate acute malnutrition; improve access to safe drinking water, sanitation, and promotion of hygiene practices to 118,949 people, and provide treatment to 1,013 severely malnourished children aged 0 to 59 months. The UN Agencies and implementing partners worked collaboratively in response to critical needs of vulnerable populations to droughts in the four provinces of Angola using the CERF to impact over 88,786 people.

1. OVERVIEW

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)

a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE		92,077,339
FUNDING RECEIVED BY SOURCE		
CERF		6,342,732
COUNTRY-BASED POOLED FUND (if applicable)		0
OTHER (bilateral/multilateral)		7,352,317
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE		13,695,049

TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)

Date of official submission: 16/05/2019			
Agency	Project code	Cluster/Sector	Amount
FAO	19-RR-FAO-021	Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	743,083
UNFPA	19-RR-FPA-026	Protection - Sexual and/or Gender-Based Violence	586,647
UNICEF	19-RR-CEF-064	Nutrition - Nutrition	2,799,851
UNICEF	19-RR-CEF-065	Water Sanitation Hygiene - Water, Sanitation and Hygiene	1,768,269
WHO	19-RR-WHO-032	Health - Health	444,882
TOTAL			6,342,732

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Total funds implemented directly by UN agencies including procurement of relief goods	5,169,739
Funds transferred to Government partners*	67,595
Funds transferred to International NGOs partners*	964,298
Funds transferred to National NGOs partners*	141,099
Funds transferred to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	1,172,993
TOTAL	6,342,732

* These figures should match with totals in Annex 1.

2. HUMANITARIAN CONTEXT AND NEEDS

The humanitarian crisis caused by persistent droughts in the southern Angola has worsened in recent years, attracting attention from the government through the Drought Recovery Framework 2018-2022, and the humanitarian community in Angola to continue providing support to the affected population. The severity of the humanitarian crisis caused by drought in the provinces of Cunene, Huíla and Namibe led to government's official memos¹ and the declaration of a state of emergency by the President of the Republic of Angola in January 2019. From January 2019 to March 2019, severe droughts resulted in an increase in the number of people in need from 249,884 people to 857,443 people, representing a critical humanitarian condition. In addition to Cunene, Huíla and Namibe provinces, which are the focus of the government, Bié province was worth considering due to evidence of the serious nutrition crisis.

The Cunene, Hila, Namibe, and Bie provinces faced reduced amount of rainfall successively. In 2017, Cunene registered cumulative rainfall of 571mm, and 598.7mm in 2018 during the months of September to through April. In 2019, for the same period, January through March, the total rainfall registered was 113.5mm (National Institute of Meteorology, 2019). The provinces also faced a delayed start of the 2018-2019 rainy season by 3 months. Since the beginning of the rainy season in October 2018, until January 2019, less than 50mm of rain were registered in most parts of the four provinces. Poor rainfall conditions resulted in poor crop development, reduced agricultural productivity and lack of pasture, limiting access to nutritious food for both humans and livestock.

An estimate of 702,148 livestock was at risk of dying because of drought in Cunene, causing small farmers and herders to be in constant search for pasture. The nomadic life meant forcing children out of school, and increased household duties for children including fetching for water at long distances. It is estimated that over 2.3² million people were facing food insecurity among whom 491,131 were children under the age of five. Although government provided 98,13 metric tons of food assistance to 40,876 affected people, provincial governments presented requests for additional 124,843 tons for successive 4 months. Bie province face nutrition crisis with a Global Acute Malnutrition prevalence of 9.8 per cent and Severe Acute Malnutrition of 5.6 per cent (VAC 2018 preliminary results). More than 70% of the households in the province reported destroyed crops by plagues and 73% loss in livestock due to lack of

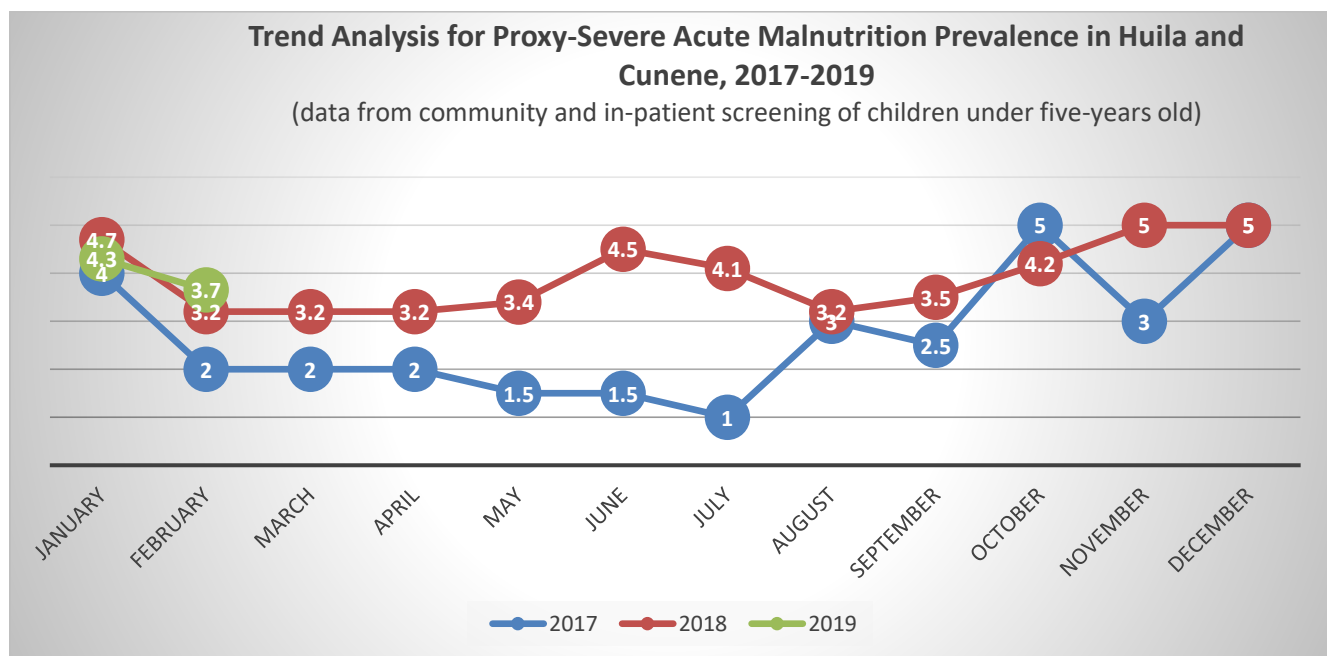
² This figure is calculated based on a total population of 6.1M people in the four provinces affected by drought (Cunene, Huíla, Namibe and Bié). Based on Government official memos on drought, about 70% and 80% of the total population in Huíla and Cunenene provinces respectively are affected by drought. The methodology used to reach 2.3 million people relies on historical and projected caseload, leading to an estimate that 37% of the total population 6.1M is facing food insecurity and in need of assistance. Within the 2.3M people, we have extrapolated corresponding figures to specific sub-groups, including children, women, malnutrition data on global acute malnutrition (GAM), severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) based on statistical records, historical records and projected trends.

water (VAC 2018 preliminary results). Subsequent increase in food insecurity, limited access to safe drinking water and other basic services amid persistent drought can compromise all efforts to mitigate the impact of the drought in the southern provinces of the country. The impacts of severe droughts implicate population's health and nutrition status, particularly children under 5 years.

A note³ from the provincial government of Cunene (March 2019), showed the number of people assessed and reported an increase in the number of people in need of humanitarian assistance by the government 's provincial emergency commission (Civil Protection) in Cunene, from 249,884 people in January 2019 to 857,443 people in March 2019. Such an increase highlights the severity of the needs and the worsening of the drought conditions affecting 80 per cent of the total population in Cunene province.

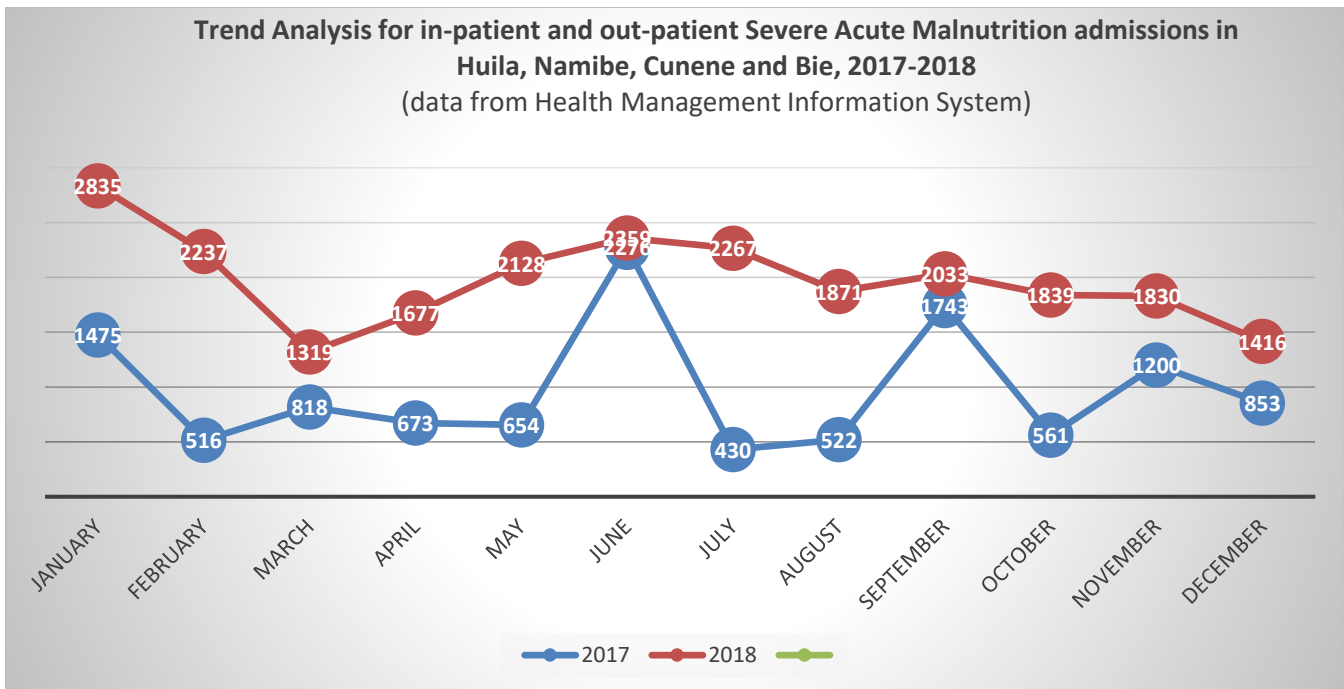
Evidences from community and facility-based nutritional screening using MUAC conducted from January to December 2018 in Huila and Cunene provinces by UNICEF-supported partners, highlighted a serious nutrition situation, with proxy-Global Acute Malnutrition (GAM) prevalence of 9.8 per cent and a proxy-Severe Acute Malnutrition (SAM) of 3.7 per cent.

