

**ANGOLA
RAPID RESPONSE
DROUGHT
2021**

21-RR-AGO-48651

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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.

03/06/2022

OCHA, RCO, UNICEF, WHO, WFP, UNFPA

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:

In 2021, Angola experienced the worst drought in 40 years. The southwestern provinces were most affected, receiving below 40-60% of the average rainfall. The drought severely impacted crop reduction, food security and livelihoods, resulting in an unprecedented food insecurity and nutrition crisis. At the time of preparation of the CERF proposal, 5.9M people (19% of the population) were experiencing insufficient food consumption, up from 3.8M at the end of March 2021. Proxy Global Acute Malnutrition rates were over 20% compared to 9.8% in 2018. The projection that the situation would further deteriorate in the following months was confirmed by an IPC food security and acute malnutrition analysis of 3 provinces in southwestern Angola, Cunene, Huila and Namie More than 1.5M people were in IPC Phases 3 and 4, as the drought impacted more provinces, with around 114,000 children in need of acute malnutrition up to February 2021. Life-saving, multi-sectoral assistance was provided to over 450,000 women, men, girls and boys in most affected areas identified as having high humanitarian needs. CERF supported government efforts in treatment of acute malnutrition through refresher training and ensuring technical capability to rapidly screen, treat and manage severe acute malnutrition at community and health facilities, saving many children's lives. Time critical priority humanitarian actions were also aligned with the Government of Angola's priorities, set out in the Government Drought Recovery Framework 2018-2022 for the Southern Provinces. In addition to enhanced UN visibility and leadership in the response, CERF allowed for increased geographical coverage and more equitable response, resulting in more deliverables. Collaboration and coordination with humanitarian partners and government was strengthened, especially at regional level. CERF funding resulted in additional resources from in-country donors.

CERF's Added Value

CERF funding enhanced the presence of UN and non-UN agencies (UN implementing partners), contributing to overall improved visibility of humanitarian partners, especially against a backdrop of limited humanitarian funding and, consequently, activities. It provided an opportunity to increase trust and credibility for the UN and wider humanitarian response, in relation to both government and the affected population. This is particularly significant in a context that is not particularly cognisant of non-government humanitarian response, due to historical perspectives. CERF helped to raise the global profile of this emergency and was used to mobilize additional resources, notably from ECHO and USAID.

CERF interventions resulted in humanitarian coordination with the Government of Angola being strengthened, especially at provincial level, in all the CERF RR target provinces. The result has been strategic and meaningful engagement with the offices of the Governors/Vice-Governors, responsible for overall drought response coordination at provincial level. This is especially important for facilitation of future humanitarian response activities. CERF response during the COVID 19 pandemic enabled agencies and partners to explore new ways of working with and engaging overall with government at field level, and specifically with operational agents of the National Civil Protection Commission (CNPC), the Comissao de Proteccao Civil e Bombeiros (CPCB). The unique challenges of response during the COVID pandemic resulted in innovative means of engagement, ensuring coordination was maintained and uniquely reinforced, whilst responding to the worst drought recorded in 40 years. Although the originally envisaged plan to establish a functional emergency response framework for current and future emergencies with the National Civil Protection Commission (CNPC) did not fully take off given the limitations related to the pandemic, engagement with CNPC was initiated to this end, and plans around emergency preparedness capacity building, are ongoing, even after the end of the CERF response

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

Yes

Partially

No

Delays of procurement (Covid; International Ports were closed for the importation of goods); Covid restrictions, travel restrictions, mandatory quarantine, etc

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

Due to a number of factors/challenges such as COVID travel restrictions which limited movement of project staff, increased movement of affected people from targeted locations due to the drought, making it difficult to find targeted groups. As a result, less people benefited from CERF support, in some cases, than the expected.

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

CERF coordination allowed a better involvement of all parties, synergies were improved, and the overall coordination worked

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

Yes, the response helped to raise the global profile of this emergency and has contributed to the mobilisation of additional resources for the response.

Considerations of the ERC's Underfunded Priority Areas¹:

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](#).

The singling out of the ERC's priority areas by CERF promotes and ensures strategic focus on critical gender considerations by recipient agencies. This led to the systematic identification and attention to the needs of the most vulnerable and often marginalized groups of people. The ERC's four strategic priorities were prioritized throughout the allocation in a conscious effort to minimize a further increase in vulnerability due to the drought's impact.:

- Support to women and girls including interventions that prevent and respond to gender-based violence. UNPA supported women and girls of reproductive age through the provision of 25,500 dignity kits. UNFPA also supported Sexual and Reproductive Health services by increasing access for pregnant women to safely delivery through provision of 60 Clean Delivery kits both at the household and facilities. UNFPA also activate local social protection mechanism, strengthened GBV survivor's referral mechanisms and community-based support. UNICEF supported access to safe channels for reporting and referral of underage gender-based violence and referral pathways for identified child protection cases.
- Although no specific programs were designed for people with disability (PwD), persons with disabilities and their unique needs were prioritized by all agencies, through deliberate targeting that ensured PwDs were included in identification of the most vulnerable food and nutrition insecure populations. All agencies promoted inclusion and active participation to ensure the design of services addressed the specific needs of persons with disabilities.
- Education was mainstreamed throughout the response, in an effort to mitigate against negative coping strategies associated with highly food insecure areas. UNICEF worked to mobilize additional resources to support emergency Education interventions in areas targeted by CERF. Additionally, WASH programming supported school aged children in drought affected communities through hygiene promotion messaging and increased water supply in the areas of high vulnerability including Huila, Cunene and Namibe. As a result of the drought, many households had limited access to water and increased distance to travel to water sources. This resulted in families prioritizing water collection over education. Girls are disproportionately affected as they often carry the burden of water collection activities within the family. Complementarity with UNICEF regular education programmes ensured a referral mechanism for nutrition, child protection and other services. It also ensured that children accessing education could also access safe water sources in sites where schools are located.
- Protection was at the core of the CERF allocation, through both the implementation of dedicated protection projects and mainstreaming of protection across all sectors in the response. Referral mechanisms for protection services, including provision of psychosocial support services and community-based protection mechanisms allowed for the urgent identification of and response to protection cases

