

**ANGOLA
RAPID RESPONSE
DROUGHT
2020**

20-RR-AGO-40795

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Resident/Humanitarian Coordinator

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

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

24/11/2020

The after-review action (AAR) was conducted virtually with a limited participation of the DMT due to state of calamity measures which limited physical meetings, and the increasing demands among partners to respond to Covid-19 related matters.

Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).

Yes No

Please confirm that the final version of this report was 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 No

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

The severe and persistent droughts in the south of Angola affects over 1.5 million people, who are prone to hunger, limited drinking water, increased gender-based violence, child insecurity and school dropouts. This led to an inter-agency appeal to provide humanitarian assistance to the affected population. The Central Emergency Response Fund (CERF) provided an allocation of \$ 3,501,693 to respond to the drought's situation in the southern provinces of Cuando Cubango, Cunene, Huila, and Namibe. The Fund enabled the UN through its agencies, FAO, UNFPA, UNICEF, and WHO, in cooperation with the Government of Angola and implementing partners to address the most urgent, life-saving needs, such as food security; nutrition; protection of women and girls from sexual and /or gender-based violence; child protection; water sanitation and hygiene; education, and health. The assistance was delivered to over 371,451 people in 23 municipalities. The fund provided value added to the UN priority areas agreed upon with the Government of Angola through the UNSDCF, such as resilience-building and economic diversification, and empowerment of adolescents, youth, and women. Furthermore, the fund enhanced coordination among the humanitarian community including implementing partners in the field by means of shared resources, joint monitoring and reporting of project results; and helps the UNs effort towards Delivering as One

CERF's Added Value:

The CERF funding added value to the humanitarian response by enabling the UN to respond to time critical needs of the population affected by severe droughts. The exercise was impacted by the Covid-19 pandemic, which led to innovations, such as the use of mobile-based remote technologies and biosafety measures to deliver the assistance within the covid-19 context.

The Fund enabled the UN Agencies and partners to reinvigorate local agricultural production, which provided an important source of food to vulnerable groups, whose livelihoods had been cut-off as a result of cyclical droughts and Covid-19 lockdowns; provide nutritional supplements for children under the age of 5 years; provide treatment to children screened with malnutrition; improve the water, sanitation, and hygiene and provide life-saving assistance to survivors of GBV as well as SRHS.

The Fund improved coordination among agencies in the field and the UNCT, which contribute to the Delivering as One objective. Furthermore, the UN intervention in the drought prone provinces improved synergies with Development Partners and the Government in developing joint initiatives such as FRESAN project for the south of Angola.

Through the CERF, the Disaster Management team (DMT) was strengthened to organize monthly meetings on a wide range of emergencies, including the droughts in the south of Angola, the African migratory locusts, the heavy and destructive rains in Luanda, as well as the impacts of unattended garbage. There has been increased involvement of the development partners in assessments and discussions regarding the south of Angola.

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

Yes

Partially

No

The lockdown in Angola due to Covid-19 affected the delivery of some projects funded under CERF in form of logistical delays caused by closure of borders and in-country travel restrictions caused a delay in completing the UNICEF, FAO and WHO, which led them to request a three months no-cost extension. Some of the challenges were mitigated by using mobile-based remote technologies, such virtual meeting and training sessions, which allowed some of the activities to be performed remotely. UNFPA's project was completed within the defined timeframe.

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

The food security project led by FAO Time addressed critical needs such as crop support and provision of water and forage for animals in the drought period. Agricultural inputs including seed were provided and grass for animal grazing was planted. UNICEF and WHO ensured timely screening and treatment of malnutrition among children, and helped vulnerable, unaccompanied / children victims of violence with access to childcare services. UNICEF quickly adapted the education project to the Covid-19 reality by developing staff capacities for safe reopening of schools and providing tents for schools to cope with the impacts of severe droughts.

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

CERF funds encouraged coordination among agencies included in the allocation who shared premises and transportation modalities. The UNCT through the DMT was highly engaged in discussions and supported the government in decision making regarding the drought situation and other emergencies, which allowed the UN interventions to be fully aligned with the Government's response plan. This coordination among UN agencies in the field, and at UNCT level contributed to the UN's goal of delivering as one. UN intervention in the drought prone provinces has also enhanced its cooperation with development partners, the Government, and NGOs and supported development of subsequent joint initiatives in the south of Angola

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

Following the CERF grant, UNDP and FAO are now engaged in FRESAN, an initiative funded by European Union (EU) in partnership with the government of Angola to enhance resilience and agricultural production, better nutrition through education, institutional strengthening, and cost-effective testing of nutrition-sensitive actions in the three provinces of Cunene, Huila and Namibe, most affected by droughts.

Considerations of the ERC's Underfunded Priority Areas¹:

The implementation process of the 2020 CERF grant considered the four priority areas of the ERC, which include women and girls, including gender-based violence, reproductive health, and empowerment; persons with disability; education in protracted crisis; and other protection concerns. Consultations with affected population, local authorities and local NGOs provided necessary information to prioritize the CERF intervention on the critical needs of these vulnerable groups. The CERF grant enhanced the inclusion and participation of the vulnerable groups in humanitarian response assistance, and in empowerment initiatives driven by the government and development partners. Interventions should also focus on addressing child marriage and early pregnancy, school dropout, people living with HIV, and those with disabilities in the drought prone provinces.

a) Women and girls, including gender-based violence, reproductive health and empowerment

Consultations were held with girls, women and men, local authorities, and social partners to assess the immediate impact of the droughts showed that child protection risks for women and children have increased in the context of drought. There has been an increase in sexual

¹ In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and HCTs/UNCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. While CERF remains needs based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the questions and answers on the ERC four priority areas [here](#).

exploitation, abuse and domestic violence and increases in exposure of women and girls to the risks of transactional relationships, in exchange for food or other basic needs.

To ensure inclusion, steps were taken to assure gender balance throughout the process of selecting beneficiaries and communities. Women and men as well as government staff who participated in the training, such as the farmer field schools (FFS) led by FAO. The CERF enabled UNFPA to provide support to the Ministry of Social Affairs, Family and Women Empowerment – (MASFAMU) to set up a help line 145 and 146 (used national wide) to report cases of GBV and protection of women and girls including gender minorities.

WHO collected data on the lost to follow-up HIV patients, which indicated a higher proportion of women were affected. The gender inequality could be exacerbated by the Covid-19 pandemic. This information is important for the National HIV program and the humanitarian community to intervene and ensure the inclusion of women living with HIV in program design.

b) Programmes targeting persons with disabilities

No specific programs were designed for People with disability (PwD), but they were included in CERF projects. For instance, FAO project activities were made on a voluntary basis and PwD had the same privileges and access to the training and inputs distributions. UNFPA took into consideration essential needs for the PwD and ensured accessibility by arranging appropriate facilities for the awareness and distribution sessions. For WHO and UNICEF activities implemented in health facilities, compliance with special needs for PwD was observed.

c) Education in protracted crises

Access to education in Southern Angola had been jeopardized by the drought. While fathers took out boys from schools to accompany them travel longer distances in search of pasture and water, mothers took out girls to fetch for water. The recent and rare heavy rains caused flooding, which cut off children and teachers from access to schools in many communities. The situation has been worsened by the Covid-19 pandemic since the closure of schools in March 2020. UNICEF worked to support education in emergencies in two main ways: i) strengthening capacities of teachers and principals for safe school reopening in the Covid-19 context, including biosafety measures, emergency response and preparedness, multi-grade teaching and ICT and school management in the context of the pandemic; ii) procurement and prepositioning of tents and learning kits to support children's access to school, anticipating reopening of schools and recurrent dropouts due to drought.

Training programs were part of the CERF funded projects implementation and provided participants with the opportunity to share knowledge and obtain new learning technologies. The FFS methodology is a new agricultural education tool in south of Angola and contributed to the diffusion and improvement of new technology. Focus Group discussions were used to educate beneficiaries in various lifesaving topics during the project design. The beneficiaries and provincial agriculture sector benefited from the trainings carried out.

d) Other aspects of protection

Interventions took into consideration the protection of women and children, as victims of child abuse and gender-based violence in protracted crisis. The UNICEF supported the National Institution for Children (INAC) in the development of a comprehensive Child Protection in Emergency protocol (CPie protocol) which address the principles for child-friendly and gender-sensitive service-delivery, mainstreaming of GBV prevention, prevention of sexual abuse and exploitation and self-care for frontline service providers; implementation of a national hotline for reporting violence against children, SOS Criança – a toll-free line with national coverage; setting up of provincial child protection network in Cunene; and technical support to organization of a training of police to mainstream child-friendly procedures in Huila province to ensure a child friendly and gender-sensitive approach. Protection of the most vulnerable people affected by the droughts was one of the criteria used for inclusion of beneficiaries from CERF funded projects.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	22,000,950
CERF	3,501,693
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	0
Total funding received for the humanitarian response (by source above)	3,501,693

Table 2: CERF Emergency Funding by Project and Sector/Cluster (US\$)

Agency	Project Code	Sector/Sector	Amount
FAO	20-RR-FAO-008	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	781,748
UNFPA	20-RR-FPA-009	Protection - Sexual and/or Gender-Based Violence	285,000
UNICEF	20-RR-CEF-013	Nutrition - Nutrition	1,074,995
UNICEF	20-RR-CEF-013	Water Sanitation Hygiene - Water, Sanitation and Hygiene	472,998
UNICEF	20-RR-CEF-013	Education - Education	386,998
UNICEF	20-RR-CEF-013	Protection - Child Protection	214,999
WHO	20-RR-WHO-008	Health - Health	284,955
Total			3,501,693

Table 3: Breakdown of CERF Funds by Type of Implementation Modality (US\$)

Total funds implemented directly by UN agencies including procurement of relief goods	3,166,590
Funds sub-granted to government partners*	82,207
Funds sub-granted to international NGO partners*	242,432
Funds sub-granted to national NGO partners*	10,464
Funds sub-granted to Red Cross/Red Crescent partners*	-
Total funds transferred to implementing partners (IP)*	335,103
Total	3,501,693

* Figures reported in table 3 are based on the project reports (part II, sections 1) and should be consistent with the sub-grants overview in the annex.