Data from the months, leading to the CERF projects, showed that GAM prevalence rate increased from 8.6 per cent in September 2018 to 10.9 per cent in January 2019, with proxy-SAM rates reaching 4.3 per cent in January 2019⁴. Although proxy screening results were following seasonal trends, they remained higher compared to the same period in both 2018 and 2017, and that impacted the numbers of children with life-threatening SAM seen from unusual number of admissions. The graphics of the trend analysis reveal a deteriorating picture in the four southern provinces of Cunene, Huila, Namibe and Bié.



³ Esclarecimento dos dados sobre as pessoas afectadas pela seca a nível da província do Cunene. Governo da Província do Cunene - Março 2019.

⁴ Administrative data from Ministry of Health



In-patient and community-based screening results in Huila and Cunene provinces, clearly demonstrate a deterioration in the nutrition situation in 2018, with a significant increase in SAM cases, particularly from June 2018 up to February 2019 (graph 1), with proxy-SAM prevalence reaching 5 per cent in November and December 2018. In addition to this, the admissions in the 4th trimester 2018 had increased significantly compared to the same trimester in the previous year (graph 2). The country ran out of nutrition supplies, including ready-to-use therapeutic food (RUTF) and therapeutic milk F-100 and F-75 in December 2018 resulting in high child mortality rate in in-patient facilities from 9 per cent in September 2018 to 15 per cent in January 2019) and high default rate reaching 57 per cent in Cunene in January 2019. As cases deteriorate at community level and late referrals are made, 26 per cent of the SAM admissions are inpatient which is high and predictor of increased chances of mortality due to malnutrition and related factors.

The prevailing drought has, as a result, led to a nutrition emergency in the southern provinces of Angola, further exposing children under five to multiple deprivations including poor maternal nutrition, poor infant and young child feeding practices, low access to quality health care, limited hygiene practices, and poor-quality water and sanitation infrastructure.

Aware of the severity of the drought situation in southern Angola, the government drought recovery framework meant to guide government and partners interventions to address the impact of drought is underfunded by over 70 per cent. This highlights the limited implementation of key interventions to minimize drought impact and mitigate associated risks. CERF allowed agencies to support government to implement immediate and lifesaving interventions aimed at reducing the risk of death while additional resources were mobilized.

3. PRIORITIZATION PROCESS

The overall humanitarian response plan under 2019 CERF is aligned with the government priorities set out in the government drought recovery framework 2018-2022 for the southern provinces of Angola including Cunene, Huila, Namibe and Bie. Although previous response to droughts in Angola using CERF included three provinces, the current response was extended to include Bie due to evidence of the serious nutrition crisis in the province.

Through Government-led inter-ministerial need assessments, including a joint Government/UN assessment with participation of OCHA conducted between 5-8 March 2019 in Huila and Cunene provinces highlighting the pressing needs of the population and the severity of the humanitarian conditions within these provinces; government reports such as the Food Security and Nutrition Assessment (AVSAN) by the Ministry of Agriculture (MINAGRI) and FAO in late 2018 that assessed localities of Cunene, showing a critical food and nutritional insecurity; Cunene province government reports showing a rapid increase in the number of people in need of urgent humanitarian assistance from 249,000 people in January 2019 to 857,000 people in March 2019, overall, the reports highlighted the need for intervention in areas of agriculture and food security, water and sanitation, health and nutrition.

The strategic objectives of the humanitarian response under CERF included (1) provision of immediate lifesaving assistance to the population most affected by food security and nutrition emergency and (2) support the restoration of the livelihoods in the communities severely hit by food insecurity.

Programmatic priorities were defined based on needs of the affected populations and they included:

- **Food Security:** Improve food security for drought affected households
- **Health:** Mitigate and prevent complicated SAM
- **Health:** Provide life-saving nutrition screenings and treatment of children with severe and moderate acute malnutrition in the most food insecure
- **WASH:** Improve access to safe drinking water, sanitation, and promotion of hygiene practices
- **Protection:** Prevent gender-based violence, sexual exploitation and promote health, autonomy and dignity particularly among women and adolescent girls

These priorities are aligned with the government priorities set out in the government drought recovery framework 2018-2022 and in the provincial government response plans and strategies, regular agency development programmes, including Strengthening Resilience and Food Security and Nutrition (FRESAN), a European Union funded project, implemented by Institute Camoes in selected municipalities in Huila, Cunene and Namibe provinces and existing risk reduction and resilience programmes articulated in the country development programmes.

Consultations and discussions at UNCT level were held to develop recommendations that ensured a coordinated and efficient delivery of the CERF funded projects. The Disaster Management team (DMT) was activated and led under the overall leadership of the Resident Coordinator and chaired by UNICEF. The DMT is composed of RCO, agencies Emergency Focal Points through whom consultations are conducted. The Focal Points meet regularly to discuss the emergency agenda and coordinate humanitarian response. This allowed for a coordinated and harmonized approach to CERF implementation, maximize the use of resources and ensure greater impact. New partnerships with World Vision, People in Need (PIN) and ADRA were established to strengthen programmatic and operational capabilities where programme and operational gaps have been identified. This included strengthening partnerships where they already existed to support planned interventions under CERF.

With respect to gender and age consideration in the design and implementation of activities under CERF allocation, the response on protection - Sexual and/or Gender-Based Violence led by UNFPA was targeted at women of children age and girls. Men and boys were included to benefit from Sexual Reproductive Health SRH services and

psychosocial support, knowledge about Sexually Transmitted Infections (STIs) and gender-based violence in emergencies (GBViE). The project design accounted for special needs for women and girls of reproductive age through provision of dignity kits (DKs).

Considering the vulnerability of women and children affected by droughts in southern Angola, the nutrition project design, delivered by UNICEF and its partners, training caregivers on early detection of malnutrition, Infant and Young Child Feeding, health, hygiene and sanitation were included. Women accounted for 57 per cent of total caregivers. The needs of under five children were further considered through a training program for health workers on severe acute malnutrition, and malnutrition screening. Under the water, sanitation and hygiene (WASH) project, providing access to safe water and sanitary facilities were designed to meet cross cutting needs among the gender groups, with more impact on women and children that bear the burden of fetching water.

Similarly, food security is a cross cutting aspect among the people affected by droughts. The project led by FAO to restore agricultural food production among small farmers and headers was designed to include over 55 per cent of the people reached to be women. Although food security issues can be cross cutting with regard to gender, women are usually more burdened to ensure household provisions. Their inclusion is invaluable in addressing food security and health needs. The WHO also led the delivery of the health project aimed at severe acute malnutrition (SAM) with special target on children.

From the UNCT meetings, it was decided that life-saving assistance under the CERF in 2019 should be focused in the drought prone southern Angola. Droughts cover Cunene, Huila, Namibe, and lately includes Bie provinces. The nature and severity of the droughts were a basis of geographical prioritization. Geographical coverage was aligned with the government priority areas defined in the drought recovery framework 2018-2022. Additional consideration of Bie province was agreed upon in the UNCT due to evidence of the serious nutrition crisis in the province.

4. CERF RESULTS

CERF allocated \$6,342,732 to Angola from its window for underfunded emergencies to sustain the provision of life-saving assistance to severe droughts affected population in southern Angola in 2019. This funding enabled UN agencies and partners to provide direct life-saving assistance to 887,786 people; restoration of agricultural and food production for 30,140 small farmers and cattle herders, among whom 15,705 were women and girls and 14,435 were men and boys; access to emergency protection, including sexual and gender-based violence response services to 24,963 women and girls of child bearing age; access to key messages by 38,295 people on sexual and gender-based violence, Sexual and Reproductive Health in emergencies (SRHiE) including men and boys; screening for acute malnutrition to 321,193 children with 6-59 months, among whom 154,166 boys and 167,027 girls; training 352,633 mothers and caregivers of children on key lifesaving and behaviours; providing WASH services to 118,949 among whom 57,096 men and boys, 61,853 women and girls; providing treatment for to 1,013 severely malnourished children aged 0 to 59 months, and enabling 9 health facilities to provide skilled attention of SAM. FAO, UNFPA, UNICEF, and WHO led the delivery of the CERF funded projects in Cunene, Huila, Namibe and Bie provinces.

Using the CERF funds, FAO and its partners restored agricultural food production for 30,140 small farmers and cattle herders among whom 15,705 were women and girls and 14,435 were men and boys through providing crop and livestock inputs to 20,000 households, 2,500 pairs of goats, and 2,500 pairs of chickens to 100 households; vegetable, millet, horticultural seeds 12 tons of hybrid corn, 24 tons of millet, 40 precocious cassava stems, 4,319

sweet potato propagules and 2,500 kits of agriculture tools kits to 2,500 households, and helped to cultivate 2821 hectares and harvest 2,977 MT of agricultural products.

The funds enabled UNFPA and implementing partners to deliver 24,963 cultural appropriate dignity kit (DKs) to 24,963 Women and girls of childbearing age; ensure the dignity and safety of women and girls through their protection from sexual & gender-based violence (GBViE) including HIV/AIDS, and unwanted pregnancies through information 274 sessions for sharing of key messages on GBViE, SRH and psychosocial support to 38,295 including men and boys; and the fund attracted an in kind donation of 10 solar lamps from JICA to complement UNFPA's drought intervention and secure safe deliveries in the health centers operating without electricity at night.

UNICEF and its partners to improved access to safe drinking water, sanitation, and promote hygiene practices through providing (WASH) services 118,949 people, among whom 57,096 men and boys, 61,853 women and girls; water trucking to 47,245 people; water point rehabilitation with solar panel to 20,605 people ; and increase water storage capacity to benefit 49,600 people; improve access to sanitation facilities for 82,340; provide life-saving C4D interventions and improve the application of key hygiene practices to 118,949 families. Sanitary facilities provided include 400 latrine labs to 82,340 people; provide access to safe water trucking and 30 units of 5,000L water tanks to 47,245 people, and 30 water points among which 10 are solar powered to 20,605 vulnerable people in Cunene and Bie provinces. It also enabled UNICEF to provide life-saving nutrition screenings and treatment of children with severe and moderate acute malnutrition through acute malnutrition screening 321,193 children of 6-59 months among whom 154,166 boys and 167,027 girls; train 352,633 mothers and caregivers on key lifesaving and behaviour change among whom 150,513 men and boys, and 202,720 women and girls; and indirectly impacted 494 health staff and 824 community health workers trained to provide effective care for children with SAM.

Lastly, CERF funds enabled WHO and its partners to support hospitals in-patient care for severely malnourished children aged 0 to 59 months with medical complications through providing access to health care for 1,013 under-five SAM children w/complications; enabling 9 health facilities to deliver treatment of SAM with medical complications, and provide inpatient and caregivers detection, prophylaxis/treatment and pre-discharge counselling for HIV, TB, HIV/TB coinfection, malaria, Microcephaly and other priority diseases to decrease the mortality caseload.