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	138,000,000
CERF	4,999,561
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	7,684,653
Total funding received for the humanitarian response (by source above)	12,684,214

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

Agency	Project Code	Sector/Cluster	Amount
FAO	21-RR-FAO-012	Food Security - Agriculture	425,000
UNFPA	21-RR-FPA-021	Health - Sexual and Reproductive Health	532,001
UNFPA	21-RR-FPA-021	Protection - Gender-Based Violence	168,000
UNICEF	21-RR-CEF-033	Water, Sanitation and Hygiene	1,511,754

UNICEF	21-RR-CEF-033	Nutrition	1,187,806
WFP	21-RR-WFP-024	Nutrition	830,000
WHO	21-RR-WHO-023	Health	345,000
Total			4,999,561

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

Total funds implemented directly by UN agencies including procurement of relief goods	4,149,873
Funds sub-granted to government partners*	30,247
Funds sub-granted to international NGO partners*	819,441
Funds sub-granted to national NGO partners*	[Fill in]
Funds sub-granted to Red Cross/Red Crescent partners*	[Fill in]
Total funds transferred to implementing partners (IP)*	849,688
Total	4,999,561

* 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:

Angola is experiencing its worst drought in 40 years. In the most affected southwestern provinces, rainfall was 40-60% below average. While rainfall has improved in recent months, this was too late to recover crop production. Thus, drought coupled with rising temperatures has drastically reduced harvest and livelihoods, creating an alarming food insecurity and nutrition crisis. Currently, 5.9m people, or 19% of the population of Angola, are experiencing food shortages – up from 3.8m people at the end of March and 1.6m people in 2020. WFP estimates that 15m people (50% of the population) employ negative coping strategies, such as spending savings. The situation likely will deteriorate further in the next 6-month period. The crisis has also expanded geographically: 2020 planning figures indicated an impact in 3 provinces in southern Angola, but drought conditions have severely worsened to impact 6 provinces. Proxy Global Acute Malnutrition (GAM) prevalence rates have increased from 9.8% in 2018 to over 20% in 2021, above emergency thresholds, in the 6 hardest hit provinces, with over 18,000 children suffering from Severe Acute Malnutrition (SAM) and an additional 38,000 children at risk. Restrictions imposed due to COVID-19 have impacted livelihoods, leading to family income loss, increased violence risks, including gender-based violence, and heightened child protection concerns, particularly during school closures. Drought conditions are also impacting access to safe water. 702,000 people are expected to need access to safe water sources, and over 346,000 will need access to safe sanitation to mitigate against the increased risk of disease outbreaks such as measles, malaria, yellow fever, cholera, malaria and polio, with confirmed outbreaks of circulating vaccine-derived poliovirus.

Operational Use of the CERF Allocation and Results:

In response to the crisis, the Emergency Relief Coordinator allocated \$5 million from CERF's Rapid Response window for life-saving activities. This funding enabled UN agencies and partners to provide humanitarian assistance to 66,013 people, including 95,000 women, 54,000 men, 30,000 boys and 46,000 girls, and including 3,338 people with disabilities. This funding allowed UN agencies and their partners to kick-start response activities, including i) the scale-up of nutritional services, ii) health services for acutely malnourished children and at-risk women in highly food-insecure areas, iii) food security support for households with post-harvest losses caused by the drought, iv) access to clean water and sanitation, and v) protection services targeted at food-insecure and malnourished communities, including prevention of sexual exploitation and abuse.

People Directly Reached:

UNICEF, FAO; WFP, UNFPA and WHO in a joint effort with the different implementing partners were able to directly reach 517,264 people. The number of people reached did not differ much from what originally planned, in terms of Food Security and Agriculture 18,350 people were directly reached, Health – 1053, Health - Sexual and Reproductive Health - 113,337, in terms of nutrition - 144,775 people were reached, on Protection - Gender-Based Violence - 57,500 Water and on Sanitation and Hygiene 182,249.

Data verification sources included the following: field mission reports, provincial health directorate monthly reports, nutrition screening cards with beneficiary details, nutrition training reports with lists of trained Community Health Agents (CHAs), post distribution monitoring. Additionally, a dedicated CERF field coordinator was based at field level for the purpose of ensuring regular information sharing and coordination between the UN agencies. The coordinator also ensured close follow up in terms of all perspectives of the project implementation. CERF coordinator monthly reports provided consolidated information on project implementation status and number of beneficiaries reached.

However, there is a deviation of more than 10 percent in some of the planned figures due to a number of factors/challenges. COVID travel restrictions which limited movement of project staff, increased movement of affected people from targeted locations due to the drought, making it difficult to find targeted groups. As a result, less people benefited from CERF support, in some cases, than the expected.

People Indirectly Reached:

In total, CERF RR was able to reach indirectly to over 346,714 (plus WHO). FAO was able to extend the seeds distribution to 72 people. UNFPA was able to reach over 1,148 people, from staff members from Civil Protection, GASFIG, Provincial Health Directorates, Communal and Municipal staff members and traditional authorities in the different provinces - Benguela – 132; Huambo – 460; Namibe – 113; Cunene - 318; Huila – 125. These beneficiaries are people who attended the key information awareness sessions in their areas of residence. UNICEF reached 288,119 people through culturally appropriate, gender- and age-sensitive information, and hygiene promotion and Infant and Young Child Feeding (IYCF) practices. This result exceeded the planned target of 250,000 people which the project sought to reach through WASH, nutrition, and social behaviour change. This happened because of the motivation, commitment, and supervision of the promoters. WFP was able to reach 57,375 family members who benefitted from sensitisation sessions on nutrition, health, and acute malnutrition prevention. The partnership with the Cooperating Partner (WVI) allowed the increase of these numbers through conducting additional sensitization sessions during WVI's activities not directly linked with CERF sponsored project WHO.