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

Since 2018 southern Angola has experienced severe drought, which has led to rising hunger and acute malnutrition, and left at least 1.5 million people in need of urgent humanitarian assistance. The most affected provinces have been Cuando Cubango, Cunene, Huila, Namibe, Bie, Cuanza Sul and Benguela. Some 562,000 people out of 904,000 people in the 23 locations have been assessed to be in urgent need of humanitarian assistance. Assessments indicate that they would face difficulties in accessing food or would only be able to meet minimum food needs through emergency lifesaving interventions in 2020. Food security in 14 out of 23 areas was projected to be in Emergency (IPC phase 4) in the period October 2019 to February 2020. The increased impact of the drought from October 2019 to February 2020 led to a new nutrition emergency in southern Angola, with increasing numbers of children presenting symptoms of severe acute malnutrition (SAM). A nutrition (SMART) survey conducted in early December 2019 in the ten most affected municipalities of Huila and Cunene suggested a serious nutrition situation. The prevalence of global acute malnutrition (GAM) in Huila was 10.8 per cent and the SAM rate was 2.1 per cent. In Cunene, GAM was 10.6 per cent and SAM 1.1 per cent. Access to safe drinking water and sanitation services was already low prior to the drought and decreased further, heightening the risk of communicable diseases. In Huila, 35.5 per cent of the population had access to safe drinking water, while in Cunene only 23 per cent of the population had access to safe water and only 12 per cent of households use toilets. Access to education was also affected, as many of the predominantly pastoralist families took their sons out of school in response to the need to travel longer distances in search for pasture and water. In addition, protection risks increased as a result the drought, particularly for women and children. For example. cases of domestic violence and abuse increased as people adopted negative coping mechanisms.

Operational Use of the CERF Allocation and Results:

The Emergency Relief Coordinator allocated \$3.5 million from CERF's Rapid Response window to Angola in 2020 to address severe droughts in Cuando Cubango, Cunene, Huila and Namibe provinces. The Fund enabled FAO, the government and implementing partners to support agricultural production and food security by providing agricultural inputs and training in agricultural techniques. A cooperative of youth in Kahama, Twekula Atuho (Growing Together) was formed to produce mineral licks salt used to improve animal health. UNFPA and partners provided dignity kits to women and girls, and key messages on GBV risk mitigation and response and HIV prevention. WHO and partners provided training to 21 Especial Nutritional Units, distributed Medical Kits for SAM, and restored 92 out of 325 HIV patients that lost access to ARVs. UNICEF and partners carried out screening activities to 109,084 children under five, from which 7,140 had MAM and 31,234 had SAM, and treatment was administered. Developed capacities for provincial and municipal education staff in safe school reopening within the Covid-19 context and provided 42 tents for temporary classrooms. Conducted door-to-door sessions on key protection messages and identified 766 children victims of violence, who were referred to child-friendly services.

The following sectoral priorities were supported under the CERF allocation of 2020: Farmers and households' access to crop and livestock inputs, agricultural tool kits to ensure food security; Children's access to Special Nutritional Centres, screening and treatment for SAM to improve child nutrition and health; children's access to primary education, protection from violence and exploitation, and protection of women and girls from SGBV.

About 371,451 people affected by severe droughts in Angola were directly assisted in 2020 using the CERF funding. These include 81,552 women; 44,977 men; 127,967 girls; and 116,955 boys. FAO reached 32,468 people directly and over 2,500 indirectly. The people reached exceeded the planned 29,000 due fluctuations in exchange rate which enabled procurement of more than planned inputs that were distributed to additional vulnerable people. UNFPA reached the target of 9,000 women, 4,000 adolescent girls and 2,000 boys. WHO provided access to health facilities for 962 children under the age of five and HIV patients. The Covid-19 affected WHO from meeting its target because of concentrating its human resource in Covid-19 related matters. UNICEF exceeded the planned target of 70,000 people due to joint efforts with government to extend water trucking to additional people, and reached 95,397 people under the WASH project; reached 170,948 children and caregivers with nutrition screening and training against the planned 140,000 by using the

MUAC method in the Covid-19 context; to 30,000 children against planned 25,000 children; and helped 26,676 vulnerable with child protection interventions, as planned.

The UN Agencies benefited from the good collaboration and involvement of the Government at national and provincial level, and implementing partners such as: IDA, ISV, ISPH, ARP, World Vision, ADRA and GPS, LWF, INAC – National Institute for Children, WCO, and engaged them in initial assessment and throughout the project implementation as well as during the CO monitoring missions.

People Directly Reached:

The data presented in table 4, 5 and 6 were obtained from Agency reports. Each agency reported on the number of people reached against the number of people planned. Total number of people planned and reached were calculated by adding the values according to each sector/cluster, and according to each demographic category. Duplication was avoided by distributing the number of people targeted and reached by sector/cluster

As reflected in table 4 below, CERF projects supported by CERF funding achieved greater impact than envisaged in the planning stage. Overall, there was a significant deviation of the number of people reached (371,451) from the planned target (317,968) by about 14 per cent. The reasons for the deviation include (i) exchange rate and market advantages enabled FAO and UNICEF to procure more than planned inputs, and education materials at lower costs than planned; (ii) joint efforts between the UN agencies and the Government led to increased resources to reach more than planned people; and (iii) the use of door to door and remote technology method of awareness raising helped to reach more planned beneficiaries.

FAO significantly exceeded the planned target of 29,000 people versus 32,468 people reached by 11% due to fluctuations in exchange rate which enabled procurement of more than planned inputs that were distributed to additional vulnerable people.

The nutrition project led by UNICEF benefited 18 per cent more than planned (140,000) people versus 170,948 people reached; the education project exceeded planned 25,000 people by 17 per cent; and the WASH protection project by 27 per cent from the planned 70,000 people. These deviations were caused by two major reasons. (i) the WASH project and Government support to drought affected populations by means of mobile water tanks in coordination with UNICEF increased the number of people provided with water access; (ii) UNICEF used a door-to-door method of awareness raising and through the use of the MUAC method in the Covid-19 context; and (iii) identification of low cost markets led to procurement of more than planned educational supplies.

People Indirectly Reached:

The CERF funds indirectly benefited approximately 262,337 people affected by droughts. These included 2,500 people in the rural areas who benefited from the FAO FFS of the six selected municipalities as well as neighbouring communities and local markets that are supplied with horticulture, cereals, pulses and other agriculture products from the FFS linked to the project. The 5,000 people mostly men reached indirectly through the community awareness campaigns in the four provinces targeted by the UNFPA project. Furthermore, 254,837 were indirectly reached through the projects led by UNICEF, broken down into 3,000 mothers and caregivers engaged in conducting nutrition screenings using Mother-Led MUAC approach including awareness raising around malnutrition, exclusive breastfeeding and food diversification; 203,379 people were reached through the distribution of 4,500 informative flyers on preventing violence against girls and women and 43,958 parents and caregivers were indirectly reached through the door-to-door information sessions and key protection messages.

Table 4: Number of People Directly Assisted with CERF Funding by Sector/Cluster*

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Education - Education	0	0	12,000	13,000	25,000	-	-	15,000	15,000	30,000
Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	5,800	5,220	9,280	8,700	29,000	10,130	6,012	9,126	7,200	32,468
Health - Health	1,278	1,212	5,376	5,102	12,968	50	42	446	424	962
Nutrition - Nutrition	40,000	0	52,000	48,000	140,000	42,357	19,507	57,186	51,898	170,948
Protection - Child Protection	0	0	13,000	13,000	26,000	-	-	13,586	13,090	26,676
Protection - Sexual and/or Gender-Based Violence	9,000	0	4,000	2,000	15,000	9,000	-	4,000	2,000	15,000
Water Sanitation Hygiene - Water, Sanitation and Hygiene	13,468	12,432	22,932	21,168	70,000	20,015	19,416	28,623	27,343	95,397²

² The over-achievement can be explained by the fact that UNICEF and the government combined efforts to extend water trucking to additional people. Government bought water trucks to support the drought response in the south of Angola which lowered cost of water trucking.