5. PEOPLE REACHED

The overall CERF allocation to Angola in 2019 helped to assist an estimate of 887,786 people affected by severe droughts, exceeding the planned 564,746 number of people. UNICEF and implementing partners significantly exceeded the number of people planned to be assisted from 367,652 to 698,789 combining both the Nutrition project and WASH project. The project surpassed the number of target beneficiaries due to the strategy of involving communities' members as social mobilizers (who understand the local context) and engaging community leaders since the early stages of the project. UNFPA and its partners assisted 38,295 people including women and girls of childbearing age, men and boys against a planned total of 32,000. FAO reached 30,140 small farmers and herders against a planned figure of 30,100, and WHO met the planned number.

Beneficiaries of the four interventions were counted separately to allow the identification of the target audience of each project. It should be noted that a significant overlap exists between the interventions. Despite the challenges of identifying duplicate records, a major effort was made to signal beneficiaries covered by more than one intervention, in particular by identifying the individual beneficiaries (or families) of each project and cross-referencing these data to identify overlap situations. These efforts allowed a good estimation figure for the total number of beneficiaries. Due to the doubling number of beneficiaries assisted by UNICEF, the overall estimate number of people assisted also almost doubled.

TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY¹

Category	Number of people (Planned)	Number of people (Reached)
Host communities	31,226	31,153
Refugees	0	0
Returnees	0	0
Internally displaced persons	0	0
Other affected persons	533,520	856,633
Total	564,746	887,786

¹ Best estimates of the number of people directly supported through CERF funding by category.

TABLE 5: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SEX AND AGE²

	Men (≥18)	Women (≥18)	Boys (;18)	Girls (;18)	Total
Planned	29,325	170,896	172,934	191,591	564,746
Reached	104,532	179,508	280,427	323,319	887,786

² Best estimates of the number of people directly supported through CERF funding by sex and age (totals in tables 4 and 5 should be the same).

TABLE 6: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PERSONS WITH DISABILITIES)³

	Men (≥18)	Women (≥18)	Boys (;18)	Girls (;18)	Total
Planned (Out of the total targeted)	0	0	0	0	0
Reached (Out of the total reached)	0	0	0	0	0

³ Best estimates of the number of people with disabilities directly supported through CERF funding.

TABLE 7a: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (PLANNED)⁴

By Cluster/Sector (Planned)	Men (≥18)	Women (≥18)	Boys (;18)	Girls (;18)	Total
Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	5,350	5,989	9,085	9,676	30,100
Health - Health	0	20,967	569	4,551	26,087
Nutrition - Nutrition	0	96,000	117,419	128,146	341,565
Protection - Sexual and/or Gender-Based Violence	0	21,967	5,039	4,994	32,000
Water Sanitation Hygiene - Water, Sanitation and Hygiene	23,975	25,973	40,822	44,224	134,994

TABLE 7b: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (REACHED)⁴

By Cluster/Sector (Reached)	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	5,350	6,029	9,085	9,676	30,140
Health - Health	0	20,967	0	3,996	24,963
Nutrition - Nutrition	77,771	107,945	226,908	261,802	674,426
Protection - Sexual and/or Gender-Based Violence	0	21,967	8,187	8,141	38,295
Water Sanitation Hygiene - Water, Sanitation and Hygiene	21,411	22,600	35,685	39,253	118,949

⁴ Best estimates of the number of people directly supported through CERF funding by sector.

6. CERF'S ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to people in need?

YES

PARTIALLY

NO

CERF funding enabled delivery of all projects, with possible 3 months' non-cost extensions in Nutrition and WASH projects delivered by UNICEF and food security project by FAO. Reasons for extension include (1) the late arrival of nutrition supplies imported from USA and European markets because of stockouts in the regional markets, and (2) the meteorological conditions in southern Angola changed substantially, from a protracted drought scenario during last 5 years to having regular rains causing flooding in some Project areas, that challenged the access to some areas.

b) Did CERF funds help respond to time-critical needs?

YES

PARTIALLY

NO

The Nutrition and WASH projects delivered by UNICEF and implementing partners were very responsive to changes associated with the climatic conditions in the region. This helped to meet the time-critical needs of the affected populations. Data from the months leading to the projects show that GAM prevalence rate increased from 8.6 per to 10.9 per cent, with proxy-SAM rates reaching 4.3 per cent in January 2019. Although proxy screening results were following seasonal trends, they remained higher compared to the same period in both 2018 and 2017, and that impacted the numbers of children with life-threatening SAM.

c) Did CERF improve coordination amongst the humanitarian community?

YES

PARTIALLY

NO

Through the CERF, the coordination mechanisms among UN agencies and partners through regular meetings, maximizing the involvement of the Disaster Management team (DMT) and creating more cohesion. This was practically observed in the procurement of material where UNFPA and UNICEF used an inter-agency MoU for the streamlining of land transportation to bring supplies to the affected provinces once the Port of Lobito was determined the official supply entry point; saving costs through increased coordination on the ground and promoting cross-agency collaboration. The geographical nature of the projects also enabled high collaboration the use of shared cites to deliver projects the affected population. The projects enhanced synergies with government at central, provincial and municipality levels, and other actors such as implementing partners and CSOs.

d) Did CERF funds help improve resource mobilization from other sources?

YES

PARTIALLY

NO

CERF funding stimulated a kind donation of 10 solar lamps from JICA to complement UNFPA's drought intervention and secure safe deliveries in the health centres operating without electricity at night.

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

7. LESSONS LEARNED

TABLE 8: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement
The implementation of the projects helped to identify some good practices. There is need to continue good practices and to try to promote the sustainability of short-term interventions. In this sense, it was proposed that the sustainability of actions triggered in the period of emergency be strengthened through established assumptions that allow the reflection-action-reflection process, with a view to enhancing emergency efforts for development.	Mainstream both lessons learned and good practices to establish assumptions and improve emergency response efforts
The protection of women and girls has also been brought to the fore. Attention has been drawn to the establishment of mechanisms aimed at protecting girls and women in the context of emergency response, taking into account the work overload coupled with greater vulnerability to risks of gender-based violence	Adoption of women and girls' friendly spaces in emergency responses

TABLE 9: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
FAO, UNICEF, and UNFPA encountered external factors including delays in procuring materials and unusual floods inhibiting access to target population, which resulted in project extension for additional 3 months' period. The agencies were able to respond to restructure their projects and meet intended objectives.	Agencies to ensure preparedness for rapid response to climatic changes and other unpredictable, and develop mechanisms to manage them	UN Agencies
CERF funding provided UNFPA with the opportunity to leverage additional resources to the emergency drought response, both financial and in-kind. JICA donated 10 solar lamps to complement UNFPA's drought intervention in order to secure safe deliveries in the health centers operating without electricity at night.	To inspire other agencies to adopt and implement collective strategies with stakeholders and implementing partners and mobilize complementary resources for the humanitarian assistance.	UN Agencies
The invaluable collaboration with the central Government, provincial governments, and municipal administrations. These engagements did not only increase the sense of ownership but have also made the national and local authorities aware of challenges faced and prompted their interest in taking action	Ensure that the Agencies involve the Governmental bodies in the different steps of the process (planning and implementation) to promote their engagement and reinforce the commitment to take action. This should also help to align the project with the priorities of provincial governments and the articulation at the level of implementation. Collaboration may be extended to include CSO, and NGOs in defining and evaluating progress towards response to emergency	UN Agencies
Procurement delay occurred due to a change in the planning for the arrival of the DKs from the Port of Luanda, the capital, to the Port of Lobito, which is closer to the drought-affected provinces. The change of ports was determined in an inter-agency Disaster Management Team meeting that it would be more effective for all supplies be delivered through the Port of Lobito, in order for the supplies to be closer to the affected provinces, harmonize procurement mechanism with participating UN agencies and to reduce costs and time associated with, land transportation	UNFPA and UNICEF to inspire other agencies through the utilization of inter-agency MoU for the streamlining of land transportation to bring supplies to the affected provinces; saving costs through increased coordination on the ground and promoting cross-agency collaboration.	UN Agencies
UNFPA utilized the distribution points as target areas for the provision of key messages, allowing the opportunity to them with not only the targeted women and girls of reproductive age, but of the men and boys of the communities, multiplying the effects of the intervention.	Adopt a multi-sectoral approach to ensure effectiveness of both programmatic integration and geographical convergence. Agencies to jointly, identify and utilize available field sites and infrastructure to reduce costs and maximize project impacts.	Agencies + Implementing Partners

PART II

8. Projects

8.1. Project Report 19-RR-FAO-021 – FAO

1. Project Information			
1. Agency:	FAO	2. Country:	Angola
3. Cluster/Sector:	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	4. Project Code (CERF):	19-RR-FAO-021
5. Project Title:	Improved food security for drought affected households in Cunene and Huila Province of Angola		
6.a Original Start Date:	14/05/2019	6.b Original End Date:	13/11/2019
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	29/02/2020
6.d Were all activities concluded by the end date? (including NCE date)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)		
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 10,073,400.00
	b. Total funding received for agency's sector response to current emergency:		US\$ 6,400,000.00
	c. Amount received from CERF:		US\$ 743,083
	d. Total CERF funds forwarded to implementing partners		US\$ 14,600
	of which to:		
	Government Partners		US\$ 14,600
	International NGOs		US\$ 0
	National NGOs		US\$ 0
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance

Through this CERF grant, FAO and its partners, mainly the provincial office of Agriculture, Institute of agricultural development, extension of agricultural development, institute of veterinary services of the 6 selected municipalities Cuanhama, Cahama, Cuvelai and Ombadja (Cunene) and Gambos, Chibia (Huila). The project urgently restored agricultural food production by providing direct humanitarian assistance to 30,140 among small farmers and cattle herders from the two provinces most affected by severe drought in southern Angola, CERF funds provided additional indirect assistance to 100,000 vulnerable people in addition to ensuring the possibility of Agrarian Development Station (EDA) technicians working for 6 months more directly with the affected communities, they were trained in several simple agricultural techniques to improve productivity 8,451 families, 4,641 women (55%). Were purchased and distributed to the 2,500 households, 1,500 are women (60%), 2,500 hoes, 2,500 machetes, 63 irrigation kits (one kit for each field school), 2.1 tons of different horticultural seeds, 12 tons of hybrid corn seeds, 24 tons of millet seeds, 40 precocious cassava stems were distributed, 4,319 sweet potato propagules and to allow rapid diversification of the diet were purchased and distributed to the 2,500 households 2,500 hen couple and 2,500 goat couple, each duly selected family received 1 chicken couple and 1 goat couple to raise. The CERF grant made it possible to cultivate an area of 2,821 hectares and harvest 2,977 MT of agricultural products in the 6 selected municipalities.