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
Food Security - Agriculture	1,735	1,365	7,625	7,625	18,350	1,735	1,365	7,625	7,625	18,350
Health	0	0	919	871	1,790	0	0	537	516	1053
Health - Sexual and Reproductive Health	80,000	0	33,337	0	113,337	80,000	0	33,337	0	113,337
Nutrition	11,287	130	81,636	74,814	167,867	11,982	90	68,299	64,304	144,775
Protection - Gender-Based Violence	20,000	30,000	5,500	2,000	57,500	20,000	30,000	5,500	2,000	57,500
Water, Sanitation and Hygiene	63,000	54,000	33,000	30,000	180,000	63,798	54,683	33,405	30,363	182,249

* 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 people	0	
Host communities	0	
Other affected people	571,999	490,336
Total	571,999	490,336

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

Sex & Age	Planned	Reached	Number of people with disabilities (PwD) out of the total	
			Planned	Reached
Women	237,967	177,541	1,109	1,163
Men	58,495	59,244	365	259
Girls	161,098	148,723	1,287	3,630
Boys	114,439	104,828	4,342	3,451
Total	571,999	490,336	7,153	8,503

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 21-RR-FAO-012

1. Project Information			
Agency:	FAO	Country:	Angola
Sector/cluster:	Food Security - Agriculture	CERF project code:	21-RR-FAO-012
Project title:	Mitigation and resilience to 2021 drought's impact to agriculture livelihoods from small farmers in southern Angola		
Start date:	02/09/2021	End date:	01/03/2022
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>

Funding	Total requirement for agency's sector response to current emergency: .	US\$ 12,000,000
	Total funding received for agency's sector response to current emergency:	US\$ 0
	Amount received from CERF:	US\$ 425,000
	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 this CERF UFE grant, FAO strengthened the capacity of 70 Farmer Field Schools by operating Irrigation Systems for food production; Increased the production of 2,522 smallholder heads of households (40% women) by providing agricultural inputs, seeds (Massango, corn, beans, pumpkin), water tanks, irrigation kits, and technology; Increased production and productivity of 18,300 household members by delivering water management technologies, farming and animal health measures; strengthened the capacity of 1 Local processing plant to produce minerals for community consumption; Conducted the training of Cattle Handlers in the Commune of Chipipa, for 50 beneficiaries between herders and ECAS facilitators; 50 veterinary kits were delivered to livestock keepers to meet specific situations in the livestock community in Huambo; 4 Chitakas installed it with a functional and integrated system of community vegetable gardens, Animals, fruit trees, cereals, biocides, biodigester, main Jango, community kitchen, and daycare center for the children of rural women in the Municipalities of Ombandja and Cahama in Cunene Province and Jau and Tipeio in Huila Province.

The project helped 18,350 people and secured inputs, technologies, and knowledge related to Climate-Smart Agriculture among smallholder farmers in Cunene (Namacunde, Kuroca, Kuanhama, Ombandja, Kahama), Huila (Gambos and Chibia Matal), and Huambo (Londumbali, Longonjo, Ekunha, Ukuma, Bailundo) Provinces, between September 2021 and April 2022. The project focused on life-saving measures focused on food production and the preservation of agricultural assets in small farmer households. It contributed to food security by mitigating crop losses by facilitating access to essential ad-hoc irrigation technologies. This was achieved according to plan.

3. Changes and Amendments.

Throughout the monitory missions, Local Administrations who decided to install community kitchens identified children with apparent signs of malnutrition. To support the initiative and guarantee the improvement of food security for the children, FAO has established a “community vegetable garden” with various types of vegetables planted near those community kitchens. In addition, a chicken coop with ten laying hens has been set up to ensure that each child has access to animal protein and can eat at least one egg every day. FAO also acknowledges that the low rainfall will be a challenge for the communities shortly. In this way, after verifying that in Cahama municipality, 02 plows did not take root, the project opted to purchase Irrigation KIT (including hoses and pumps) to overcome this challenge. FAO also encountered constraints requiring plan implementation adaptation in the activities related to the distribution of agricultural inputs. The misuse of the seeds by the population was noted, who started to use them for daily food when the initial objective was the creation of community plots for the application of climate-smart agriculture practices.

Given these arrangements, FAO started to directly implement community plowing with irrigation systems, cultivating propagules, egg protein, and animal protein for children. In this context, it has Installed 30 demonstrative agroecological plots called "CHITAKA ECA" in 11 municipalities in the Provinces of Huambo, Cunene, and Huila. These challenges have positively influenced the results. Have ensured greater efficiency and sustainability and effectively contributed to the resilience of family farmers, sustainable production, and food and nutrition security in southern Angola.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Agriculture									
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 people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	1,735	1,365	7,625	7,625	18,350	1,761	1,371	7,645	7,645	18,422
Total	1,735	1,365	7,625	7,625	18,350	1,761	1,371	7,645	7,645	18,422
People with disabilities (PwD) out of the total										
	260	205	1,143	1,143	2,751	260	205	1,143	1,143	2,751

* 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

Seventy-two people (in addition to the aggregate provided by the project) have benefited from cabbage, cabbage seed, sweet potato, corn, beans, and an irrigation system. These include 32 adults (26 women, six men) and 40 children.

6. CERF Results Framework

Project objective To mitigate the 2021 drought's impact on agriculture livelihoods from small farmers in three provinces, namely Cunene, Huila and Huambo, by ensuring Climate Smart Agriculture-related inputs, technologies and knowledge.

Output 1 Water Management Technologies available to mitigate drought impact on crops for 2,450 farmers integrated seventy Field Farm Schools.

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

Sector/cluster Food Security - Agriculture

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of Field Farms Schools with operating Irrigation Systems for food production	70	70	Implemented Chitakas
Indicator 1.2	Ag.1 Number of people benefiting from agricultural inputs (items/packages/kits)	2,522	2,522	Implemented Chitakas

Explanation of output and indicators variance: N/A

Activities	Description	Implemented by
Activity 1.1	To implement demonstrations on water and soil management including local inputs, low-cost field system (drop-drop) and water storage.	FAO specialists in FFS, IDA, Community Brigades.
Activity 1.2	To assess field conditions with FFS directive structure to install and operate irrigation systems.	FAO specialists in FFS, IDA, Community Brigades.
Activity 1.3	To ensure a technical specialist to provide systematic backstopping for installation and operation of irrigation technology.	FAO specialists in FFS, IDA, Community Brigades.
Activity 1.4	To procure and distribute the irrigation kits integrated by pedal pump, drop-drop and water storage for up to 5,000 ltrs.	FAO specialists in FFS, IDA, Community Brigades.

Output 2 Technologies and local capacities to increase production and productivity to ensure food supply.