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Table 5: Total Number of People Directly Assisted with CERF Funding by Category*

Category	Planned	Reached
Refugees	0	-
Returnees	0	-
Internally displaced persons	0	-
Host communities	29,000	32,468
Other affected persons	288,968	338,983
Total	317,968³	371,451

Table 6: Total Number of People Directly Assisted with CERF Funding*

Sex & Age	Total		Number of people with disabilities (PwD) out of the total	
	Planned	Reached	Planned	Reached
Women	69,546	81,552	0	0
Men	18,864	44,977	0	0
Girls	118,588	127,967	0	0
Boys	110,970	116,955	0	0
Total	317,968	371,451	0	0

³ The previous number prepopulated by the system did not reflect reprogramming and was corrected to match with figures in table 4

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 20-RR-FAO-008 - FAO

1. Project Information			
Agency:	FAO	Country:	Angola
Sector/cluster:	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	CERF project code:	20-RR-FAO-008
Project title:	Emergency Livelihood Response to Support Drought-affected households in Cunene and Huila Province		
Start date:	06/03/2020	End date:	05/09/2020
Project Revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:	US\$ 6,500,000	
	Total funding received for agency's sector response to current emergency:	US\$ 4,500,000	
	Amount received from CERF:	US\$ 781,748	
	Total CERF funds sub-granted to implementing partners:	US\$ 65.700	
	Government Partners	US\$ 21.900	
	International NGOs	US\$ 43.800	
	National NGOs	US\$ 0	
Red Cross/Crescent Organisation	US\$ 0		

2. Project Results Summary/Overall Performance

CERF funding supported life-saving agriculture and livelihoods activities carried out by FAO, the government and implementing partners including the provincial office of Instituto de Desenvolvimento Agrario (IDA) and the Instituto de Serviços Veterinarios (ISV), of the six targeted municipalities Cuanhama, Cahama, Cuvelai and Ombadja (Cunene) and Gambos, Chibia (Huila). FAO and partners restored agricultural food production by providing direct humanitarian assistance to 32,468 smallholder farmers and cattle herders from the two provinces most affected by the drought. CERF funds provided additional indirect assistance to 200,000 vulnerable people to ensure the possibility of Estação de Desenvolvimento Agrario (EDA) technicians working for six months more directly with the affected communities. The focal point technician and beneficiaries were trained in several simple agricultural techniques and in pasture and forage cultivation to mitigate the animal losses and improve productivity of 10 000 families. Agriculture inputs were purchased and distributed to the 2,000 target households – this included 2000 hoes, 2000, machetes, 50 irrigation kits (one kit for each field school), 50kg 0.50t different horticultural seeds (600 cans of 100g of each with five varieties onion, tomatoes, cabbage eggplant, okra). Each Field Farmer School (FFS) received 10 tons of hybrid corn seeds, 20 tons of millet seeds. FAO installed in Kahama a 5ha plot as seed bank for cassava cuttings and sweet potato vines – allowing for rapid diversification of the diet of the beneficiary groups. In addition, drip system irrigation was installed in order to ensure sustainability of the agriculture system. In addition, FAO procured pairs of 2,000 chickens and 2,000 pairs of goats and distributed these among the 50 selected FFS. Each FFS received 40 pairs of chickens and goats to raise in a community corral. Through a letter of agreement (LoA) signed with the Instituto Politecnico da Huila (ISPH), the CERF grant made it possible to

install and cultivate an area of 10 ha where different varieties of pastures and forage were adapted to the semiarid environment (lucerne/ alfalfa, moringa, elephant grass, leucaena, forage palm) and cultivated as a protein bank. A total of 30 technicians from the municipalities (beneficiaries and government focal points of IDA and ISV) were trained on cultivation, management and silage of animal food.

FAO, with CERF funds, helped to minimize animal losses and improve food security for pastoral families. Elephant grass pasture was planted, along the Cunene, Cuvelai and Kakuluvale rivers, supporting the municipalities most affected by transhumance. In addition, 300 livestock keepers (100 women) were trained on simple techniques on primary care of cattle. The project purchased and distributed to livestock keepers' veterinary kits (materials and medicines) and 30,000 blocks of mineral salts for animal supplementation. Key interventions in animal health, food and nutrition helped to reduce the number of animal deaths. In addition, with CERF funds, five drinking fountains and feeders were rehabilitated and operationalized in the main transhumance corridors in southern Angola. A gravity system of water was installed to fill-in the drinker in the transhumance road of Kafu2.

To improve and sustain animal health, a cooperative of youth in Kahama, Twekula Atuho (Growing Together) was established with the aim to produce the mineral licks salt, an important component of this livelihoods project. This cooperative will not only mitigate the animal losses by readily providing the needed mineral licks to the communities but will also contribute to the creation of direct and indirect employment youth specially women.

3. Changes and Amendments

Due to external factors, especially the Covid-19 outbreak, the project was extended for additional three months period. In this period, FAO was able to speed up delivery, and achieve planned delivery levels in important activities. The strategic implementation methodologies have been mapped to achieve the expected results and appropriate impacts. The projects outcome was satisfactory achieved as planned. The Ministry of Agriculture and Fishery (MINAGRIF) was fully engaged in project activities and ensured the nomination of six technician focal points from Agrarian Development Institute (IDA) and Veterinary Services (ISV).

Majority of planned actions were carefully executed, and the project had the desired impact. There were several small changes to the project design: the two LoAs with ISV and NGO were signed but with some changes. ISV could no longer hold a bank account; in response to this, the training planned for the 250 Community Health Workers (CHW) was undertaken through the ARP project with the supervision and technical expertise of ISV.⁴ The 300 CHW were instead trained through FAO direct implementation. The LoA could not be signed with NGO Caritas Aquidiocese do Lubango, as the NGO could not provide the service at the last minute. FAO had to make another agreement with IDA and provide the training through FFS. The delivery in the project area was 100 per cent achieved; agriculture inputs and animals distributed to the targeted beneficiaries, 300 CHW trained and provided with veterinary kits. In addition, an additional 50 FFS have been created and training for horticulture, sweet potatoes and cassava multiplication provided.

⁴ By the Angolan Government official decree, none Ministerial institute can hold a bank account. Based on this and according to the UN financial rules and regulations, of no cash payment, hence partners had to make an arrangement of disbursing the training funds of the CHW through ARP project.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced persons	0	0	0	0	0	0	0	0	0	0
Host communities	5,800	5,220	9,280	8,700	29,000	10,130	6,012	9,126	7,200	32,468
Other affected persons	0	0	0	0	0	0	0	0	0	0
Total	5,800	5,220	9,280	8,700	29,000	10,130	6,012	9,126	7,200	32,468
People with disabilities (PwD) out of the total										
	0	0	0	0	0	0	0	0	0	0

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

The CERF funds indirectly benefited approximately 2,500 people who live in the rural areas. This included the FFS of the six selected municipalities as well as neighbouring communities and local markets that are supplied with horticulture, cereals, pulses, and other agriculture products from the FFS linked to the project. Apart from animal products such as meat and eggs, the population's diet has been diversified, especially for children under the age of five and pregnant women who benefited as well from the nutritional education provided. The training on forage and pasture cultivation provided by ISPH, has improved the livelihoods of the pastoral farmers by the mitigation of animal losses. There was also an improvement in the government capacities as technicians were assisted to acquire new knowledge.

6. CERF Results Framework

Project Objective To improve the food security of 29,000 vulnerable people affected by drought in Cunene and in Huila provinces

Output 1 Farmers' access to crop and livestock inputs is enhanced

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of households receiving help from the licks, forage, and pasture.	2,000 HHs (12,000 individuals)	5000	Reports
Indicator 1.2	Number of the technicians and facilitator of CAHW trained (30 technicians and 250 CAHW)	280	300	Reports
Indicator 1.3	Number of animals distributed	2,000 pairs of goats couple and 2,000 pairs of chickens	4000	Reports

Explanation of output and indicators variance: [Fill in]

Activities	Description	Implemented by
Activity 1.1	Selection and registration of 15,665 beneficiaries	FAO/ IDA/ ISV
Activity 1.2	Support the mineral licks processing plant of Cahama (Cunene) to produce 20,000 mineral licks to 2,000 Households	FAO/ISV/ LOCAL ADMINISTRATION
Activity 1.3	Distribute 20,000 Mineral licks to 2,000 Households (10 mineral licks per household)	FAO/ISV/IDA
Activity 1.4	Training of technicians and facilitator of CAHW trained. (30 technicians and 250 CAHW) and provision of veterinary kits	FAO/ARP/ISV
Activity 1.5	Purchase 2,000 couple of goats and 2,000 couple of chickens	FAO
Activity 1.6	Distribute the 2,000 couple of goats and 2,000 couple of chickens (Each Household receive a couple of goats and a couple of chicken)	FAO/ISV/IDA

Activity 1.7	Signature of Letter of Agreement (LoA) between FAO and ISV and first and disbursement of funds	FAO/ISV/ARP
Activity 1.8	Signature of Letter of Agreement (LoA) between FAO and National Polytechnic Institute of Huila and first and disbursement of funds	FAO/ISPH

Output 2 2,000 households have access to vegetable, millet seeds and agricultural tools kits restore agricultural food production for small-holders / subsistence farmers

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of households accessing short cycle vegetable production	2,000 HHs (12,000 Individuals)	3000	Reports
Indicator 2.2	Number of groups with irrigation system functional	50	50	Reports
Indicator 2.3	Number of agricultural tools kits (hoe, machete and watering can) made available to farmers	2,000	2000	Reports

Explanation of output and indicators variance: Output fully achieved agriculture inputs acquired and distributed