Livelihoods in (Agro) pastoral areas are so closely linked to livestock and the condition of livestock is directly related to malnutrition - that is, if livestock is unproductive due to poor availability and forage condition, it is likely to affect the nutritional status, especially affecting the health of children and pregnant and lactating women. CERF funds helped minimize animal losses and improve food security for pastoral families; 0.5 hectares planted with elephant grass, for the first time, pasture planting (elephant grass) was successfully introduced in the municipalities most affected by transhumance. 140 livestock keepers (40 women) were trained on simple techniques on primary care and care of cattle, purchased and distributed to livestock keepers the veterinary kit (materials and medicines), a kit for each livestock keeper, we were able to produce and distribute 20,000 blocks of mineral salts for animal supplementation food. Key interventions in animal health, food and nutrition helped to reduce the number of animal deaths. In addition, with CERF funds, 4 drinking fountains and feeders were rehabilitated and operationalized in the main transhumance corridors in southern Angola

3. Changes and Amendments

Due to external factors, after credible and justified argument, the project was extended for additional 3 months period. In this period, FAO was able to speed up delivery and recovered with execution, getting into full recovery of the delivery levels planned in important activities such as output 1 and output 2. The strategic implementation methodologies have been mapped to achieve the expected results and appropriate impacts. At this moment, the outputs 'achievement of the project are not at risk and the outcome was achieved as planned highly satisfactory, as long there was no major disruptions in the conditions for the completion of the project implementation.

The Ministry of Agriculture and Forestry (MINAGRIF)'s engagement was fully and insured by the nomination of 06 (six) focal points between technicians from Agrarian Development Institute (IDA) and Veterinary Services (ISV). The Government of Angola supported FAO task force providing infrastructure (office space) on Provincial Department of Agriculture (DPA) building, living us thinking that the project, in fact, benefited over 2,500 drought-affected farming families, as proposed.

All planned actions were carefully executed the delivery of the project, had the desired impact.

No changes to the project design was required. However, minor readjustment of the sequence of the tasks was proposed and approved, in order to mitigate animal losses and reduce the transhumance movement, which concerned by placing in the 4 most used route of transhumance, feeders and drinkers, which are up to date being supplied with drinking water, hay and mineral salt block. The delivery in the project area was 100% achieved, Agriculture inputs and animals distributed to the targeted beneficiaries, 100 CHW trained and granted with veterinary kits. More than 100 FFS have been created and training for the horticulture provided.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)					
	Planned	Men (≥18)	Women (≥18)	Boys (;18)	Girls (;18)	Total
Host communities		5,350	5,989	9,085	9,676	30,100
Refugees		0	0	0	0	0
Returnees		0	0	0	0	0
Internally displaced persons		0	0	0	0	0
Other affected persons		0	0	0	0	0
Total		5,350	5,989	9,085	9,676	30,100
Planned	Men (≥18)	Women (≥18)	Boys (;18)	Girls (;18)	Total	
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0	

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)				
Reached	Men (≥18)	Women (≥18)	Boys (;18)	Girls (;18)	Total
Host communities	5,350	6,029	9,085	9,676	30,140
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	5,350	6,029	9,085	9,676	30,140
Reached	Men (≥18)	Women (≥18)	Boys (;18)	Girls (;18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:

There were no major discrepancies in the number and distribution of the people reached from those planned.

4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT

This CERF funds indirectly benefited at least more than 1,218,561 people who live in the rural areas of the 6 selected municipalities as local markets will be supplied with animal and agricultural products, children under 5 and women of childbearing age with a diversified diet and nutritional education, in addition all the technicians who have been trained by local institutions of agriculture, health and administrations.

5. CERF Result Framework

Project Objective	To improve the food security of 30,100 vulnerable people affected by drought in Cunene and Huila provinces.
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Output 1	Farmers access to crop and livestock inputs is enhanced			
Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of households benefiting from the licks	20,000	20,000	Monthly and final Reports
Indicator 1.2	2,500 couple of goats and 2,500 couple of chickens	100	100	Monthly and final Reports
Indicator 1.3	Number of animals distributed.	2,500 couple of goats and 2,500 couple of chickens	2,500 couple of goats and 2,500 couple of chickens	Monthly and final Reports
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		

Activity 1.1	Support the mineral licks processing plant of Cahama (Cunene) to produce 20,000 mineral licks to 2,500 Household.	FAO
Activity 1.2	Distribute 20,000 Mineral licks to 2,500 Household (8 mineral licks per household)	FAO
Activity 1.3	Training of 100 CAHW and provision of veterinary kits	FAO/ISV
Activity 1.4	Purchase 5,000 Goats and 5,000 Chickens	FAO
Activity 1.5	Distribute the 5,000 Goats and 5,000 Chickens (Each Household receive a couple of goats and a couple of chicken)	FAO/ISVF
Activity 1.6	Selection and registration of 15,000 beneficiaries	FAO/ 100 CAHW
Activity 1.7	Signature of Letter of Agreement (LoA) between FAO and ISV and first and disbursal of funds	FAO/ISV

Output 2	2,500 households have access to vegetable, millet seeds and agricultural tools kits restore agricultural food production for small-holders / subsistence farmers			
Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of beneficiaries' communities	2,500	2,500	Monthly and final Reports
Indicator 2.2	Number of households accessing short cycle vegetable production	2,500	2,500	Monthly and final Reports
Indicator 2.3	Number of groups with irrigation system functional	2,500	2,500	Monthly and final Reports
Indicator 2.4	Quantity of vegetable, millet seeds, sweet potato cuttings and agricultural tools kits (hoe, machete and watering can) made available to farmers	20 MT of seed and 2,500 kits of agricultural tools	2.1 tons of different horticultural seeds, 12 tons of hybrid corn, 24 tons of millet, 40 precocious cassava stems, 4,319 sweet potato propagules and 2,500 kits of agriculture tools	Monthly and final Reports
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 2.1	Procurement of vegetable, millet seeds and agricultural tools kits	FAO		
Activity 2.2	Distribution of vegetable, millet seeds and agricultural tools kits to farmers in the target municipality	FAO		
Activity 2.3	Training sessions in micro-garden technics	FAO		
Activity 2.4	Procurement and purchase 63 irrigation system	FAO		
Activity 2.5	Distribution irrigation system for 63 groups (40 families each group)	FAO		
Activity 2.6	Monitor planting and crop grow	FAO		
Activity 2.7	Post planting review	FAO		

6. Accountability to Affected People	
6.a IASC AAP Commitment 2 – Participation and Partnership	
How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?	
<p>The project formulation is based on local government and community engagement, where the authorities of government and 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 agriculture production and all about Field Farmer School (FFS). During the meetings, the group helps to identify the gaps regarding implementation of the FFS activities in order to reach the expected results (improve food security and nutrition in the community). Meetings with director of agriculture and ISV and their supervisors are conducted regularly to identify the problems and possible solutions a monthly basis. In addition FAO paid a monthly subsidy for communication to all 6 municipalities focal points. Also has been socialized with the community authorities and direct beneficiaries the time of life of the Project and actions that this included.</p> <p>Coordination meetings are held in each province, with the participation of provincial Government, sectors and implementing partners to present the situation of FFS implementation activities within CERF support.</p>	
Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?	
<p>The existing local and national mechanisms were all used which ensured organized and coordinated involvement by everyone's local authorities during the response. The selection of beneficiaries had the participation of local administrations, traditional authorities and heads of women's organizations. These entities were always represented in the discussion groups, were involved and witnessed from the beginning all the steps of the project, from the selection of beneficiaries and the areas to be cultivated, the distribution of agricultural inputs, material and instruments and participated in the implementation and in all project monitoring and evaluation missions.</p>	
6.b IASC AAP Commitment 3 – Information, Feedback and Action	
How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?	
<p>The national project coordinator played a very important role at all times and had relevant information on the different areas above referred during the awareness / training sessions, the beneficiaries learned about the role of the government, FAO and other Nations United Agencies involved in the response, its principles so that by the end of the project, most beneficiaries learned about the importance of a multisectoral response and the lessons of success that they produced during the project.</p>	
Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
N/A	
Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
N/A	
Any other comments (optional):	
N/A	

7. Cash Transfer Programming

7.a Did the project include one or more Cash Transfer Programmings (CTP)?

Planned	Achieved
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?

Due to the short time for the implementation of the project and the territorial dispersion among the beneficiaries, it did not allow adequate conditions for the evaluation; an evaluation will be carried out in the course of the other FAO projects in southern Angola.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.2. Project Report 19-RR-FPA-026 - UNFPA

1. Project Information			
1. Agency:	UNFPA	2. Country:	Angola
3. Cluster/Sector:	Health - Health Protection - Sexual and/or Gender-Based Violence	4. Project Code (CERF):	19-RR-FPA-026
5. Project Title:	Life-saving interventions to prevent gender-based violence, sexual exploitation and promote health, autonomy and dignity particularly among women and adolescent girls in the drought affected municipalities of Bie, Cunene, Huila and Namibe Provinces of Angola		
6.a Original Start Date:	10/05/2019	6.b Original End Date:	09/11/2019
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	29/02/2020
6.d Were all activities concluded by the end date? (including NCE date)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)		
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 5,514,812
	b. Total funding received for agency's sector response to current emergency:		US\$ 586,647
	c. Amount received from CERF:		US\$ 586,647
	d. Total CERF funds forwarded to implementing partners		US\$ 0
	of which to:		
	Government Partners		US\$ 0
International NGOs		US\$ 0	
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF RR grant, UNFPA, and its partners provided appropriate sexual reproductive health (SRH) including GBV and HIV prevention information. UNFPA's assistance ensured improved access to SRH services and information through the entry point of the provision of dignity kits (DKs), empowering beneficiaries and key actors with knowledge about STIs, gender-based violence in emergencies (GBViE), SRH and psychosocial support. CERF enabled UNFPA to deliver life-saving assistance to 24,961 women and girls of reproductive age affected by the drought in southern Angola through the provision of DKs, reaching a total of 38,295 beneficiaries with critical information on SRH in emergencies (SRHiE) and GBViE, including men and boys, exceeding the objective of reaching 32,000 beneficiaries. <https://drive.google.com/open?id=1uwLyJN6sAqurZkVUCq3BkdQu3g6tMSu4>
<https://drive.google.com/open?id=1sTabZ04E0EKa7Wte3m0ukjG9V0K1mpri>

CERF funding provided UNFPA with the opportunity to leverage additional resources to the emergency drought response, both financial and in-kind. The project location and the period of implementation remained the same as initially planned.

3. Changes and Amendments

Several lessons were learned and recommendations were gathered during both the project development and implementation periods. In regards to changes in implementation, a procurement delay occurred due to a change in the planning for the arrival of the DKs from the Port of Luanda, the capital, to the Port of Lobito, which is closer to the drought-affected provinces. Once implementation had begun, it was determined in an inter-agency Disaster Management Team meeting that it would be more effective for all supplies to arrive to the

Port of Lobito, versus the Port of Luanda, in order for the supplies to be closer to the affected provinces, harmonize procurement mechanism with participating UN agencies and to reduce costs and time associated with, land transportation. Minor delay to initiate implementation UNFPA remained the agency with the highest implementation rate by the end of 2019 for this project' despite this.