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

Sector/cluster Food Security - Agriculture

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Ag.1 Number of people benefiting from agricultural inputs (items/packages/kits) (seeds/hoes/machete/watering can)	2,522	2,522	Report

Indicator 2.2	Number of household members who will benefit from water management technologies, farming and animal health measures (derived from (2450 farmers + 600 smallholders of cattle) * 6 average household members.	18,300	2,450	Implemented Chitakas
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 2.1	To distribute vegetable, millet seeds and agricultural tools kits to farmers in the target communities by engaging FFS directive structures.	FAO technician.		
Activity 2.2	To distribute ploughs, hoes and machetes as tools for ECAs that will improve food production and time dedication.	FAO technician.		

Output 3 Nutrition and Animal Health measures implemented to mitigate cattle loss in Huambo.

Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Food Security - Agriculture			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Local processing plant reinforced to produce mineral licks for community consumption	1	1	Implemented Chitakas
Indicator 3.2	Ag.3 Number of people benefiting from livestock inputs (animal feed/live animals/kits/packages) (600 cattle owners head of households * 6 family members)	3,600	3,600	Field Mission Report
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 3.1	To provide partial raw supply and oversee the Center of Mineral Licks (CML) in Cahama production for mineral licks production.	Field Mission Report		
Activity 3.2	To procure and distribute 10,000 mineral licks for cattle nutrition from local sources.	Implemented Chitakas		
Activity 3.3	To refresh 50 FFS's facilitators on the best practices for animal nutrition and basic handling of veterinary kits, so they can perform as Community-Based Animal Health Workers C-B AHW.	Training Report		
Activity 3.4	To procure and distribute 50 veterinary kits to reinforce animal's immunity.	Field Mission Report		

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 areas² 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 addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)³:

The project was implemented over six months, through the overall coordination of FAO in close collaboration with the Ministry of Agriculture and Forestry, specifically with its technical institutions: IDA and ISV. The "vehicle" for implementation in terms of community involvement, dialogue, and capacity building was the Farmer Field Schools with the innovation of Chitakas. This project explored seventy of these local structures and, through the acquired means, facilitated the channelling of benefits, technology, and information updates previously addressed under other projects.

The FFS is a community-based structure where women and youth have been championing initiatives and have a very active voice. Each FFS has direct involvement and reliance on FAO, IDA, and ISV staff in the field. In addition, local authorities, traditional leaders, and provincial governments will be fully involved in selecting beneficiaries and monitoring project activities. FAO has tailored specific pre-identified requirements, such as type of tools, seed variety, or water storage technology, based on iterations with project beneficiaries.

b. AAP Feedback and Complaint Mechanisms:

The confidential complaint mechanism was set up through EDA, promoting youth and women championing of a transparent, outspoken, and safe environment for the project implementation. Capitalizing experiences from ongoing projects, FAO will continue to ensure adherence to FAO's Corporate Whistle Blower's policy by setting up a clear process for information handling upon reception, and specially response and use to inform future activities particularly during emergency projects.

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

FAO applies a zero-tolerance policy toward Sexual Harassment and Sexual Exploitation and Abuse. Within this policy, FAO tap into its existing offices and network to establish a simplified and openly known mechanism to ensure that beneficiaries are aware that there is no cost associated with the project's services, nor discriminatory practices towards women and girls, but rather affirmative action measures. Women in the FFS's directive were appointed as focal points to detect, communicate and facilitate access to present complaints about project beneficiaries.

Corporate FAO's mechanisms were strengthened in January 2015, establishing the process for complaints to be submitted, reviewed, and investigated by the Inspector General (OIG). Further to the findings of such investigations, disciplinary measures, including dismissal, are to be imposed. In addition to the policies, procedures, and mechanisms for managing complaints and appropriate corrective actions, it is incumbent upon all employees, particularly managers of organizational units, to create and promote a work ethos and environment that prevents sexual harassment and exploitation or exploitation abuse.

² 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](#).

³ 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](#).

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

Angola's agricultural sector predominantly relies on the female workforce, although decision-making and asset management usually rely on men. There is a notorious emphasis in agriculture development interventions to notoriously position women as agriculture producers and economic agents with apparent leverage at the community level. This project has promoted this effort by:

- Within output 1, women are part of the demonstration sessions to set up and manage irrigation systems for agriculture production and water storage. They have a decisive role in the water management mechanisms.
- Within output 2, while assessing production and consumption needs, women's productive preferences were considered, i.e., to select crops where her producing and commercialization skills are more profitable commercially and domestically.
- Within output 3, 30 to 40% of the Community-Based Animal Health Workers to be engaged are women and hence have a strategic role in cattle (asset) management in their communities.

e. People with disabilities (PwD):

Drought impact in targeted communities is reasonably expected to worsen pre-existing disabilities and even create new temporary or permanent disabilities. PwD experiences severe levels of vulnerability characterized by specific livelihood circumstances, their socio-political isolation (perpetuated by stigma, discrimination, and exclusion), and constraints in accessing productive resources and services (in this case water, seeds, tools, and training). FAO included awareness and sensibilization sessions during its induction process for new team members and also ensured that meetings consider PwD to produce accessible spaces, although it remains a challenge in the rural and agriculture sector due to an already limited connectivity.

f. Protection:

Drought impact in targeted communities is reasonably expected to worsen pre-existing disabilities and create new temporary or permanent disabilities. PwD experiences severe levels of vulnerability characterized by specific livelihood circumstances, their socio-political isolation (perpetuated by stigma, discrimination, and exclusion), and constraints in accessing productive resources and services (in this case, water, seeds, tools, and training). FAO included awareness and sensibilization sessions for new team members during its induction process and ensured that meetings consider PwD to produce accessible spaces. However, it remains a challenge in the rural and agriculture sectors due to limited connectivity.

g. Education:

The project held information refreshment encounters, most suited in agriculture, particularly under output 1 for irrigation systems and output 3 for animal health and nutrition.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	N/A

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.

Cash and Voucher Assistance - CVA is not included this project proposal

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities.