Activities	Description	Implemented by
Activity 2.1	Procurement of 20 MT vegetable, millet seeds and 2000 agricultural tools kits	FAO
Activity 2.2	Distribution of vegetable, millet seeds and agricultural tools kits to farmers in the target municipality	FAO/IDA/ISV and local administration
Activity 2.3	Training sessions in: micro-garden technics, silos for seeds, water, nutrition, food processing, Biol organic compost, soil mobilization and organic fertilization	FAO/IDA
Activity 2.4	Purchase 50 irrigation system	FAO
Activity 2.5	Distribution irrigation system for 50 groups (40 families each group)	FAO/IDA/ISV and local administration
Activity 2.6	Signature of letter of agreement (LOA) between FAO and a local NGO and first and disbursement of funds.	FAO/ ISPH/ISV/IDA
Activity 2.7	Monitor planting and crop grow	FAO/IDA/ DPA
Activity 2.8	Post planting review	FAO

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁵ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been integrated and given due consideration.**

a. Accountability to Affected People (AAP)⁶:

The project formulation was based on local government and community engagement, where the authorities of government and community were 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 helped 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 were conducted on a monthly basis to identify the problems and possible solutions. In addition, FAO paid a monthly subsidy for communication to all six municipalities focal points. Coordination meetings were 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.

b. AAP Feedback and Complaint Mechanisms:

Mechanisms of government laws and regulations were used to ensure organized and coordinated involvement of all actors during the response. The selection of beneficiaries was done through the DRP (DIAGNOSTICO RURAL PARTICIPATIVO) involving the 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.

c. Prevention of Sexual Exploitation and Abuse (PSEA)²:

As agricultural work is mainly done by female; women have increased their importance in the communities, FAO in liaison with IDA and FASFAMU, promoted awareness among the communities on sexual exploitation and Sexually Based Gender Violence (SBGV). Beneficiaries were aware on how to address cases related to the issue.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

There was a gender balance throughout the process, selected beneficiaries from both provinces and communities' women and men as well governments staff from IDA, EDA, ISV participated in the training.

The acceptance for the adoption of the new methodology of FFS between women and men has exceeded expectations. Several campaigns have been carried by FAO, IDA and EDA in both provincial targeted rural communities.

e. People with disabilities (PwD):

The participation in project activities was made on a voluntary basis, however everything was done through awareness-raising actions. PwD people were not discriminated against; they had the same privileges and access to the training and inputs distributions.

⁵ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁶ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

f. Protection:

While participation in the project was on voluntary basis, the selection of beneficiaries was based on the protection of the most vulnerable affected people.

g. Education:

Since the FFS methodology is a new agricultural education tool, the implementation the project contributed to the diffusion and improvement of new technology. The beneficiaries and provincial agriculture sector, benefited from the trainings carried out

There has been a positive development with the FFS methodology. With the learning and inputs received from 2019 CERF, there are already some family farmers, especially beneficiaries from Kuvelai FFS who harvest tonnes of millet and cassava which were processed and sold in the local market, as well at the border with Namibia, with the support of technicians trained by FAO and other implementing partners.

8. Cash and Voucher Assistance (CVA)**Use of Cash and Voucher Assistance (CVA)?**

Planned	Achieved	Total number of people receiving cash assistance:
No	No	Not applicable

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

N/A

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	N/A

3.2 Project Report 20-RR-FPA-009 - UNFPA

1. Project Information			
Agency:	UNFPA	Country:	Angola
Sector/cluster:	Protection - Sexual and/or Gender-Based Violence	CERF project code:	20-RR-FPA-009
Project title:	Provision of Life-saving Services for the Survivors of Gender-Based Violence, and, sexual & reproductive health Services in 10 drought-affected municipalities of Cunene, Cuando Cubango, Huila and Namibe provinces		
Start date:	04/03/2020	End date:	03/09/2020
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 950,000
	Total funding received for agency's sector response to current emergency:		US\$ 68,600
	Amount received from CERF:		US\$ 285,000
	Total CERF funds sub-granted to implementing partners:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through the CERF 20-RR-FPA-009 funding, UNFPA as the lead UN agency in Angola working to further gender equality and women's empowerment, in the mentioned period prioritized life-saving assistance to survivors of GBV as well as SRHS on ten drought-affected areas in southern Angola. Through this project, UNFPA provided 10,000 dignity kits to affected women and girls as well as critical information about GBV, how to prevent it and where to access services for 15,000 people, including 9,000 women, 4,000 girls and 2,000 boys. 6,000 Information, Education and Communication materials on GBViE were produced, printed, and distributed in four provinces. Taking into account the Covid-19 pandemic, the four Local Project Coordinators were trained and engaged in sensitization sessions for the local communities on Covid-19 prevention measures. New agreements and partnerships were undertaken with the Provincial Government of Cuando Cubango including the Municipal Administration of Menongue. The successful implementation of the UNFPA drought response project was possible due to the full support of the four Provincial Governments. The CERF project built on the previous UNFPA distribution of reproductive health kits using internal Emergency Funds in January/February 2020 in the provinces of Cunene, Namibe and Huila.

The project reached the planned targets and estimated target beneficiaries by the project deadline of 31 August 2020. The distribution plans for each province were approved by the respective government Directorates for Social Affairs, Family and Gender Equality (GASFIG). Four well-qualified Local Project Coordinators were successfully recruited and fully engaged in the timely implementation of planned activities in Cunene, Namibe, Huila and Cuando Cubango. This included provincial-level coordination, strengthened government coordination at the provincial and municipal levels and orientation sessions of key stakeholders involved in the response.

3. Changes and Amendments

The Covid-19 pandemic caused changes in the Country Office (CO) field monitoring visit plan. One field monitoring mission was conducted to the provinces of Huila and Namibe while the provinces of Cunene and Cuando Cubango were monitored virtually. The critical challenge in Cuando Cubango was related to landmines in some roads and villages in the municipality of Menongue, which affects the capability of safe and timely implementation. In order to mitigate this challenge and avoid any dangers or delays, UNFPA worked closely with the British demining NGO Halo Trust to get accurate and up-to-date information on the areas and roads safely cleared of mines and recommended for usage.

A second unforeseen change, resulted in the modification of geographical coverage in the province of Namibe as greater need was found in Tombwa municipality, which would replace the previously programmed Bibala municipality for the interventions in Namibe province. None of the mentioned changes delayed UNFPA project implementation or resulted in any critical problems.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - Sexual and/or Gender-Based Violence									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced persons	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected persons	9,000	0	4,000	2,000	15,000	9,000	0	4,000	2,000	15,000
Total	9,000	0	4,000	2,000	15,000	9,000	0	4,000	2,000	15,000
People with disabilities (PwD) out of the total										
	0	0	0	0	0	0	0	0	0	0

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

5,000 people mostly men were reached indirectly through the community awareness campaigns in the four provinces targeted by the project. The awareness sessions were conducted by the Local Project Coordinators prior to the Dignity Kits distribution.

6. CERF Results Framework

Project Objective	To reduce Gender Based Violence (GBV) risks and cases in the 10 most drought affected municipalities of Cunene, Cuando Cubango, Huila and Namibe Provinces, as well as contribute to the provision of appropriate sexual reproductive health including GBV information to 15,000 women and girls of reproductive age, and information to adolescent girls and boys.
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Output 1 10,000 Women and girls receive a culturally appropriate dignity kit in the drought affected municipalities

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Protection - Sexual and/or Gender-Based Violence
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Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of women and girls of reproductive age who receive dignity kits in target areas.	10,000	10,000	Local Project Coordinators monthly reports.

Explanation of output and indicators variance: N/A

Activities	Description	Implemented by
Activity 1.1	Procurement of 10,000 Dignity Kits in target areas.	UNFPA
Activity 1.2	Distribution of 10,000 Dignity Kits in target areas.	UNFPA and Local Government authorities
Activity 1.3	Basic orientation of women and girls on usage of Dignity Kits.	UNFPA
Activity 1.4	Conduct women and girls' safety assessments in the target areas.	UNFPA and Local Government authorities

Output 2 Dignity and safety of women and girls ensured through protection from sexual & gender-based violence in the 10 drought affected municipalities/Provinces (Table 1)

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Protection - Sexual and/or Gender-Based Violence
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Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Women, adolescent girls of reproductive age, and boys, sensitized on GBV risk mitigation and response through information sessions and sharing of key messages.	15,000	15,000	Local Project Coordinators monthly reports.
Indicator 2.2	Awareness sessions conducted by the Local Project Coordinators	50 (5 per target municipality)	50	Local Project Coordinators monthly reports.

Explanation of output and indicators variance:	Nothing to report.	
Activities	Description	Implemented by
Activity 2.1	Draft and print 5,000 fliers with key messages on SRH, GBV prevention measures for 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 96 sensitization sessions for women and girls on SRH and GBV in emergencies	UNFPA
Activity 2.4	Registration and follow up on GBV cases referred to the available services.	UNFPA and GASFIGs

Output 3 Effective Monitoring of Project activities & achievements ensured

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Protection - Sexual and/or Gender-Based Violence

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Monitoring Visits by UNFPA CO staff to drought-affected areas	2	2	UNFPA CO Monitoring visit report
Indicator 3.2	Monitoring Visits by UNFPA staff jointly with other UN partners (WHO and UNICEF)	2	2	Local Project Coordinators Monthly Reports.