In terms of good practices, UNFPA Angola was able to utilize the MoU with UNICEF for the streamlining of land transportation to bring supplies to the affected provinces once the Port of Lobito was determined the official supply entry point; saving costs through increased coordination on the ground and promoting cross-agency collaboration. Another effective practice has been utilizing the distribution points as target areas for the provision of key messages, allowing the opportunity to share key messages with not only the targeted women and girls of reproductive age, but of the men and boys of the communities, multiplying the effects of the intervention. Government Leadership was promoted and enhanced as the Government took the lead in the process from the beginning at central, provincial and municipal levels. A multisectoral approach to ensure effectiveness of both programmatic integration and geographical convergence. Complementarity was emphasized through alignment between project objectives with the priorities of the provincial governments and coordination in terms of implementation.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Health - Health				
Planned	Men (≥18)	Women (≥18)	Boys (:18)	Girls (:18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	20,967	0	3,994	24,961
Total	0	20,967	0	3,994	24,961
Planned	Men (≥18)	Women (≥18)	Boys (:18)	Girls (:18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Health - Health				
Reached	Men (≥18)	Women (≥18)	Boys (:18)	Girls (:18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	20,967	0	3,996	24,963
Total	0	20,967	0	3,996	24,963
Reached	Men (≥18)	Women (≥18)	Boys (:18)	Girls (:18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Protection - Sexual and/or Gender-Based Violence				
Planned	Men (≥18)	Women (≥18)	Boys (;18)	Girls (;18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	21,967	5,039	4,994	32,000
Total	0	21,967	5,039	4,994	32,000
Planned	Men (≥18)	Women (≥18)	Boys (;18)	Girls (;18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Protection - Sexual and/or Gender-Based Violence				
Reached	Men (≥18)	Women (≥18)	Boys (;18)	Girls (;18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	21,967	8,187	8,141	38,295
Total	0	21,967	8,187	8,141	38,295
Reached	Men (≥18)	Women (≥18)	Boys (;18)	Girls (;18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:

There was an increase of men and boys participation in the awareness sessions in the communities, which positively impacted the number of beneficiaries reached.

4.c. PERSONS INDIRECTLY TARGETED BY THE PROJECT

6,295 is the number of people reached by the project indirectly (38,295 reached – 32,000 planned = 6,295).

5. CERF Result Framework	
Project Objective	To reduce Gender Based Violence (GBV) risks and cases in the 23 most drought affected municipalities of Bie, Cunene, Huila and Namibe Provinces, as well as contribute to the provision of appropriate sexual reproductive health including GBV and HIV prevention information to 115,000 women and adolescent girls.

Output 1	24,961 Women and girls have received cultural appropriate dignity kit in the drought affected municipalities			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of individual dignity kits for women and girls in reproductive age of target areas.	24,961	24,963	Local Project Coordinator's Monthly and final Reports
Indicator 1.2	Number of women who received dignity kits in target areas.	24,961	24,963	Local Project Coordinator's Monthly and final Reports
Explanation of output and indicators variance:		2 additional dignity kits were received from the shipment		
Activities	Description	Implemented by		
Activity 1.1	Procurement and distribution of Dignity Kits in target areas.	UNFPA and Local Partners		
Activity 1.2	Basic orientation of women and girls on usage of Dignity Kits.	UNFPA		
Activity 1.3	Conduct women and girls' safety assessments in the target areas.	Local Project Coordinators		

Output 2	Dignity and safety of women and girls ensured through protection from sexual & gender-based violence including HIV/AIDS, and unwanted pregnancies in the 23 drought affected municipalities/Provinces (Table 1)			
Sector	Protection - Sexual and/or Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of women and adolescent girls of reproductive age sensitized on GBV, and HIV/AIDS risk mitigation and response through information sessions and sharing of key messages.	24,961	38,295	Local Project Coordinator's Monthly and end Reports
Indicator 2.2	Number of awareness sessions conducted by the Social Mobilizers.	140	274	Local Project Coordinator's Monthly and end Reports
Explanation of output and indicators variance:		Men and boys also participated in the awareness sessions to receive critical SRH and GBV information, even with the option to receive a dignity kit.		
Activities	Description	Implemented by		
Activity 2.1	Prepare and print information on SRH, GBV, and HIV/AIDS in Emergency Settings.	UNFPA		
Activity 2.2	Conduct regular monitoring visits and orientation session to equip Local Project Coordinators with relevant knowledge on Project Key Results.	UNFPA		
Activity 2.3	Provide sensitization sessions for women and girls on SRH, GBV, and HIV/AIDS issues	Local Project Coordinators		

Activity 2.4	Registration and follow up on GBV cases referred to the available services.	Local Project Coordinators
Activity 2.5	Prepare briefs about project implementation and actively participate in the Coordination meetings.	UNFPA

Output 3	Effective Monitoring of Project activities & achievements ensured			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	Monitoring Visits by UNFPA CO staff to drought affected areas	2	4	UNFPA Programme Officer Mission Reports
Indicator 3.2	Monitoring Visits by UNFPA staff jointly with other UN partners (WHO and UNICEF)	2	2	UNFPA Programme Officer Mission Reports
Indicator 3.3	Humanitarian response coordination meetings with WHO, UNICEF and MoH	6	6	DMT Meetings Minutes
Explanation of output and indicators variance:		[Fill in]		
Activities	Description	Implemented by		
Activity 3.1	Conduct one joint monitoring mission and regular follow ups.	UNFPA		
Activity 3.2	Conduct joint field monitoring with UNICEF and WHO to ensure efficient and cost-effective utilization of CERF resources	UNFPA, UNICEF and WHO		
Activity 3.3	Conduct joint review meetings with UNICEF, WHO and MoH	UNFPA, UNICEF, WHO and MoH		
Activity 3.4	Submit final project report	UNFPA		

6. Accountability to Affected People
6.a IASC AAP Commitment 2 – Participation and Partnership
<p>How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?</p> <p>The people affected by the drought emergency, including vulnerable and marginalized groups, participated in the design of the project through the initial assessment and throughout the project implementation in the awareness sessions as well as during the CO monitoring missions where they were able to express their opinions, feelings and the impact of the project in their own lives.</p>
<p>Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?</p> <p>UNFPA engaged the Directorates of Health, Social Action, Red Cross and Civil protection in the four provinces. These institutions plus the Municipal Administrations constituted the local mechanisms used to engage the key stakeholders involved in the community in the response. Focus group discussions with women and girls were alternatively used to engage the beneficiaries.</p>
6.b IASC AAP Commitment 3 – Information, Feedback and Action
<p>How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?</p>

The Local Project Coordinators provided the affected people with relevant information on the areas above-mentioned during the awareness sessions prior to the distribution of the Dignity Kits, at the distribution points. Through the multi-sectoral and multistakeholder orientation session held in Lubango in July, the LPCs were able to increase their capacity and reflect on lessons learnt.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes No

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes No

Any other comments (optional):

The joint monitoring visits to the affected areas provided a better understanding of the situation and impact of the response.

The participation of the implementing partners in the Project makes it much easier to achieve the objectives and goals of the project. We also realized that personal hygiene, in areas impacted by water scarcity, is not carried out by girls because the priority of water usage has been prioritized for human and livestock consumption. There are girls who reported that they are limited to showering only once a week. The kit has been a means of motivation to shower, and practice personal hygiene, more frequently.

7. Cash Transfer Programming	
7.a Did the project include one or more Cash Transfer Programmings (CTP)?	
Planned	Achieved
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
UNFPA did not conduct a separated evaluation ,but was part of the all UN agencies responding to this emergency joint monitoring and evaluation mission teams both at the field and central levels.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.3. Project Report 19-RR-CEF-064 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Angola
3. Cluster/Sector:	Nutrition - Nutrition	4. Project Code (CERF):	19-RR-CEF-064
5. Project Title:	Life-saving nutrition screenings and treatment of children with severe and moderate acute malnutrition in the most food insecure municipalities in Cunene, Huíla, Namibe and Bié provinces in Angola		
6.a Original Start Date:	16/05/2019	6.b Original End Date:	15/11/2019
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	29/02/20
6.d Were all activities concluded by the end date? (including NCE date)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)		
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 19,239,127 ⁵
	b. Total funding received for agency's sector response to current emergency:		US\$ 4,126,657
	c. Amount received from CERF:		US\$ 2,799,851
	d. Total CERF funds forwarded to implementing partners		US\$ 709,982
	of which to:		
	Government Partners		US\$ 52,995
	International NGOs		US\$ 608,663
	National NGOs		US\$ 48,324
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance
<p>In 23 out of 31 drought-affected municipalities in Huíla, Cunene, Bie and Namibe provinces, UNICEF and partners supported the setup of child-centered sites (schools, hospitals and health centers), where integrated WASH and Nutrition services were delivered for children and families most impacted by the drought. Using funds from CERF rapid response to drought, 92 outreach visits were conducted in the supported municipalities for nutrition screening and referral, vitamin A supplementation for children 6 to 59 months, deworming for children 12 to 59 months and caregivers counseling on age-appropriate feeding and life-saving preventative practices. About 352,633 caregivers (57 per cent women) were reached with messages on early detection of malnutrition signs, Infant and Young Child Feeding, health, hygiene and sanitation through door to door visits and participatory community dialogue facilitated by 826 social mobilizers recruited in their communities.</p> <p>Through appropriate technical assistance posted in the targeted provinces, UNICEF monitored and provided on-the job training to 15 mother support groups with 150 participants trained (including training for women leaders as facilitators) to discuss and promote dialogue in their communities on nutrition and hygiene.</p> <p>From January 2019 to February 2020, UNICEF and partners trained 824 community health workers and 494 health workers from the 4 provinces to provide care for children with severe acute malnutrition (SAM) resulting in the screening of 321,193 children under five for malnutrition. Of this number, 26,511 children were found with moderate acute malnutrition and 11,020 children with severe acute malnutrition and referred for treatment in 28 inpatient facilities and 210 outpatient treatment programme sites.</p>

3. Changes and Amendments

Late arrival of nutrition supplies by sea as a result of stockouts of therapeutic supplies in the regional markets due several emergencies throughout the region forced UNICEF to procure nutrition supplies in the USA and European markets, which resulted in considerable delays in the arrival of supplies and as consequence, delayed distribution to supported nutrition treatment centers with implications in the reduced number of children enrolled into treatment for malnutrition.

While project implementation attended planned targets and activities were fully implemented, a three-months no cost extension was granted to allow additional time to provide continued critical technical support to ensure quality of care of children with acute malnutrition and thereby allowing more children to be reached through planned integrated nutrition services, including screening and referral of children under 5 years old with severe acute malnutrition (SAM).