Title	Weblink
Tweet from FAO Angola's Twitter account reporting on the visit of FAO team to identify lands in Chibia (Huila) to establish community farms with the UNCERF's support to serve the population affected by the drought (January 24, 2022).	https://twitter.com/FAOAngola/status/1485741013004083203
Tweet from FAO Angola's Twitter account reporting on the visit of FAO team to identify lands in Gambos (Huila) to establish community farms with the UNCERF's support to serve the population affected by the drought (January 28, 2022).	https://twitter.com/FAOAngola/status/1487037479387643906
Tweet from FAO Angola's Twitter account reporting on the joint visit of FAO and WFP in Cunene, for the integration of community farming and children's feeding within the scope of the UNCERF's support (January 28, 2022).	https://twitter.com/FAOAngola/status/1487042962924130304
News on TPA (Angolan National Broadcasting Television) about the FAO training in Huambo about cattle vaccination within the support of the UNCERF's project in Huambo (February 7, 2022).	https://youtu.be/WRoNpU5QADg (minute 31')
Tweet from FAO Angola's Twitter account reporting on a practical class on cattle vaccination within the scope of the UNCERF's project in Huambo (February 8, 2022).	https://twitter.com/FAOAngola/status/1490988803703869444
Tweet from FAO Angola's Twitter account about the Jau community farm (Chibia, Huila), that was created as part of the fight against drought. FFS is formed by 35 women and aimed to feed 1500 people (February 21, 2022).	https://twitter.com/FAOAngola/status/1495702742937088001
Tweet from FAO Angola's Twitter account about UNCERF's assistance that benefit producers from 40 Farmer Field Schools in Huambo with veterinary kits (March 4, 2022).	https://twitter.com/FAOAngola/status/1499686001509376000
News on Angop (Angolan National News Agency) about the distribution of veterinary kits in Huambo with the support of FAO and financial assistance of UNCERF (March 5, 2022).	https://www.angop.ao/noticias/agricultura/fao-distribui-kits-veterinarios-para-tratadores-de-gado-na-caala/

3.2 Project Report 21-RR-FPA-021

1. Project Information			
Agency:	UNFPA	Country:	Angola
Sector/cluster:	Health - Sexual and Reproductive Health Protection - Gender-Based Violence	CERF project code:	21-RR-FPA-021
Project title:	Provide Life-Saving protection and sexual reproductive interventions through drought response areas in five target provinces of southern Angola (Cunene, Namibe, Huila, Benguela and Huambo).		
Start date:	01/09/2021	End date:	28/02/2022
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\$ 19,197,444
	Total funding received for agency's sector response to current emergency:		US\$ 2,500,000
	Amount received from CERF:		US\$ 700,001
	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 funded project UNFPA was able to achieve the targeted number of 143,837 of people, being 113,337 visible pregnant women received inter-Agency SRH kits (2B) in the maternal and child health units where they received services in the targeted municipalities. UNFPA also distributed 60 birth attendant kits 2A ensuring safe and clean birth deliveries at the focused provinces, as well as the distribution of 25,500 dignity kits to women and girls of reproductive age preventing gender-based violence (GBV) through community interventions including 5,000 men and boys who were reached out with lifesaving key messages on SRH and GBV, in the affected communities. The project was implemented between September 2021 and February 2022 in the five targeted provinces of Benguela, Huambo, Namibe, Cunene and Huila.

3. Changes and Amendments

The project was implemented as initially planned with no significant deviations. The only constraint was related to a transport delay caused by the change of final port delivery from Lobito to Luanda, which was immediately addressed by the Country Office to avoid any relevant change in the project plan implementation. The initial logistic plan was entirely completed with the valuable support of provincial authorities and Civil protection that allowed the delivery on time in the referred municipalities.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - 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 people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	20,000	3,000	5,500	2,000	30,500	20,000	3,000	5,500	2,000	30,500
Total	20,000	3,000	5,500	2,000	30,500	20,000	3,000	5,500	2,000	30,500

People with disabilities (PwD) out of the total

	60	104	44	77	285	60	104	44	77	285
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Sector/cluster	Health - Sexual and Reproductive 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 people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	80,000	0	33,337	0	113,337	80,000	0	33,337	0	113,337
Total	80,000	0	33,337	0	113,337	80,000	0	33,337	0	113,337

People with disabilities (PwD) out of the total

	60	0	44	0	104	60		44	0	104
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* 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 project benefitted indirectly a total of 1,148 staff members from Civil Protection, GASFIG, Provincial Health Directorates, Communal and Municipal staff members and traditional authorities (Benguela – 132; Huambo – 460; Namibe – 113; Cunene - 318 ; Huila - 125) who attended the key information awareness sessions with added value for future interventions in the area.

6. CERF Results Framework.

Project objective	To reduce Gender-Based Violence (GBV) risks and cases in the 5 most drought-affected Provinces of Cunene, Huila, Namibe, Benguela and Huambo contributing to the provision of appropriate sexual reproductive health, including GBV information, to 113,337 women and girls of reproductive age, and provide life-saving key messages to adolescent girls and boys.
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Output 1 Safe spaces and core Gender Based Violence life-saving services ensured in the target drought affected areas.

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

Sector/cluster	Health - Sexual and Reproductive Health			
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Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	SP.1a Number of menstrual hygiene management kits and/or dignity kits distributed	25,500	25,000	LPFA's Monthly reports

Explanation of output and indicators variance: It was not registered any variance in the output

Activities	Description	Implemented by
Activity 1.1	Hire a humanitarian Local Project Field Assistants - LPFAs in each of the 6 Provinces for rapid implementation of activities	UNFPA
Activity 1.2	Procurement of 25,500 Dignity Kits for target areas.	UNFPA
Activity 1.3	Distribution of 25,500 Dignity Kits in target areas.	UNFPA LPFA's and local Government authorities
Activity 1.4	Basic orientation of women and girls on usage of Dignity Kits.	UNFPA
Activity 1.5	Conduct women and girls' safety assessments in the target areas to inform about their physical and emotional safety and address the gaps.	UNFPA LPFA's and local Government authorities

Output 2 Inter-agency emergency reproductive health life-saving services to beneficiaries ensured in the five drought-affected Provinces.