Explanation of output and indicators variance: Covid-19 pandemic forced virtual monitoring sessions after 2 visits in Namibe and Huila

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 timely implementation, take stock of challenges and lessons learnt in the field and to ensure efficient and cost-effective utilization of CERF resources	UNICEF, UNFPA and WHO at Provincial Level.
Activity 3.3	Conduct joint review meetings with UNICEF, WHO and MoH	UNICEF, WHO and MoH at Provincial level

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁷ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been integrated and given due consideration.**

a. Accountability to Affected People (AAP)⁸:

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. UNFPA engaged the Directorates of Health, Social Action, Red Cross and Civil Protection in the four provinces. The Municipal Administrations constituted the local mechanisms used to engage the key stakeholders involved in the community response. Focus group discussions with women and girls were alternatively used to engage the beneficiaries.

b. AAP Feedback and Complaint Mechanisms:

During the CO field monitoring field visits to Namibe and Huila in focus group discussion beneficiaries shared concern with the big size of the underwear and requested to procure smaller sizes next time.

c. Prevention of Sexual Exploitation and Abuse (PSEA)²:

The Local Project Coordinators completed the online training on Prevention of Sexual Exploitation and Abuse. The Provincial Directorates of Social Affairs, Family and Gender Equality (GASFIG) have the counselling centers that handle SEA.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

UNFPA supported the Ministry of Social Affairs, Family and Women Empowerment (MASFAMU) to set up a help lines 145 and 146 to report cases of GBV and protection of women and girls including gender minorities. These help lines are used national wide. Apart from this the LPCs during the community awareness sessions they covered these topics as well.

e. People with disabilities (PwD):

UNFPA project implementation took into consideration essential needs and ensured accessibility of people living with disabilities by making a specific list of distribution and by arranging appropriate facilities for the awareness and distribution sessions.

f. Protection:

Using the leave, no, one behind approach UNFPA valued the participation of all persons affected and at-risk through initial assessment as well as throughout the project implementation. All distribution activities were anticipated by the awareness sessions to make sure that all understood the project main objectives and goals.

g. Education:

The Focus Group discussions served as an opportunity to educate beneficiaries in various lifesaving topics during the project design.

⁷ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁸ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	0

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

UNFPA is working on CVA policy.

9. Visibility of CERF-funded Activities

Title	Weblink
UNFPA WEBSITE POST	https://angola.unfpa.org/en/news/humanitarian-drought-response-unfpa-supports-affected-communities-srh-kits-and-biosafety
UNFPA TWEET	https://twitter.com/UNFPAAngola/status/1346740437986529280?s=20
NATIONAL PRESS COVERAGE IN MAIN NATL. NEWSPAPER	https://jornaldeangola.ao/ao/noticias/cunene-onu-apoia-mulheres-em-zonas-rurais/ https://www.angop.ao/noticias/sociedade/onu-apoia-mulheres-angolanas-em-zonas-rurais/
LINK TO MATERIALS	https://drive.google.com/drive/folders/1xUe7FdPWbni3SxCYqa3V4K9FHsUQfMzB?usp=sharing
UNFPA FACEBOOK	https://fb.watch/2Rd4BOUTZz/

3.3 Project Report 20-RR-CEF-013 - UNICEF

1. Project Information

Agency:	UNICEF	Country:	Angola
Sector/cluster:	Nutrition - Nutrition Water Sanitation Hygiene - Water, Sanitation and Hygiene Education - Education Protection - Child Protection	CERF project code:	20-RR-CEF-013

Project title:	Integrated Emergency Response to drought affected households and children in Cuando Cubango, Cunene, Huila and Namibe provinces
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Start date:	06/03/2020	End date:	05/09/2020
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Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
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Funding	Total requirement for agency's sector response to current emergency:	US\$ 14,600,000
	Total funding received for agency's sector response to current emergency:	US\$ 272,700
	Amount received from CERF:	US\$ 2,149,990
	Total CERF funds sub-granted to implementing partners:	US\$ 269,403
	Government Partners	US\$ 60,307.00
	International NGOs	US\$ 198,631.52
National NGOs	US\$ 10,464.40	
Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

Nutrition: With the support of CERF funding, UNICEF and partners reached 109,084 children under five with nutrition screenings, of whom 7,140 were found to with MAM and 31,234 with SAM and admitted for treatment using nutrition therapeutic supplies provided by UNICEF. In addition, 119 health staff and 130 community health workers from the eight drought most affected municipalities were equipped with PPEs (masks, gloves and hand sanitisers), lifesaving nutrition supplies (therapeutic milk F-75 and F-100, RUTF and RUSF) and trained on the use of simplified protocols for SAM treatment minimizing risks of Covid-19 infection in the nutrition treatment centres. A total 61,864 caregivers of children under five were reached through community kitchens and community-based education sessions on diet diversification, adequate breastfeeding practices and safe water and hygiene practices adapted to Covid-19. A total of 103 "social mobilizers" (78 from Huila and 25 from Cunene) and 40 people from the local community platforms such as teachers, traditional and religious leaders were trained on communication techniques and key messages around recognizing the signs of acute malnutrition and seeking care at the health centre, prevention of malnutrition including exclusive breastfeeding, dietary diversification and hygiene and sanitation practices. House-to-house visits as well as community discussions by observing Covid-19 preventative measures have been conducted by the trained community platforms. To facilitate the understanding of the key messages by the families, the community platforms have been equipped with 500 easy-to-use flip charts (serial albums). As a result, 119,573 caregivers were reached with the awareness raising activities. A knowledge attitude and practices (KAP) study conducted in the targeted provinces demonstrated improved

knowledge in the percentage of people that know the importance of exclusive breastfeeding for the first six months that went from 32 to 46 per cent. targeting 70,000 people with access to water and hygiene promotion, including distribution of hygiene kits and water treatment pills, UNICEF and WASH approach to emergencies focuses primarily on the Core Commitments for Children in Humanitarian Action (CCCs) and promotion of early action and timely critical response to reduce loss of life, particularly on children and women. Essentially, this is accomplished through (a) ensuring access to clean and safe water, sanitation and hygiene, and (b) reducing the immediate risks and threats to loss of life through implementation and promotion of critical and life-saving hygiene practices, including cholera prevention, sanitation, and hygiene through community led total sanitation (CLTS).

Education activities in 2020 were constrained due to the Covid-19 pandemic. Schools were closed as a precautionary measure in March 2020, and while students in the last year of primary school (grade six), lower secondary (grades 7-9) and upper secondary (10-13), returned to school in October 2020, students in iniciação (Year 0) and grades 1-5 did not return to school in 2020. Due to this, UNICEF support through CERF funding led to two sets of results: first, in Huila and Cunene the capacity of 24 (three females) provincial and municipal education staff, 569 school directors (104 females), and 872 teachers (378 females) was strengthened in the areas of safe school reopening in the Covid-19 context, biosafety measures, emergency response and preparedness, multi-grade teaching and ICT and school management in the context of the pandemic. Second, UNICEF procured and prepositioned supplies to support school reopening in early 2021 by providing 52 tents to the municipalities of Ombadja (17) and Cahama (15), Menongue (10) and Namibe (10). As for the learning materials: 44 schools will be benefited with School blackboard, distributed among following municipalities: Cacula (19 schools), Quipungo (16 schools), and Gambos (9 schools); and 30,000 learning kits to be distributed at schools as follows: 4,650 Huila, 8,000 Namibe, 8,000 Menongue, 7,000 Huila and 7,000 Cunene (Ombadja -2,500) and Cahama (4,500). 3,475 Individual learning kit for pre-positioning (school notebooks, pencils, gowns and backpacks) in Huila and Cunene. This material is being considered for delivery to schools as soon as they open their facilities. Classroom consumables (paper, glue, pencils, etc) were also provided to MED to prepare and present the TV class for the continuity of learning via daily long-distance TV and radio classes for children in grades iniciação (Year 0) to Grade 9. With this strategy it is estimated that approximately 395,600 children have been reached. It is important to note that the strategy has been financed by the Ministry of Education for the most part, but with the CERF funds it was possible to contribute to the preparation of the television classes.

Child Protection: Through CERF support for drought emergency response in Southern Angola, UNICEF and partners reached 25,310 boys and girls through door-to-door information sessions and key protection messages on psychological first aid, stress management, identification of protection risks and response services. In addition, 203,379 people were reached through the distribution of 4,500 informative flyers on preventing violence against girls and women and 43,958 parents and caregivers were indirectly reached by the door-to-door sessions. 7,968 children were assisted in alternative care, of which 601 were reunited, 157 in biological families and 415 in substitute families and 766 children victims of violence were referred to child-friendly services. To achieve these results, UNICEF and partners rolled out refresher trainings of government and non-governmental actors in identification, referral and service delivery for unaccompanied and separated children; this comprised eight trainings with a total of 15 sessions, with 373 participants (182 men and 191 women) at Cunene Province, 40 police officers trained on PSEA and child friendly procedures at Huila Province and 527 strategic actors in the 11 sessions held in all target provinces. In addition, UNICEF supported the National Institution for Children (INAC) in the development of a comprehensive Child Protection in Emergency protocol (CPie protocol).