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Nutrition – Nutrition				
Planned	Men (≥18)	Women (≥18)	Boys (;18)	Girls (;18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	96,000	117,419	128,146	341,565
Total	0	96,000	117,419	128,146	341,565
Planned	Men (≥18)	Women (≥18)	Boys (;18)	Girls (;18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Nutrition – Nutrition				
Reached	Men (≥18)	Women (≥18)	Boys (;18)	Girls (;18)	Total
Host communities	0	0		0	0
Refugees	0	0		0	0
Returnees	0	0		0	0
Internally displaced persons	0	0		0	0
Other affected persons Children 6-59 months screened for acute malnutrition	0	0	154,166	167,027	321,193
Other affected persons Mothers and caregivers of children with acute malnutrition and/or children under five reached with key lifesaving and	77,771	107,945	72,742	94,775	353,233

⁵ Funding requirement as per the Government's drought recovery framework 2018-2022, Ministry of Interior. Not however that this figure does not include Bie province.

behaviour change messages through face-to-face approaches					
Total	77,771	107,945	226,908	261,802	674,426
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

<p>In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:</p>	<p>The project surpassed the number of target beneficiaries to be reached thanks to the strategy to involve people of the communities as social mobilizers (who understands the local context) and to engage community leaders since the early stages of the project.</p> <p>The original strategy was based on community mobilizers being trained by NGO partners to make home visits and meetings with community leaders, groups of women/care providers and community groups. However, these mobilizers had no means of transport and faced difficulty in reaching some of the more distant households.</p> <p>The actual methodology used was for the NGO partners together with the municipal health directorates to work with the mobile and advanced vaccination teams, supporting the social mobilizers in the targeted communities. The mobile vaccination teams were able to reach the most distant mothers and caregivers and allowed the community-based mobilizers to take advantage of the large numbers of caregivers that were assembled to deliver their messages.</p> <p>Combining C4D messages with the vaccination services and Vitamin A distribution, greatly increased the efficiency of message delivery so this was the additional already existing resource.</p> <p>The mobilizers had two levels of supervision:</p> <ul style="list-style-type: none"> • At the first level they were directly supervised by the municipal health promotion supervisor. • At the second level, they were supervised by the provincial integrated teams of the provincial health directorate and UNICEF NGO partners who visited each intervention area once a month for monitoring of implementation, supervision and training visits. <p>The new approaches allowed the mobilizer to reach more care givers and also allowed to them to share their concerns with people they think had more Knowlagent.</p>
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4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT

494 health staff and 824 community health workers trained to provide effective care for children with SAM.

5. CERF Result Framework

Project Objective	To improve quality and coverage of services for the screening, early detection, referral, treatment and prevention of SAM among children 6-59 months in drought-affected provinces of Huíla, Cunene, Bié, and Namibe.
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Output 1	245,565 children under five are screened in 28 municipalities in the most drought and food insecurity provinces of Cunene, Huíla, Namibe and Bié and at least 32,912 children aged 6-59 months with SAM admitted for treatment			
Sector	Nutrition – Nutrition			
Indicators	Description	Target	Achieved	Source of Verification

Indicator 1.1	Number of children disaggregated by sex screened in the 23 municipalities in Cunene, Huíla, Bié, and Namibe provinces.	245,565 (50%)	321,193 (144,166 male and 167,027 female)	Partners monthly reports
Indicator 1.2	Number of children under 5 years old with moderate acute malnutrition (MAM) referred and treated	28,704 (50%)	26,511 (9,277 male and 17,234 female)	Partners monthly reports
Indicator 1.3	Number of children under 5 years old with severe acute malnutrition (SAM) referred and treated	32,912 (50%)	11,020 (5,183 male and 5,837 female)	Partners monthly reports
Indicator 1.4	Number of healthcare providers trained on care for children with severe acute malnutrition (SAM) (baseline: 30)	500 (100%)	494	Partners monthly reports
Indicator 1.5	Number of community health providers trained on care for children with severe acute malnutrition (SAM) (baseline: 25)	1,000 (100%)	824	Partners monthly reports
Explanation of output and indicators variance:		Project extension allowed to reach more children with life-saving nutrition screening, therefore the target was overachieved. Community screenings conducted on a monthly basis allowed for early detection of malnourished children, in moderate stages of malnutrition, resulting in lower cases of severe acute malnutrition, reason why this target was underachieved.		
Activities	Description	Implemented by		
Activity 1.1	Update, print and disseminate national protocols, guidance and tools for community management of acute malnutrition at district/health unit level	UNICEF, Provincial Health Directorates (DPS) of Huila, Cunene, Namibe and Bié.		
Activity 1.2	Signature of the extension of the current PCAs with implementing partners	UNICEF, World Vision Angola (WVA), People in Need (PIN) and ADRA.		
Activity 1.3	Conduct training of healthcare providers and community health workers on the community management of severe acute malnutrition	UNICEF, Provincial Health Directorates (DPS) of Huila, Cunene, Namibe and Bié, World Vision Angola (WVA), Doctors with Africa (CUAMM).		
Activity 1.4	Procurement of Ready-to-Use Therapeutic Food (RUTF), Ready-to-Use Supplementary Food (RUSF), Therapeutic Milks F-100 and F-75, deworming tablets and anthropometric materials for nutrition screening and treatment of Severely and Moderately Malnourished children	UNICEF, Provincial Health Directorates (DPS) of Huila, Cunene, Namibe and Bié, World Vision Angola (WVA), Doctors with Africa (CUAMM).		
Activity 1.5	Distribution of nutrition therapeutic supplies up to the nutrition treatment centers in Huila, Cunene, Namibe and Bie	UNICEF, Provincial Health Directorates (DPS) of Huila, Cunene, Namibe and Bié, World Vision Angola (WVA), Doctors with Africa (CUAMM)		
Activity 1.6	Support conducting of quality formative supervision visits from central, provincial and district levels and implement capacity building actions to improve quality of community case management of SAM and MAM	UNICEF, Ministry of Health, Provincial Government, Provincial and Municipal Directorates of Health of Huila, Cunene, Namibe and Bié		
Activity 1.7	Ensure systematic screening, active case finding, identification and referral of default and relapse cases at community level through existing Mother Support Groups, CLTS activists and Community Development and Health Agents (ADECOS)	World Vision Angola (WVA), Doctors with Africa (CUAMM), National Council for Christian Churches in Angola (CICA), Action for Rural and Environment Development (ADRA), People in Need (PIN)		
Activity 1.8	Implement community mobilization actions to increase mothers' and families' capacity to recognize signs of acute malnutrition and inform about importance of exclusive	Food and Agriculture Organisation (FAO), Ministry of Social Action, CICA, ADRA, WVA		

	breastfeeding, dietary diversification and key family practices to prevent malnutrition.	
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Output 2	96,000 caregivers increase their knowledge on life-saving preventative practices for severe acute malnutrition, health, on improved infant-young child feeding (IYCF) practices, and on good hygiene, water, and sanitation practices.			
Sector	Nutrition – Nutrition			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of caregivers of children 0-59 months with access to counselling on early detection of malnutrition signs and positive IYCF, health and hygiene preventative practices (baseline: 5,000)	96,000 (100%)	352,633	Implementing partners weekly reports A preliminary draft of the endline report shows the following results: Only 39% of caregivers understand about immediate breastfeeding Only 40 % of them understand the importance of exclusive breastfeeding until six months 80% of caregivers understand that malnutrition can be prevented 84% of caregivers says they use soup with water to wash their hands. Only 50% of caregiver's treat water for drinking Only 38 % use latrines
Explanation of output and indicators variance:		The following factors helped the project to surpass the targets: 1) Social mobilizers recruited in the community knew the terrain and the families and were able to reach a higher number of caregivers. 2) Community leaders were successfully involved in the response and helped to engage both women and men in the communities. Combining C4D messages with the vaccination services and Vitamin A distribution, greatly increased the number of people reached and the efficiency of message delivery so this was the additional already existing resource.		
Activities	Description	Implemented by		
Activity 2.1	Print existing C4D communication package for community counselling on early detection of malnutrition signs and positive IYCF, health and hygiene preventative practices	World Vision, People in Need, ADRA		
Activity 2.2	Training on early detection of malnutrition signs and positive IYCF, health and hygiene preventative practices manuals and effective community interventions for existing community level agents/groups (CLTS activists, women groups, ADECOS, and APROSOC social activists)	UNICEF, World Vision, People in Need, ADRA		
Activity 2.3	Scale up IYCF, health and WASH counselling services through existing Mother Support Groups, CLTS activists and ADECOS in the 4 targeted provinces, notably, Bié, Huila, Namibe and Cunene	UNICEF, World Vision, People in Need, ADRA		

6. Accountability to Affected People	
6.a IASC AAP Commitment 2 – Participation and Partnership	
How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?	
The communities engaged in the project selected the 823 social mobilizers that conducted community engagement activities to promote positive practices on early detection of malnutrition signs, breastfeeding, IYCF, health, hygiene and sanitation.	
Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?	
The response engaged traditional and religious leaders since the early stages to understand the need of their communities. Communities engaged in the project selected the 823 social mobilizers that conducted community engagement activities to promote positive practices on early detection of malnutrition signs, breastfeeding, IYCF, health, hygiene and sanitation.	
6.b IASC AAP Commitment 3 – Information, Feedback and Action	
How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?	
Affected communities received relevant information on the response through social mobilizers who were part of these communities and through community leaders.	
Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Community leaders and social mobilizers (who were selected by the communities) were the feedback loop mechanism for the response. The problem is reported to the mobilizer’s immediate supervisor at the municipality level through the writing weekly report. The immediate supervisor will take appropriate action if is able to do so. If not, he will refer the issue verbal and/ or in writing to his supervisor at provincial the level. Then, the provincial supervisor will raise the issue at the monthly field that involve UNICEF, Government and NGO partners.	
Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Social mobilizers were part of the communities and work as a feedback loop mechanism for the response. Implementing partners received training on how to report and handle SEA.	
Any other comments (optional): NA	

7. Cash Transfer Programming	
7.a Did the project include one or more Cash Transfer Programmings (CTP)?	
Planned	Achieved
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
A Final Evaluation (including an end-line study), was conducted in March 2020 to systematize the process, identifying lessons learnt, good practices and building on case studies to inform scale-up to other districts in the country. An external and independent evaluation research institute was hired to conduct the evaluation.	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

8.4. Project Report 19-RR-CEF-065 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Angola
3. Cluster/Sector:	Water Sanitation Hygiene - Water, Sanitation and Hygiene	4. Project Code (CERF):	19-RR-CEF-065
5. Project Title:	Improving access to safe drinking water, sanitation, and promotion of hygiene practices for the population most affected by drought in the southern provinces of Cunene, Huíla, and Bié.		
6.a Original Start Date:	23/05/2019	6.b Original End Date:	22/11/2019
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	29/02/2020
6.d Were all activities concluded by the end date? (including NCE date)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)		
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 4,100,000.00
	b. Total funding received for agency's sector response to current emergency:		US\$ 2,136,862.63
	c. Amount received from CERF:		US\$ 1,768,269
	d. Total CERF funds forwarded to implementing partners		US\$ 448,410.62
	of which to:		
	Government Partners		US\$ 0.00
	International NGOs		US\$ 355,635.48
	National NGOs		US\$ 92,775.14
	Red Cross/Crescent		US\$ 0.00