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

Sector/cluster	Protection - Gender-Based Violence			
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Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	SP.2b Number of people benefiting from services enabled by inter-agency emergency reproductive health kits (in the five drought-affected Provinces)	113,337	113,337	LPFA's monthly reports

Indicator 2.2	Awareness sessions conducted by the Local Project Field Assistants - LPFAs - (30 sessions per Municipality x 26 = 780	780		LPFA's monthly reports
Explanation of output and indicators variance:		There was no variance in the output or indicators		
Activities	Description	Implemented by		
Activity 2.1	Conduct a life-saving refresher session to inform and empower the Local Project Field Assistants - LPFAs.	UNFPA and local partners		
Activity 2.2	Produce and print 15,233 fliers with key messages on SRH, GBV prevention measures, and COVID-19 awareness and prevention, for emergency settings	UNFPA		
Activity 2.3	Carry out 780 awareness sessions for women and girls on SRH and GBV in emergencies, including COVID-19 awareness and prevention	UNFPA and Gabinetes de Acção Social, Família e Igualdade de Género - GASFIGs		
Activity 2.4	Activate local social protection mechanisms and strengthening GBV survivor's protection mechanisms, including assurance of referral pathways	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 - Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	AP.4a Number of affected people who state that the assistance and protection provided correspond with their needs (through the Monitoring visits by UNFPA CO staff to drought-affected areas (It is estimated that at least 1/6 of these beneficiaries, i.e. 23,973 people, will testify to the relevance of life-saving actions carried out by UNFPA in the provinces of Cunene, Huila, Namibe, Benguela and Huambo))	23,973	23,973	LPFA's monthly reports
Explanation of output and indicators variance:		There was no variance of the output or indicators		
Activities	Description	Implemented by		
Activity 3.1	Conduct four monitoring missions and regular follow up via virtual meetings.	UNFPA and Local Project Field Assistants - LPFAs		
Activity 3.2	Conduct joint field monitoring with UNICEF and WHO to ensure timely implementation, address challenges faced and take stock of lessons learnt in the field and to ensure efficient and cost-effective utilization of CERF resources	UNFPA, WHO and UNICEF		
Activity 3.3	Conduct joint review meetings through the UN DMT	UNFPA and the UNDMT Members		

Output 4 113,337 pregnant women assisted with Clean Delivery Kits in the drought-affected municipalities.

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

Sector/cluster	Health - Sexual and Reproductive Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	SP.2b Number of people benefiting from services enabled by inter-agency emergency reproductive health kits (pregnant women who receive Clean Delivery Kits-individual 2A in target areas.)	113,337	113,337	LPFA's monthly reports
Indicator 4.2	SP.2a Number of inter-agency emergency reproductive health kits delivered (clean delivery kits - birth attendant 2B distributed in health clinics in target areas)	60	60	LPFA's monthly reports
Explanation of output and indicators variance:		No variance was registered on output and indicators		
Activities	Description	Implemented by		
Activity 4.1	Procurement of 12 Clean Delivery Kits (CDKs)-individual delivery- 2A to assist 113,337 pregnant women, and 60 Clean Delivery Kits (CDKs)-birth attendants- 2B.	UNFPA		
Activity 4.2	Orientation sessions and distribution of 12 CDKs 2A to individuals	UNFPA, Local Project Field Assistants - LPFAs and Local Partners.		
Activity 4.3	Distribution of 60 CDKs 2B in target health clinics.	UNFPA, Local Project Field Assistants - LPFAs and Public Health Units		

7. Effective Programming

a. Accountability to Affected People (AAP) ⁴:

GUIDANCE (delete when completed): In **max. 150 words**, please describe how crisis-affected people (including vulnerable and marginalized groups) were involved in the design, implementation and monitoring of the project. Please highlight the modality used to involve all groups in all project phases and how feedback might have led to the agencies adapting the project design as required.

The beneficiaries were engaged from the beginning to create the life-saving dignity kits composition in order to be culturally sensitive and actively participated in the GBV pathways discussions. Beneficiaries approached UNFPA staff directly in finding solutions that were addressed through the service delivery points (GASFIG and health Units). Regular meetings were held with the presence of beneficiaries and relevant representatives of the local authorities to inform about the implementation of the project where challenges were discussed and addressed.

b. AAP Feedback and Complaint Mechanisms:

A feedback mechanism was established in the reference Health Units with UNFPA receiving regular feedback of the complaints and providing support to local GASFIG in the respective locations to address the reported concerns of the beneficiaries

⁴ 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](#).

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

The project was able to ensure protection to vulnerable groups especially girls through GASFIG protecting them from sexual violence and abuse having established a safe, simple and accessible complaint and feedback pathway to address Prevention of Sexual Exploitation and Abuse (PSEA), corruption and mismanagement. UNFPA staff in the field ensured that information was spread to the population about no-costs services, principles of no discrimination ensuring that women and girls were reached.

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

UNFPA together with local government authorities held 780 awareness sessions on the prevention of gender-based violence in emergencies (GBViE) and sexual and reproductive health in emergencies (SRHiE), including HIV, and sexual and reproductive health and rights (SRHR) through Community Distributors and information/key messages shared both in communities and in health units.

With this joint work in the targeted communities the project was able to address GBV ensuring it was appropriately addressed across all sectors; Identify high-risk areas and factors driving GBV in the emergency strengthening existent prevention strategies and Improve access of survivors of gender-based violence with secure and appropriate reporting, following up referral pathways and protection in place.

e. People with disabilities (PwD):

Through this project UNFPA responded to the beneficiaries concerns by providing equitable access to humanitarian needs of vulnerable groups, including pregnant and lactating women and girls with disabilities. Women and girls with special needs were included in the community awareness sessions and benefitted from the dignity kits distribution and life-saving key information, through LPFAs in the field.

f. Protection:

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

g. Education:

During the project design and its implementation Focus Group discussions, and awareness sessions were organized during the implementation to act as an opportunity to educate beneficiaries on various life-saving topics, followed by the distribution of 17,500 leaflets with key messages on GBV protection and SRH issues.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	N/A

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.