3. Changes and Amendments

NUT: Covid-19 related lockdowns and border closures negatively impacted the food and nutrition supply chains causing delays in the arrival of essential life-saving supplies to drought affected provinces. The UNICEF supply team responded timely to these challenges engaging local transportation companies that ensured regular delivery of nutrition supplies up to the health facilities in Huila, Cunene, Namibe and Cuando Cubango minimizing stock outs throughout the year. Restrictions in travel and movement impacted the regularity and frequency of field visits from UNICEF staff, which were mitigated using mobile-based remote technologies (KOBO Collect) to track the use of supplies and inform project indicators. Monthly coordination meetings with implementing partners were facilitated by UNICEF

staff using the Zoom platform and progress against targets was reported on a weekly basis using a dashboard developed by UNICEF team to monitor project implementation.

In the education sector, the procurement of tents and educational materials was repeatedly delayed due to shipping restrictions related to the closure of South African and Angolan ports due to Covid-19 measures taken by national authorities.

Child Protection; Due to Covid-19 containment measures, child protection prevention and response interventions were implemented through a door-to-door approach, implemented by UNICEF partners to safely reach out to children and their caregivers with key messages and sensitization sessions on child protection risks and response mechanisms. UNICEF supported the National Institution for Children (INAC) in the development of a comprehensive Child Protection in Emergency protocol (CPie protocol). Inclusive of different emergency scenarios, the CPie protocol addresses different aspects, including mechanisms for coordination and inter-sectoral referral of cases, principles for child-friendly and gender-sensitive service-delivery, mainstreaming of GBV prevention, prevention of sexual abuse and exploitation and self-care for frontline service providers. The use of Zoom and other virtual platforms proved to be essential to organize capacity building activities and coordination meetings despite the challenges due to the Covid-19 restrictions.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Education - Education									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced persons	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected persons	0	0	12,000	13,000	25,000	0	0	15,000	15,000	30,000
Total	0	0	12,000	13,000	25,000	0	0	15,000	15,000	30,000
People with disabilities (PwD) out of the total										
	0	0	0	0	0	0	0	0	0	0
Sector/cluster	Nutrition - Nutrition									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced persons	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected persons	40,000	0	52,000	48,000	140,000	42,357	19,507	57,186	51,898	170,948 ⁹
Total	40,000	0	52,000	48,000	140,000	42,357	19,507	57,186	51,898	170,948
People with disabilities (PwD) out of the total										
	0	0	0	0	0	0	0	0	0	0

⁹ With an emphasis on the mother-led use of MUAC in the screening process, more children were reached through these activities.

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18

Sector/cluster	Water Sanitation Hygiene - Water, Sanitation and Hygiene									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced persons	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected persons	13,468	12,432	22,932	21,168	70,000	20,015	19,416	28,623	27,343	95,397
Total	13,468	12,432	22,932	21,168	70,000	20,015	19,416	28,623	27,343	95,397 ¹⁰

People with disabilities (PwD) out of the total

0	0	0	0	0	0	0	0	0	0	0
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Sector/cluster	Protection - Child Protection									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced persons	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected persons	0	0	13,000	13,000	26,000	0	0	13,586	13,090	26,676
Total	0	0	13,000	13,000	26,000	0	0	13,586	13,090	26,676

People with disabilities (PwD) out of the total

0	0	0	0	0	0	0	0	0	0	0
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¹⁰ The over-achievement can be explained by the fact that UNICEF and the government combined efforts to extend water trucking to additional people. Government bought water trucks to support the drought response in the south of Angola which lowered cost of water trucking. A significant difference was the government support. UNICEF and the government combined efforts to reach people through water trucking. Government bought water trucks to support the drought response in the south of Angola, in which CERF implementation was part. UNICEF installed PCV tanks 5m³ in schools, communities and HCF.

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18

5. People Indirectly Targeted by the Project

Nutrition: To enhance the coverage of screening and increase early identification of acute malnutrition, reducing late presentation, complications and death 3,000 mothers and caregivers were engaged in conducting nutrition screenings using Mother-Led MUAC approach including awareness raising around malnutrition, exclusive breastfeeding and food diversification.

In order to ensure quality dissemination of information, the social mobilizers have been equipped with serial albums containing harmonized key messages on nutrition and hygiene. In child protection, 203,379 people were reached through the distribution of 4,500 informative flyers on preventing violence against girls and women and 43,958 parents and caregivers were indirectly reached through the door-to-door information sessions and key protection messages.

6. CERF Results Framework

Project Objective	To provide timely integrated life-saving and emergency response services through nutrition, water, sanitation and hygiene, education and child protection interventions in the most drought affected provinces of Cunene, Huila, Namibe and Cuando Cubango.			
Output 1	100,000 children under five are screened in 8 municipalities in the most drought and food insecurity provinces of Cunene, Huila, Namibe and Cuando Cubango and at least 10,080 children aged 6-59 months with SAM admitted for treatment and 40,000 mothers and caregivers of children under five have access to counselling on live-saving practices.			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/Cluster	Nutrition - Nutrition			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of children disaggregated by sex screened in the eight municipalities in Cunene, Huila, Namibe and Cuando Cubango provinces.	100,000 (100%)	109,084 ¹¹	IMAM database from implementing partners (WVA and ADRA)
109,084	# of children under 5 years old with severe acute malnutrition (SAM) referred and treated	10,080 (30%)	31,234	MoH IMAM administrative reports
31,234	# of caregivers of children from 0-59 months have access to counselling on early detection of malnutrition signs and positive IYCF, health and hygiene preventative practices	40,000 (30%)	61,864	Implementing partners project reports
61,864	# of caregivers of children from 0-59 months reached by messages on positive IYFC, health and hygiene preventative practices in Cunene and Huila provinces.	40,000 (40%)	119,573 caregivers (47.462 male and 72.111 female)	Implementing partners project reports
Explanation of output and indicators variance:		The adoption of community-based strategies such as the mother led MUAC approach allowed to increase the number of children screened and to early identify children with malnutrition reducing late presentations and deaths which explains why targets were overachieved.		

¹¹ All accounted children were screened to malnutrition and therefore counted as direct beneficiaries. Target was surpassed because we used a mixed strategy to increase outreach of community based screenings (using CHWs, CLTS activists and mother led MUAC) and facility based screenings (in outpatient and inpatient treatment facilities)

		The overachievement in terms of caregivers reached by the life-saving key messages is explained by the high commitment of the trained community members and social mobilizers, as well as the contribution of the technicians of health units and community health agents who also received the serial album and refreshed in community mobilization. Some volunteers have also emerged from the communities and worked closely with the social mobilizers.
Activities	Description	Implemented by
Activity 1.1	Screening for malnutrition of children aged 0-59 months in eight municipalities.	World Vision, ADRA and GPS Huila, Cunene, Namibe and Cuando Cubango.
Activity 1.2	Procurement of Ready-to-Use Therapeutic Food (RUTF), Ready-to-Use Supplementary Food (RUSF), Therapeutic Milks F-100 and F-75, deworming tablets, vitamin A supplements, and anthropometric materials for nutrition screening, prevention and treatment of Severely and Moderately Malnourished children.	UNICEF
Activity 1.3	Distribution of Ready-to-Use Therapeutic Food (RUTF), Ready-to-Use Supplementary Food (RUSF), Therapeutic Milks F-100 and F-75, deworming tablets, vitamin A supplements, and anthropometric materials for nutrition screening, prevention and treatment of Severely and Moderately Malnourished children.	UNICEF
Activity 1.4	Conduct refresher training of healthcare providers and community health workers on the community management of acute malnutrition, screening referral and treatment and IYCF.	UNICEF
Activity 1.5	Conduct monthly nutritional screening and case referral, micronutrients supplementation and cooking demonstrations through community kitchens for adoption of appropriate IYCF practices and food diversification.	World Vision, ADRA.
Activity 1.6	Implement community-based intervention to increase the capacity of mothers and families to recognize signs of acute malnutrition and inform about importance of exclusive breastfeeding, dietary diversification and key family practices on hygiene and how to prevent malnutrition.	UNICEF, World Vision, ADRA.
Activity 1.7	Refresher trainings for social mobilizers and community leaders to leverage on the results of activity 1.5, 1.6 under output 1 and activity 3.4 under output 3 at district level.	UNICEF, World Vision, ADRA

Output 2	Drought affected populations, including children and women in Cunene and Huila provided with access to safe drinking water through rehabilitation of water points and increased household water storage capacity through distribution of water containers.			
Was the planned output changed through a reprogramming after the application stage?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Sector/Cluster	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification

Indicator 2.1	# of people benefiting from water point rehabilitation	10,000	25,000 ¹²	UNICEF monitoring reports, SitReps and Government and IP reports
Indicator 2.2	# of people benefiting from household water treatment and safe storage (HHWTSS)	70,000	95,396	UNICEF monitoring reports, SitReps and Government and IP reports
Indicator 2.3	# of people benefiting from hygiene kits distribution	10,000	10,000	UNICEF monitoring reports, SitReps and Government and IP reports

Explanation of output and indicators variance: Through CERF funds and WASH, UNICEF distributed 126 handwash stations for WASH and Nutrition supported interventions, focusing on health centres facilities, schools and communities. Specifically, we distributed 50 handwashing stations in Cunene, 62 in Huila and 14 in Cuando Cubango. In addition, 140 water filters were distributed to support both WASH and nutrition interventions: 50 in Cunene, 62 in Huila and 28 in Kuando Kubango. These interventions were also aimed at supporting Government's Covid-19 response.