2. Project Results Summary/Overall Performance	
<p>With the CERF funding from project 19-RR-CEF-065, UNICEF in Angola has provided emergency water, sanitation and hygiene (WASH) services to a total population of 118,949 people during the period from 20 May 2019 to 29 February 2020. The project has been focused on responding to the emergency WASH needs to the most affected and vulnerable communities in the provinces of Cunene, Huíla and Bie, and not only providing emergency WASH services at community level, but also in health care facilities (HCF) and schools of the affected areas.</p> <p>The hygiene messages and improvement of hygiene practices, including the distribution of hygiene kits at HCF level, has reached 118,949 vulnerable and affected people by the drought in southern Angola, where a total of 82,340 received support from UNICEF to improve their access to basic sanitary facilities through the implementation of the Community-Led Total Sanitation, including with the provision of 400 latrine slabs to the most affected province, Cunene, to facilitate the construction of emergency latrines.</p> <p>Regarding the improved access to safe water to most vulnerable and affected populations, the Project has provided daily water trucking during the implementation period to a total population of 11,816 people in the province of Huíla, and to 35,429 people in the province of Cunene, including the installation of 30 units of 5,000L water tanks in key locations, to ensure minimum SPHERE standards in terms of safe water to affected populations, complementing the tanks installed by the provincial governments.</p> <p>Finally, the Project has also included the rehabilitation of 30 water points in the provinces of Bie (20 water points with Afridev handpumps) and Cunene (10 water points with solar pumping systems) improving the access to safe water to a total population of 20,605 vulnerable people.</p>	

3. Changes and Amendments

It is important to point out that during the Project implementation the meteorological conditions in southern Angola changed substantially, from a protracted drought scenario during last 5 years to having regular rains and even flooding in some Project areas, that challenged the access to some areas, for instance affecting the water trucking activity, as well as forced the Project implementation to restructuring priorities, for instance from reducing water distribution through water trucking to increasing the distributions of water treatment products, since the main problem moved from being water availability to water quality, to having the affected population access to safe water.

In this sense, the Non-Cost Extension (NCE) approved by the CERF Secretariat until past February 22nd 2020 gave to UNICEF enough time to react to this changing working environment, as well as to resume (where we had to stop because of the lack of access to some Project areas) the water trucking activity, particularly in the province of Cunene, that was specially affected by the recurrent and heavy rains, flooding in large areas, and accordingly with some important difficulties for humanitarian access.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Planned	Men (≥18)	Women (≥18)	Boys (;18)	Girls (;18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	23,975	25,973	40,822	44,224	134,994
Total	23,975	25,973	40,822	44,224	134,994
Planned	Men (≥18)	Women (≥18)	Boys (;18)	Girls (;18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Reached	Men (≥18)	Women (≥18)	Boys (;18)	Girls (;18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	21,411	22,600	35,685	39,253	118,949
Total	21,411	22,600	35,685	39,253	118,949
Reached	Men (≥18)	Women (≥18)	Boys (;18)	Girls (;18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

<p>In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:</p>	<p>The number of people finally assisted with emergency WASH services is 118,949 as per monitoring records from UNICEF and implementing partners, particularly 16,045 people less than what was established as a target for the project.</p> <p>This is mainly related to the rationale of the Project implementation in a substantially changing environment, from a protracted drought scenario to a heavy rains and flash floods scenario in the area of implementation of the Project.</p> <p>This had not only implications on the way humanitarian assistance had to be provided (for instance making more challenging and expensive the water trucking in some cases), but what kind of emergency WASH supplies and actions in the field were a priority to invest in, based on the level of destruction of WASH facilities (because of the flooding) in affected areas and the need for rehabilitation, or the reorganization of supplies to deliver based on the conditions in the field (from prioritizing water quantity to water quality after the heavy rains). Anyhow, the overall population reached by the Project through different approaches and solutions for water supply (water trucking, household water treatment and safe storage, and rehabilitation of water points), improved access to sanitary facilities and improvement of hygiene practices among target population can be considered achieved.</p>
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<p>4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT</p> <p>Due to the fact that the areas of intervention of the Project correspond with the transhumance routes for herders with cattle, the water trucking activity and the rehabilitation of water points indirectly targeted an estimated population of 27,793 people performing this activity, as per reports from our implementing partners for the Project.</p>

<p>5. CERF Result Framework</p>	
<p>Project Objective</p>	<p>Improve access to safe drinking water, sanitation and hygiene promotion for the populations most affected by drought in southern provinces of Cunene, Huila and Bié provinces in Angola.</p>

<p>Output 1</p>				
<p>Sector</p>	<p>Water Sanitation Hygiene - Water, Sanitation and Hygiene</p>			
<p>Indicators</p>	<p>Description</p>	<p>Target</p>	<p>Achieved</p>	<p>Source of Verification</p>
<p>Indicator 1.1</p>	<p># of people benefiting from water trucking # of people benefiting from water point rehabilitation with solar panel # of people benefiting from the increased water storage capacity</p>	<p>121,496 people 80 % of the targeted population 8,000 households targeted 108,000</p>	<p>47,245 people 20,605 people 49,600 people Total 117,450 people reached</p>	<p>Progress reports from implementing partners, and programmatic visits conducted by UNICEF</p>
<p>Explanation of output and indicators variance:</p>		<p>Target can be considered achieved with accumulated figures for output 1 reached 117,450 people of concern.</p>		
<p>Activities</p>	<p>Description</p>	<p>Implemented by</p>		
<p>Activity 1.1</p>	<p>Extension of existing agreements with implementing partners (IPs) PCA and new agreements</p>	<p>World Vision Angola (WVA), the Lutheran World Federation (LWF), People in Need (PIN) and Associacao para o Desenvolvimento Rural de Angola (ADRA)</p>		
<p>Activity 1.2</p>	<p>Procurement of water treatment pills</p>	<p>UNICEF Angola</p>		
<p>Activity 1.3</p>	<p>Distribution of water treatment pills</p>	<p>UNICEF Angola, Ministry of Health, Civil Protection and Provincial Governments from the affected provinces</p>		
<p>Activity 1.4</p>	<p>Water trucking</p>	<p>UNICEF Angola and provincial government of Cunene</p>		
<p>Activity 1.5</p>	<p>Rehabilitation of 10 water points with solar pumps</p>	<p>UNICEF Angola and implementing partners WVA and PIN</p>		

Activity 1.6	Distribution of water storage supplies	UNICEF Angola and implementing partners ADRA and LWF
Activity 1.7	Independent Monitoring and Evaluation, plus Reporting	UNICEF Angola

Output 2	11,250 families or 67,498 people in the most drought affected provinces of Cunene, Huíla and Bié have access to adequate sanitation and hygiene practices through CLTS			
Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of families with access to improved sanitation facilities	67,498 people 50% of affected population	82,340	Progress reports from implementing partners, and programmatic visits conducted by UNICEF
Explanation of output and indicators variance:		Target overreached because of the strong and long presence of the Community-Led Total Sanitation (CLTS) approach in the affected areas through previous UNICEF and implementing partner's work.		
Activities	Description	Implemented by		
Activity 2.1	Extension of existing agreements with implementing partners (IPs) PCA and new agreements	The Lutheran World Federation (LWF), People in Need (PIN) and Asociação para o Desenvolvimento Rural de Angola (ADRA)		
Activity 2.2	Procurement of hygiene kits	UNICEF Angola		
Activity 2.3	Distribution of hygiene kits	UNICEF Angola, Ministry of Health, Civil Protection and Provincial Governments from the affected provinces		
Activity 2.4	CLTS promotion and implementation.	The Lutheran World Federation (LWF), People in Need (PIN) and Asociação para o Desenvolvimento Rural de Angola (ADRA)		
Activity 2.5	Independent Monitoring and Evaluation, plus Reporting	UNICEF Angola		

Output 3	Family and Community hygiene behaviour practices improved through life-saving C4D interventions			
Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	Number of families applying key hygiene practices	134,994 People targeted with Hygiene promotion	118,949	Progress reports from implementing partners, and programmatic visits conducted by UNICEF
Explanation of output and indicators variance:		Although there is a difference of 16,045 people between the target and the people reached, is important to point out the fact that the Communication for Development (C4D) activity for the Project, apart from the result achieved by the CLTS approach and practice (118,949), reached 618,949 people with key life-saving and behaviour change messages on health, nutrition, WASH and child protection through face-to-face approaches		
Activities	Description	Implemented by		
Activity 3.1	Conduct of bottleneck and barrier analysis	UNICEF Angola		
Activity 3.2	Training of community agents on hygiene practices and effective community interventions	UNICEF Angola together with the Lutheran World Federation (LWF), People in Need (PIN) and Asociação para o Desenvolvimento Rural de Angola (ADRA)		

Activity 3.3	Production of pre-tested IEC materials with key messages	UNICEF Angola
Activity 3.4	Support door to door visits, community dialogue and other community interventions by community workers	UNICEF Angola
Activity 3.5	Monitoring, Supervision and Reporting	UNICEF Angola

6. Accountability to Affected People	
6.a IASC AAP Commitment 2 – Participation and Partnership	
How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?	
<p>For the water supply component, locations for elevated tanks of 5,000L were decided with community leaders, and affected populations supported the construction of bases for the tanks and tap stands, as well as contributed to the overall water trucking activity with the reporting of under or non-performance of the regular delivery of water by this mean.</p> <p>For the water point rehabilitation, apart from the rehabilitation itself of the 30 water points, water point management committees were trained and created based on the Community-Based Water Management Model (MOGECA, https://www.unicef.org/angola/relatorios/modelo-de-gestao-comunitaria-de-agua-mogeca), that is the standard in Angola.</p>	
Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?	
<p>As recorded in different documents available for consultation, national and local government authorities, including traditional leaders, were actively involved either in the water supply activities, the improvement access to sanitary facilities through CLTS, and/or the distribution of emergency WASH items in communities, health care facilities and schools.</p>	
6.b IASC AAP Commitment 3 – Information, Feedback and Action	
How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?	
<p>In coordination with the Provincial Governments of Huila, Bie and Cunene, municipal administrators and their team were briefed at the beginning of the humanitarian operation on the scope, activities and support required from their side to be able to deliver the humanitarian assistance where was needed. In particular, the Provincial Government of Cunene created an intersectoral commission to responding to the drought, which was mandated for the overall supervision of the assistance provided, either from the Government of Angola and partner aid agencies like UNICEF.</p>	
Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.	
<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>No, although the provincial governments of the affected provinces were mandated by the central government to do the overall planning, implementation, monitoring and necessary corrections, and report to partners accordingly for eventual corrections/changes.</p>	
Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.	
<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>All implementing partners that operated with UNICEF under PCA agreements for the implementation of this CERF Project attended a training on prevention and reporting of SEA, and also had a clause related to the zero tolerance with SEA when working for and with UNICEF.</p>	
Any other comments (optional):	
N/A.	