In the past UNFPA worked closely with CVA in Cunene, Namibe and Huila provinces. However, it was learnt that some structural changes should be put in place in order to engage them in this modality. This is the reason why in this particular project CVA was not included in the UNFPA response.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
[Insert]	https://twitter.com/UNFPAAngola/status/1511301101471113222?s=20&t=FngObfAl9inaBRpkZfPAZQ
[Insert]	https://rna.ao/rna.ao/radiochanel/radio-benguela/
[Insert]	https://correiokianda.info/unfpa-afectadas-pela-seca-recebem-kits-de-dignidade/

3.3 Project Report 21-RR-CEF-033

1. Project Information			
Agency:	UNICEF	Country:	Angola
Sector/cluster:	Water, Sanitation and Hygiene Nutrition	CERF project code:	21-RR-CEF-033
Project title:	Integrated emergency life-saving interventions to drought emergency in Southern Angola		
Start date:	31/08/2021	End date:	28/02/2022
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\$ 107,490,000
	Total funding received for agency's sector response to current emergency:		US\$ 1,597,153
	Amount received from CERF:		US\$ 2,699,560
	Total CERF funds sub-granted to implementing partners:		US\$ 298,034
	Government Partners		US\$ 35,331
	International NGOs		US\$ 262,703
National NGOs		US\$ [Fill in]	
Red Cross/Crescent Organisation		US\$ [Fill in]	

2. Project Results Summary/Overall Performance

UNICEF's CERF RR funded emergency response to the drought comprised the delivery of lifesaving programmatic interventions on water, sanitation and hygiene and nutrition with an overarching behavioural change and information awareness component. The project had two main outputs (1) Nutrition—children and their communities have equitable access to and use of essential lifesaving nutrition services and (2) WASH—children and their communities in drought affected areas of Cunene, Huila and Namibe have equitable access to, and use, safe water, and learn good hygiene practices and assisted a total of 182,249 people through WASH and Nutrition interventions.

Through this CERF RR grant, UNICEF, and its partners provided nutritional screening to 42,288 children under five; referred 10,139 severely malnourished children for treatment; trained 61 staff on integrated management of acute malnutrition and prevention of gender-based violence; trained 141 caregivers on MUAC approach; and provided counselling on infant and young child feeding practices to 7,909 caregivers. Through WASH interventions, 182,249 people accessed sufficient and safe water for drinking, cooking, and personal hygiene; 288,119 people reached indirectly with culturally appropriate, gender- and age-sensitive information, and hygiene promotion and Infant and Young Child Feeding (IYCF) practices; 60,304 people benefitted from WASH non-food-items, including collapsible jerrycans, plastic bucket with lid and water purification tablets. Through the AAP mechanisms, 404 people shared their concerns and asked questions or clarifications about the project and to address their needs. These results were achieved during between August 2021 to April 2022, the implementation period of the CERF RR drought interventions in Cunene, Huila and Namibe. Many of the results achieved exceeded the planned figures.

3. Changes and Amendments

Despite careful and meticulous planning, the project was affected by unforeseen constraints, which required UNICEF to request for a no-cost extension. The decision was taken primarily to ensure completion of WASH interventions pertaining to procurement and installation of water pumps. The no-cost extension allowed for the completion of the installation and emergency repair of the water points. Activities to be completed during the non-cost extension were deemed to be non-life saving in that WASH life-saving interventions such as ensuring safe and equitable access to and use of a sufficient quantity and quality of water to meet people's drinking and domestic needs was timely delivered through water trucking services. While all hand pumps have been installed already and some solar pumps delivered to Government for installation, the no-cost extension allowed for the procurement, delivery, and installation of all solar water pumps by the Government giving the community continuous access to safe drinking water beyond the CERF implementation period. Delay in completing the procurement and installation of the pumps was primarily due to reasons beyond UNICEF control and were associated with logistics and the broader COVID-19 impact. The supplier was unable to deliver the equipment in time therefore compromising UNICEF's ability to meet agreed implementation timeline. As a result, a two-month no-cost extension was requested to CERF Secretariat and granted.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	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 people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	6,092	30	16,697	16,697	39,516	7,931	39	20,721	21,566	50,257
Total	6,092	30	16,697	16,697	39,516	7,931	39	20,721	21,566	50,257⁵
People with disabilities (PWD) out of the total										
	609	3	1,670	1,670	3,952	793	4	2,072	2,156	5,025
Sector/cluster	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 people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	63,000	54,000	33,000	30,000	180,000	63,798	54,683	33,405	30,363	182,249
Total	63,000	54,000	33,000	30,000	180,000	63,798	54,683	33,405	30,363	182,249
People with disabilities (PWD) out of the total										
	50	50	50	50	200	50	50	50	50	200

⁵ This figure includes the children screened, caregivers reached with IYCF and then staff trained, that's how we reached the number. We can explain the over achievement by the synergy and complementarity between WFP and UNICEF.

* 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.

288,119 people were reached indirectly with culturally appropriate, gender- and age-sensitive information, and hygiene promotion and Infant and Young Child Feeding (IYCF) practices. This result exceeds the planned target of 250,000 people which the project sought to reach through WASH, nutrition, and social behaviour change. Primarily, this is because of the motivation, commitment, and supervision of the promoters. Culturally appropriate communication materials were also produced and disseminated encompassing pamphlets, posters, and serial albums, which also facilitated the overreaching of the planned target

6. CERF Results Framework.

Project objective	Planned interventions are designed and prioritized with the intent and urgency to provide timely integrated lifesaving and emergency response services through the implementation of nutrition, water, sanitation and hygiene interventions to drought affected people, including children and women in Cunene, Huila and Namibe.			
Output 1	Children and their communities have equitable access to and use of essential lifesaving nutrition services.			
Was the planned output changed through a reprogramming after the application stage?		Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>
Sector/cluster	Nutrition			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of caregivers using the caregiver MUAC approach.	140	141	Reports from Provincial Directorates of Health Huila, Cunene and Namibe.
Indicator 1.2	N.4 Number of people screened for acute malnutrition (children under five)	33,394	42,288	Reports from Provincial Directorates of Health Huila, Cunene and Namibe.
Indicator 1.3	N.3a Number of severely acutely malnourished people admitted to therapeutic feeding programme (children under five)	8,348	10,139	Reports from Provincial Directorates of Health Huila, Cunene and Namibe.
Indicator 1.4	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation(refresher training on the integrated management of acute malnutrition)	40	61	Nutrition Trainer training reports
Indicator 1.5	N.6 Number of people benefitting training and/or community awareness sessions on infant and young child feeding in emergencies (pregnant and lactating women receiving IYCF counselling)	5,942	7,909	Reports from Provincial Directorates of Health Huila, Cunene and Namibe.
Explanation of output and indicators variance:		Overachievement of the number of children screened and the number of people benefitting from training and/or community awareness sessions on infant and young child feeding in emergencies (pregnant and lactating women		

receiving IYCF counselling) can be linked to the refresher training for health facility staff which supported improvements in the delivery of these essential services and in turn their reporting rates but also due to the improved synergies and complementarity between WFP and UNICEF.