Activities	Description	Implemented by
Activity 2.1	Procurement of 10 solar pumps for emergency water rehabilitation	UNICEF
Activity 2.2	Emergency rehabilitation of 10 water points with solar pumps	Government of Huila, Namibe and UNICEF
Activity 2.3	Procurement and distribution of 8,000 water containers and treatment pills	UNICEF
Activity 2.4	Distribution of 8,000 water containers and treatment pills	Lutheran World Federation, ADRA and provincial Government authorities of Huila, Cunene and Namibe
Activity 2.5	Procurement and distribution of 2,500 dignity/hygiene kits	UNICEF and provincial Government authorities of Huila and Cunene
Activity 2.6	Distribution of 2,500 dignity/hygiene kits	Provincial Government authorities of Huila and Cunene

Output 3 Access to primary school for 25,000 children affected by drought

Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/Cluster	Education - Education			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	# of temporary learning centres opened in the most drought affected schools	50 temporary learning centers	50	Delivery of goods records and Government

¹² Angola's government has requested UNICEF to install manual handpumps instead of Solar-powered pumps due to solar panel vandalism. Since the cost of manual pumps is lower, UNICEF managed to instal 21 pumps instead of the initially planned 10. Angola's government has requested UNICEF to install manual handpumps instead of Solar-powered pumps due to solar panel vandalism. Instead of 10, we managed to seat 21. A significant difference was the government support. UNICEF and the government combined efforts to reach people through water tracking. Government bought water trucks to support the drought response in the south of Angola, in which CERF implementation was part. UNICEF installed PCV tanks 5m³ in schools, communities and HCF.

Indicator 3.2	# of children that have received learning materials and education supplies	25,000 children affected by emergencies	25,000	Delivery of goods records, school lists and Government record
Indicator 3.3	# of school directors and teachers that have received short-term trainings on education in emergency response	50 school directors and 250 teachers	569 school directors and 872 teachers	Training lists and reports

Explanation of output and indicators variance:

UNICEF procured and prepositioned supplies to support school reopening in early 2021 by providing to 44 schools and 30,000 learning kits for children. But this material is being considered for delivery to schools as soon as they open their facilities for that reason it is not possible to register the number of children who have benefited yet.

The variation in the population reached in relation to the targets is explained by the following: The individual learning kits were purchased in Mozambique, which reduced costs and we were able to pre-position 30,000 kits. In the case of directors and teachers, the target was surpassed because the trainings were done directly with the provincial governments, which also saved costs

Activities	Description	Implemented by
Activity 3.1	Procurement of 50 school tents and school-in-a-box, 25,000 individuals learners' kits, 100 recreational kits.	UNICEF Angola
Activity 3.2	Setting-up of 50 temporary learning spaces to ensure access to education	UNICEF Angola and selected municipalities
Activity 3.3	Distribution of education materials including 50 school tents, 25,000 individual learners' kits and 100 recreational kits	UNICEF Angola and selected municipalities
Activity 3.4	Short-term trainings for education authorities, school directors and teachers on emergency response.	ADRA

Output 4 25,000 children reached with community outreach strategies to prevent violence and exploitation, including accessing quality child protection services when required

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/Cluster Protection - Child Protection

Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	Children reached with child protection prevention and response interventions (accessing child friendly spaces)	25,000	25,318	World Vision, ADRA and INAC (Government)
Indicator 4.2	Unaccompanied and separated children identified and receiving protection services (family tracing and reunification, legal aid, placement in alternate care)	500	601	INAC – National Institute for Children
Indicator 4.3	Children victims of violence referred to child-friendly services	500	766	INAC – National Institute for Children

Explanation of output and indicators variance: Due to the COVID-19 containment measures, child protection prevention and response interventions were implemented through a door-to-door approach,

		implemented by UNICEF partners to safely reach out to children and their caregivers with key messages and sensitization sessions on child protection risks and response mechanisms (indicator and activity 4.1). A total of 69,269 was reached (25,310 direct and 43,958 indirect beneficiaries). Targets for indicators 4.2 and 4.3 have been overachieved thanks to the operationalization of the national helpline to report cases of violence. This service, launched by INAC on 16 June 2020 with the support of UNICEF, increased children's access to response services in]
Activities	Description	Implemented by
Activity 4.1	Create and operate child friendly spaces that can serve as protection platforms for identification of protection concerns, recreation, delivery of psychosocial support.	World Vision and ADRA
Activity 4.2	Refresher training of government and non-governmental actors in identification, referral and service delivery for unaccompanied and separated children	INAC – National Institute for Children, World Vision e UNICEF
Activity 4.3	Support Government and service providers to develop a referral system specifically tailored to emergency response.	UNICEF and World Vision

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹³ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been integrated and given due consideration.**

a. Accountability to Affected People (AAP)¹⁴:

Child protection risks have increased in the context of drought, particularly for women and children. There has been an increase in sexual exploitation, abuse and domestic violence and the lack of food increases the exposure of women and girls to the risks of transactional relationships, in exchange for food or other basic needs. To reinforce the child protection system in the target provinces, several consultations were held with vulnerable groups with the support of world Vision (INGO) and ADRA (NNGO) and local authorities, which led to the development of the safe heavens project, according to the most urgent issues identified. The project was implemented under the coordination of Communication for Development (UNICEF), which brought together all areas of activity and partners, through monthly coordination and reporting meetings, with all partners involved including local authorities and CSOs (technical and monitoring support was provided in order to achieve the desired results. In addition, in the education sector UNICEF worked to support and strengthen the role that parents' committees play in school oversight and management.

b. AAP Feedback and Complaint Mechanisms:

Through awareness-raising activities, knowledge about children's rights and violence was increased, motivating beneficiaries to file complaints of cases of violence against children. In this way, it was possible to identify children who were victims of violence (including sexual) and their referral to protection services (including psychosocial support). Information on the SOS Criança helpline was

¹³ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹⁴ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

disseminated, which led to an increase in reports of cases of violence against children and their referral to protection services. Several trainings were also carried out to increase the capacity of stakeholders to respond to the increased demand and improve the quality of child friendly services and case management.

c. Prevention of Sexual Exploitation and Abuse (PSEA)²:

UNICEF supported the National Institution for Children (INAC) in the development of a comprehensive Child Protection in Emergency protocol (CPie protocol). Inclusive of different emergency scenarios, the CPie protocol addresses different aspects, including mechanisms for coordination and inter-sectoral referral of cases, principles for child-friendly and gender-sensitive service-delivery, mainstreaming of GBV prevention, prevention of sexual abuse and exploitation and self-care for frontline service providers. All interventions carried out within the scope of the Project (door-to-door awareness, training, lectures, among others) were gender oriented. Support to National Institute for Children (INAC) for development and implementation of child protection SOPs for emergency shelters and a CP referral mechanism which details each sectors' responsibility with focus on gender issues, support to INAC for implementation of a national hotline for reporting violence against children, SOS Criança – a toll-free line with national coverage with immediate up-take in drought-affected provinces, support to setting up of provincial child protection network in Cunene and technical support to organization of a training of police to mainstream child-friendly procedures in Huila province to ensure a child friendly and gender-sensitive approach.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

N/A

e. People with disabilities (PwD):

N/A

f. Protection:

In preparing the project, consultations were held with the affected populations, local authorities and social partners to access the main child protection related risks as immediate impact of the drought in the affected provinces. Field visits were undertaken, consultations and bilateral and multilateral meetings were held to design the project considering the most urgent child protection needs, while ensuring quality implementation of the integrated project components of WASH, Nutrition, Education and Child Protection. In the consultation process, the main concerns were child marriage, early pregnancy and school dropout that guided the design of the project. These risks tend to become even more critical in emergency contexts. In addition, the project also considered the social norms (considerable variety of tribes) and specific characteristics of the target provinces with a view to reach the largest number of beneficiaries, reinforcing intersectoral coordination and the integration of quality child friendly services.

g. Education:

Access to education in Southern Angola has been jeopardized by drought, as many pastoralist families have taken their sons out of school to travel longer distances in search of ever more scarce pasture and water. In addition, many girls are removed from school to help their mothers travel long distances to collect water. Furthermore, while recent rains may help to alleviate this situation in some regions. Flooding is also quite common, displacing children and teachers and reducing access to schools in many communities. Finally, Covid-19 has negatively affected access to learning even more as all schools were closed in March 2020, and most children in drought-affected areas have little access to TV or radio distance learning programmes. For this reason, UNICEF worked to support education in emergencies in two main ways: i) strengthened capacities of teachers and principals for safe school reopening in the Covid-19 context, including biosafety measures, emergency response and preparedness, multi-grade teaching and ICT and school management in the context of the pandemic; ii) procured and prepositioned tents and learning kits to support children's access to school, anticipating reopening of schools and recurrent dropouts due to drought. Educational continuity involves flexible and creative strategies within which learning spaces can be improvised and quickly equipped to ensure that children continue their education

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	0

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

N/A

9. Visibility of CERF-funded Activities

Title	Weblink
Angola Humanitarian Situation Report	https://www.unicef.org/appeals/angola/situation-reports
UNICEF Angola	https://www.unicef.org/angola

3.4 Project Report 20-RR-WHO-008 - WHO

1. Project Information

Agency:	WHO	Country:	Angola
Sector/cluster:	Health - Health	CERF project code:	20-RR-WHO-008
Project title:	Emergency Health Response to people affected by drought in Cunene and Huila provinces		
Start date:	10/03/2020	End date:	09/09/2020
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding

Total requirement for agency's sector response to current emergency:	US\$ 900,000
Total funding received for agency's sector response to current emergency:	US\$ 150,000
Amount received from CERF:	US\$ 284,955
Total CERF funds sub-granted to implementing partners:	US\$ 0
Government Partners	US\$ 0
International NGOs	US\$ 0
National NGOs	US\$ 0
Red Cross/Crescent Organisation	US\$ 0

2. Project Results Summary/Overall Performance

Through this CERF grant, WHO and its partners provided training and to 21 Especial Nutritional Units (ENU) in the provinces of Huila (14 ENU) and Cunene (7 ENU). A total of 28 trainers and 132 trainees were engaged and participated in the training of key personnel in the ENU's; they were provided copies of the "National Nutritional Guidelines for Integrated Management of Acute Malnutrition" based in the last WHO Guidelines. In addition, WHO purchased and distributed Medical Kits for Severe Acute Malnutrition Number (SAM). In the management of diarrhoea, a total of 2,692 out of 1,267 expected cases were treated with the C scheme by a trained professional. In the month of implementation, 92 out of 325 "HIV lost to follow-up" patients or those who are under Anti-Retro Viral (ARV) but were no longer accessing their treatment, resumed treatment. This project was implemented despite the logistic, restriction in the transit and low availability of trained human resources in the provinces of Huila and Cunene. Essential information was collected regarding life-threatening factors affecting access by the population to essential services in complicated SAM, "HIV lost to follow-up" and treatment of severe Acute Diarrhoea.

3. Changes and Amendments

Implementation of this project faces constraints due to several factors, most notably the limit on movements as a result of the Covid-19 pandemic emergency: This impacted the project in several ways:

- The initiation of the transmission in March 2020 and further community transmission at Luanda level made it difficult to initiate the project after its approval. The almost total dedication of the human resources in the activities of preparedness and response to the Emergency meant that recruitment of human resources (HR) at central and district level (Huila and Cunene) was not possible;
- The severe restriction in the transit of people prevented essential steps in the coordination other than those at central level;

- The reduction/interruption of essential services prevented access to basic information necessary for the planning of the activities as was necessary to implement a data collection simultaneously to the implementation in the No Cost-Extension (NCE) period;
- The sharp increase in the magnitude of the SAM and complicated SAM (specific for WHO) country wide increased the demand for for medical kits and funds for other critical areas not included in the project.
-
- There was only a short period of time available to implement the project when the Covid-19 epidemic curve was under control (Q3-2019). In addition, simultaneous presence of other projects and interventions in the same period didn't allow the participation of NGO's, or more direct management by the Provincial Public Health Directions through the Direct Financial Cooperation (DFC). This justified the almost complete Direct Implementation of the Project by the Country Office and the corresponding adjustment of some expenses in the same direction

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health - Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced persons	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected persons	1,278	1,212	5,376	5,102	12,968	50	42	446	424	962
Total	1,278	1,212	5,376	5,102	12,968	50	42	446	424	962
People with disabilities (PwD) out of the total										
	0	0	0	0	0	0	0	0	0	0

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

The training material and the printing of additional copies of “National Nutritional Guidelines for Integrated Management of Acute Malnutrition” provided essential tools for those provinces with a high concern due to high caseload of complicated SAM. The availability of this tool in other provinces not included supported a better attention of the complicated SAM and provided more opportunities of life-saving attention

6. CERF Results Framework

Project Objective	Provide life-saving interventions for children of under-five years of age with complicated Severe Acute Malnutrition and Acute Watery Diarrhoea and recover the treatment for PLHIV whose treatment that has been interrupted due to the drought				
Output 1	Saved lives among complicated SAM in Huila and Cunene provinces among children with low access to the Special Nutritional Centers				
Was the planned output changed through a reprogramming after the application stage?				Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Health - Health				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	Number of complicated SAM cases in under five years children evaluated and treated by a trained health professional or technician supervised in the last month	600 (80%) of around 750 under five years complicated SAM cases accessing one of the 18 District Nutr	101	Nutrition Monthly Report Especial Nutritional Units. Included in the Project Final Report	
Indicator 1.2	Ensure availability of the Medical (WHO) KMEDNUTKA and Nutritional and Feeding (UNICEF) KMEDMNUT112 Kits	10 Nutritional and Feeding Kits purchased and available at the beginning of the Project	10	CECOMA dispatch logbook	
Explanation of output and indicators variance:		The project was only implemented at field level in a short period. The target for a semester was calculated for a month period. Regarding the nutritional kits, those purchased in the previous project were available for this period.			
Activities	Description	Implemented by			
Activity 1.1	Formative supervision of trained health professional and technician in District Nutritional Center. The key personnel for this intervention are health facilities trained with the previous CERF funds. Its fundamental that the personnel be supervised ad those new to receive at work training	WCO Angola Office			
Activity 1.2	Purchase and transport of 10 Nutritional and Feeding Kits	WCO Angola Office			

Output 2	Severe AWD under five years old children recovered through parenteral treatment C scheme referred by the CHW to the nearest health facility				
Was the planned output changed through a reprogramming after the application stage?				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Health - Health				

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Moderate and severe acute watery diarrhoea (AWD) cases in under five years old children accessing a trained community health worker (CWH)	80% cases (out of 9,503 moderate and severe cases AWD) accessing Treatment C by a trained CHW	2692	Integrated Disease Surveillance and Response System of Huila and Cunene Province. Report Included in the Project Final Report.
Indicator 2.2	AWD Plan C Treatment purchased	1,668 parenteral rehydration bottles and 4,806 rehydration salts purchased and available at the beg	4,806 rehydration salts packets and 2,000 rehydration formulas for malnutrition children. No parenteral rehydration bottles could be purchased	Logistic including CECOMA (Medicine Purchase Centre)

Explanation of output and indicators variance: The period of effective implementation was reduced due to Covid-19 complaints and required an adjustment of the target for this reason

Activities	Description	Implemented by
Activity 2.1	Refresher training of trainers of district CHW in Case Management of AWD. To ensure the minimal skills in providing treatment to severe AWD	WCO Office and Provincial Health Directions
Activity 2.2	Implement formative supervision of trained health professional and technician in district nutritional center	WCO Office and Provincial Health Directions
Activity 2.3	Procurement of parenteral and oral rehydration treatment for AWD	WCO Office

Output 3 HIV patients whose ARV treatment has been interrupted due to displacement/drought are reconnected to the nearest Health Facilities

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Health - Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	People Living with HIV in age-group 15 to 49 years out of reach by drought who recovered access to HIV ARV Treatment	80% out of 2,440 PLHIV living in out of reach area	92	HIV Program Report by Provincial Program of Huila and Cunene

Explanation of output and indicators variance: The period of field implementation was only possible in a short period. Then the target estimated for a month

Activities	Description	Implemented by
Activity 3.1	Community Health Worker mapping of PLHIV with treatment interruption in their area and identifying activities to recover the treatment	Provincial HIV Program
Activity 3.2	Supervision of health facilities to support activities to recover treatment of PLHIV living in out of reach areas due to the drought	WCO Angola and Provincial HIV Program

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹⁵ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been integrated and given due consideration.**

a. Accountability to Affected People (AAP)¹⁶:

The current conditions due to the Covid-19 didn't allow an adequate participation of the crisis-affected people in any AAP mechanism. The reduction in the access to the health services and community activities decreased the coordination mechanism.

b. AAP Feedback and Complaint Mechanisms:

Does not apply

c. Prevention of Sexual Exploitation and Abuse (PSEA)²:

The project was implemented in health facility settings and didn't consider PSEA preventions activities other than usual ones.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

The information obtained about the lost to follow-up HIV patients indicated a higher proportion of women affected. This information suggests that the Covid-19 increased this gender inequality. In this regard this information will be provide to the National HIV program in order to take the necessary intervention

e. People with disabilities (PwD):

The activities were implemented in Health Facilities settings that complies with the PwD essential needs. In the SAM trainings the presence of PwD trainees cannot be obtained. This information will be collected in the oncoming projects.

f. Protection:

The project was implemented considering the current use of Covid-19 prevention as Personal Protection Equipment, social distancing and hand washing/hygiene. The adapted safety protocol for ground transportation was applied enabling the installing and implementation of the supervision.

g. Education:

No especial aspects were considered in the project design as it continued basically those used in previous projects. The use of formative supervision was remarkable considering the short period of implementation and the restriction to use conventional meetings with many participants. The use of non-presential methodologies was not possible considering the poor quality of internet connections and IT

¹⁵ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹⁶ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

resources. The availability of the national guidelines will enable the chance to implement training based in the availability of distance based technical assistance.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	Not apply

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

The main target population, complicated severe malnutrition children are inpatients and not amenable to receive CVA through their parents. The intervention in recovering lost to follow-up HIV patients was based in healthcare activities not adequate to used CVA.

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	N/A

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Sector	Agency	Implementing Partner Type	Total Funds Transferred in USD
20-RR-FAO-008	Agriculture	FAO	GOV	\$21,900
20-RR-FAO-008	Agriculture	FAO	INGO	\$43,800
20-RR-CEF-013	Multiple Sectors	UNICEF	GOV	\$60,307
20-RR-CEF-013	Multiple Sectors	UNICEF	INGO	\$198,632
20-RR-CEF-013	Multiple Sectors	UNICEF	NNGO	\$10,464