7. Cash Transfer Programming	
7.a Did the project include one or more Cash Transfer Programmings (CTP)?	
Planned	Achieved
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
The evaluation of the project is pending, particularly because of the limitations imposed in Angola with the lockdown because of COVID19.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.5. Project Report 19-RR-WHO-032 - WHO

1. Project Information			
- To check/uncheck the YES/NO boxes, double click on the grey square box and select the appropriate value ("Not checked" or "Checked") in the pop-up window.			
1. Agency:	WHO	2. Country:	Angola
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	19-RR-WHO-032
5. Project Title:	Mitigation and prevention of complicated SAM in Southern Angola Drought		
6.a Original Start Date:	14/05/2019	6.b Original End Date:	13/11/2019
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	29/02/2020
6.d Were all activities concluded by the end date? (including NCE date)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)		
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 750,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 444,882
	c. Amount received from CERF:		US\$ 444,882
	d. Total CERF funds forwarded to implementing partners		US\$ 0
	of which to:		
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance
<p>This project looks to provide a life-saving intervention directed to decrease the number of deaths among the children with SAM presenting complications and that required immediate attention in the provinces of Huila and Cunene in the period from 20 May 2019 to 29 February 2020. The total population in the provinces of Huila and Cunene is around 2.3 million people. The target population is the under-five years-old population estimated in 20% of a total population with around 71% of the population in Huila (326,537) and 29% in Cunene (113,462). The specific age group is from 6 to 59 months-old. A SAM rate of 7% for Cunene and 5 % assigned for Huila. The estimated SAM caseload for Huila is 20,000 and 8,174 in Cunene. Considering a 4% of SAM with complication, we expected 800 cases in Huila and 326 in Cunene. The total figure is 1,126 complicated SAM cases that needs specialized treatment in a 6 months period and considering an additional 6 months extension period.</p> <p>The Project achieved the treatment of 1,013 complicated SAM children in priority districts in the provinces of Cunene and Huila in Southern Angola.</p>

3. Changes and Amendments
The Project implementation suffered.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Health – Health				
Planned	Men (≥18)	Women (≥18)	Boys (;18)	Girls (;18)	Total
Host communities	0	0	569	557	1,126
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	0	0	569	557	1,126
Planned	Men (≥18)	Women (≥18)	Boys (;18)	Girls (;18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b. NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Nutrition – Nutrition				
Reached	Men (≥18)	Women (≥18)	Boys (;18)	Girls (;18)	Total
Host communities	0	0	562	451	1,013
Refugees					
Returnees					
Internally displaced persons					
Other affected persons					
Total	0	0	562	451	1,013
Reached	Men (≥18)	Women (≥18)	Boys (;18)	Girls (;18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:

The reached people accounts for 90% of planned ones. The coverage was adequate, however there has been an important the factor of dispersion of the target population due to the climatic phenomena observed in Q4-2019 (partial rainfall and local floods).

4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT

N/A

5. CERF Result Framework

Project Objective	To support Hospitals in-patient care for severely malnourished children aged 0 to 59 months with medical complications in the drought affected provinces.
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Output 1	Access to case management of SAM w/complication (diarrhoea, pneumonia, malaria and others)			
Sector	Health – Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of under-five SAM children w/complications accessing care	1,126	1,013	Monthly report of Special Nutrition Units – UEN
Indicator 1.2	Number of health facilities enabled to deliver treatment of SAM with medical complications	9	9	Monthly report of Special Nutrition Units – UEN
Explanation of output and indicators variance:		Climatic phenomena decrease the access of risk population from the UEN attention		
Activities	Description	Implemented by		
Activity 1.1	Implement a checklist of task to evaluate, identify, diagnosis and confirm complicated SAM	The Supervisor, the national and provincial nutrition training focal points and CUAMM specialist applied tools of the last version of the Acute Malnutrition Integrated Management (Portuguese version)		
Activity 1.2	Priority health facilities providing improved treatment of complicated SAM	The Nutritional Health staff of all the UEN was trained in the improved treatment of complicated SAM		

Output 2	Eleven health facilities at municipal level enabled to provide skilled attention of SAM in Huila and Cunene province			
Sector	Nutrition – Nutrition			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number health facilities functional with at least 1 trained personnel on management of complicated SAM/IMCI	9	9	Report of Training activities implemented
Indicator 2.2	Number of health facilities with updated guidelines and protocols	9	9	Report of Training activities implemented
Indicator 2.3	Number of health workers (HW) providing appropriate care	86 (66 %)	120 (97%)	Report of Training activities implemented
Explanation of output and indicators variance:		The number and proportion of trained health workers providing attention to complicated SAM was adequate		
Activities	Description	Implemented by		
Activity 2.1	Training/refreshing 120 HW in 2 Provinces on management of SAM with complications	CUAMM in Cunene and Provincial Public Health Directorate (PPHD) in Huila		
Activity 2.2	Distribution of the guidelines, protocols in the 11 Hospitals in 2 Provinces	WHO		
Activity 2.3	Monitoring and supervision of the 11 Hospitals in 2 Provinces	Supervision Team: PPHD, National Nutrition Program, CUAMM and WHO		

Output 3	Inpatient and caregiver receives detection, prophylaxis/treatment and pre-discharge counselling for HIV, TB, HIV/TB coinfection, malaria, Microcephaly and other priority diseases to decrease the mortality caseload			
Sector	Nutrition			
Indicators	Description	Target	Achieved	Source of Verification

Indicator 3.1	Coverage > 80% in under 12 months' children with Penta3 at discharge of health facility	90%	100%	Immunization Report of the UEN
Indicator 3.2	Proportion of care givers of patients with screening of HIV, TB	80%	70%	Health Promotion Report UEN
Indicator 3.3	Proportion of family of patients receiving primary health preventive kit (malaria, HIV)	80%	60%	UEN Malaria and HIV reports
Explanation of output and indicators variance:		There was some shortage of Program HIV (IPT) and malaria (bed nets) commodities at Q3-Q4 in some of the 9 UEN		
Activities	Description	Implemented by		
Activity 3.1	Strengthening of routine immunization service of hospital delivering vaccination to SAM with complications	EPI Program Municipal Hospitals		
Activity 3.2	Screening of prevalent endemics among care givers	MoH Programs		
Activity 3.3	Proportion of families receiving primary health preventive kits	MoH Programs		

6. Accountability to Affected People
6.a IASC AAP Commitment 2 – Participation and Partnership
<p>How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?</p> <p>The difficult situation due to the additional threats as the increased movement of the affected people in Q4-2019 affected the participation of the crisis affected population regarding their participation in implementation and monitoring of the Project.</p>
<p>Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?</p> <p>Due to the weakness of the communities social fabric there was an active role of the Communitarian Participation Area of the Provincial Public Health as a mechanism on behalf of the affected community</p>
6.b IASC AAP Commitment 3 – Information, Feedback and Action
<p>How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?</p> <p>As the affected population has a great dispersion and weak organization the key information was provided to the relevant components of the Provincial Health Direction involved in the Community Participation.</p>
<p>Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>The Information Education and Communication (IEC) sessions were in the practice a space to receive any complaint regarding the implementation of the project. However, there was no systematic collection of the events.</p>
<p>Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Not apply due to the age range of the target population. No gender or violence activities planned in the child caretaker relatives. This component being outstanding considering the vulnerability of the families will be considered to be worked with specialized agencies</p>

Any other comments (optional):

No other comment

7. Cash Transfer Programming

7.a Did the project include one or more Cash Transfer Programmings (CTP)?

Planned	Achieved
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?

The project planned an evaluation at the end of the Project with a MoH participant of the Humanization Initiative as well as an expert at the province level. The short time in implementing the Project due to the delay in arrival of the Kits didn't allow adequate conditions to carried on the evaluation.

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\$
19-RR-FAO-021	Agriculture	FAO	GOV	\$14,600
19-RR-CEF-064	Nutrition	UNICEF	INGO	\$558,663
19-RR-CEF-064	Nutrition	UNICEF	INGO	\$50,000
19-RR-CEF-064	Nutrition	UNICEF	NNGO	\$48,324
19-RR-CEF-064	Nutrition	UNICEF	GOV	\$21,589
19-RR-CEF-064	Nutrition	UNICEF	GOV	\$27,171
19-RR-CEF-064	Nutrition	UNICEF	GOV	\$4,235
19-RR-CEF-065	Water, Sanitation and Hygiene	UNICEF	INGO	\$128,930
19-RR-CEF-065	Water, Sanitation and Hygiene	UNICEF	INGO	\$114,685
19-RR-CEF-065	Water, Sanitation and Hygiene	UNICEF	NNGO	\$92,775
19-RR-CEF-065	Water, Sanitation and Hygiene	UNICEF	INGO	\$112,021

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAR	After Action Review
ADRA	Acção para o Desenvolvimento Rural E Ambiente
ADRA	Action for Rural and Environment Development
AVSAN	Food Security and Nutrition Assessment
CERF	Central Emergency Response Fund
CHW	CHW Trained
CICA	National Council for Christian Churches In Angola
CSO	Civil Society Organization
CTP	Cash Transfer Programmings
CUAMM	Doctors with Africa
CVA	Cruz Vermelha de Angola
DKs	Dignity Kits
DMT	Disaster Management Team
DPA	Provincial Department of Agriculture
DPS	Direcção Provincial de Saúde
EDA	Agrarian Development Station
FAO	Food and Agriculture Organization
FFS	Farmer-Field-Schools
FRESAN	Strengthening Resilience and Food Security And Nutrition
GAM	Global Acute Malnutrition
GBV	Gender-Based Violence
GBViE	Gender-Based Violence in Emergencies
HIV/AIDS	Human Immunodeficiency Virus Infection and Acquired Immune Deficiency Syndrome
IDA	Agrarian Development Institute
ISV	Veterinary Services
JICA	Japan International Cooperation Agency
MAM	Moderate Acute Malnutrition
MASFAMU	Ministério da Acção Social, Família e Promoção da Mulher
MINAGRIF	Ministry of Agriculture and Forestry
MoH	Ministry of Health
MT	Metric Tonns
MUAC	Mid-Upper Arm Circumference
NGO	Non Governmental Organization
OCHA	United Nations Office for The Coordination of Humanitarian Affairs
PIN	People In Need
RC/HC	Resident Coordinator/Humanitarian Coordinator
RCO	Resident Coordinator Office
SAM	Severe Acute Malnutrition
SEA	Sexual Exploitation and Abuse (SEA)
SRH	Sexual Reproductive Health
SRHiE	Sexual Reproductive Health in Emergency
TB	Tuberculosis
UFE	Underfunded Emergencies
UN	United Nations
UNCT	United Nations Country Team
UNE	<i>Unidade Especial De Nutrição</i> – Special nutrition unit

UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VAC	Vulnerability Assessment Committees
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WVA	World Vision Angola