Activities	Description	Implemented by
Activity 1.1	community screening for acute malnutrition.	UNICEF and Implementing Partners (Provincial Government Directorate of Public Health in Huila, Namibe and Cunene and National Directorate of Public Health).
Activity 1.2	procurement of Ready-to-Use Therapeutic Food (RUTF), Therapeutic Milks, F-100 and F-75, deworming tablets, vitamin A supplements, and anthropometric materials for nutrition screening, prevention and treatment of Severely Malnourished children.	UNICEF and Implementing Partners (Provincial Government Directorate of Public Health in Huila, Namibe and Cunene and National Directorate of Public Health).
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 Malnourished children.	UNICEF and Implementing Partners (Provincial Government Directorate of Public Health in Huila, Namibe and Cunene and National Directorate of Public Health).
Activity 1.4	treatment of Severe Acute Malnutrition (SAM) in outpatient and inpatient facilities.	UNICEF and Implementing Partners (Provincial Government Directorate of Public Health in Huila, Namibe and Cunene and National Directorate of Public Health)
Activity 1.5	Refresher training for health and nutrition staff on the management of acute malnutrition, mid-upper arm circumference screening and maternal, infant and young child nutrition (MIYCN) practices.	UNICEF and Implementing Partners (Provincial Government Directorate of Public Health in Huila, Namibe and Cunene and National Directorate of Public Health).
Activity 1.6	caregiver counselling on infant and young child feeding practices.	UNICEF and Implementing Partners (Provincial Government Directorate of Public Health in Huila, Namibe and Cunene and National Directorate of Public Health).
Activity 1.7	Social mobilization using interpersonal communication and mass community media including printing of communication materials for nutrition (serial album and posters, MIYCN and caregiver MUAC material, integrated management of acute malnutrition protocol and manual).	UNICEF and implementing partners (PIN, MENTOR).
Activity 1.8	Support to community leaders, female leaders, groups/associations of women, and teachers, to reinforce the community networks	UNICEF and implementing partners (PIN, MENTOR).
Activity 1.9	Conduct a quick social mapping to identify and register the community leaders to create community networks that will support the promotion of best practices of IYCF to enhance the prevention of malnutrition at community level	UNICEF and implementing partners (PIN, MENTOR).
Activity 2	Refresher training for Municipal Supervisors on supervision for C4D activities and community engagement.	UNICEF and Implementing Partners (Provincial Government Directorate of Public Health in Huila, Namibe and Cunene).

Output 2 Children and their communities have equitable access to, and use, safe water, and learn good hygiene practices.

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

Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	WS.7b Number of people who are using sufficient and safe water for drinking, cooking and personal hygiene use	180,000	182,249 ⁶	UNICEF, MENTOR Initiative and PIN's monitoring reports
Indicator 2.2	Number of at-risk and affected people that have timely access to culturally appropriate, gender- and age-sensitive information, services and interventions related to hygiene promotion.	180,000	288,119 ⁷	UNICEF, MENTOR and PIN's monitoring reports
Indicator 2.3	Number of affected people that have access to necessary hygiene items to adequately undertake essential daily personal and household hygiene activities.	180,000	60,304 ⁸	UNICEF, MENTOR and PIN's monitoring reports
Indicator 2.4	Number of people who shared their concerns and ask questions or clarifications to address their needs through established feedback mechanisms	2,500	404 ⁹	UNICEF, MENTOR and PIN's monitoring reports

Explanation of output and indicators variance:

2.1. Beneficiaries benefitted from water delivered through water trucking and from the installed water pumps thereby increasing the number of people reached.

2.3. The increase in the price of NFIs due to increased freight cost and the starting of the conflict in Ukraine led to a reduction of the number of supplies procured to avoid budget overspent. The percentage increase in the cost was nearly 40%. The new beneficiaries were selected using Nutrition indicators to assess the level of vulnerability of communities.

2.4. At the rural level, most people are illiterate. Therefore, complaints were made verbally at meetings, not in a writing, which has resulted in under reporting of results.

Activities	Description	Implemented by
Activity 2.1	Procurement of Emergency WASH equipment and supplies	UNICEF
Activity 2.2	Distribution of WASH Non-Food Items (NFIs)	MENTOR and PIN
Activity 2.3	Hygiene Promotion and community mobilization	MENTOR and PIN
Activity 2.4	Repair and rehabilitation of strategic water points	Local Water departments at municipal level
Activity 2.5	Water trucking support to affected communities	Local contract services

⁶ Targets were overachieved because beneficiaries benefitted from water trucking and the installation of the water pump resulting in overreaching of targets.

⁷ Targets were overreached due to social mobilisation and behaviour change interventions.

⁸ Increase in price for NFIs and freight cost associated with both COVID-19 imposed restrictions and the starting of the conflict in Ukraine have limited UNICEF's ability to acquire the quantities of supplies required within the implementation timeline. Opting for reduced number to cover for additional freight cost.

⁹ Actual number of people who reported and used the complaint mechanism is greater however, as majority of the people were illiterate, their complaints were done verbally during sessions and discussions with community engagement and promoters (reflecting an under reported result).

Activity 2.6	Implementation of an AAP feedback mechanism in the target municipalities	MENTOR and PIN
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7. Effective Programming

a. Accountability to Affected People (AAP) ¹⁰:

AAP was delivered through a series of training of activists on AAP information/concepts, including what is it and what is it for; who should use and when; who should file a complaint; what is feedback, criticism, and suggestion. Communities were informed that the mechanism serves to give them the space to raise concerns and provide suggestions related to the quality and the impact of the work we develop together in communities. In total, 25 activists, 12 men and 13 women, were trained from the different municipalities. AAP was delivered through social mobilisers trained on how to collect feedback. Communities were briefed on how to give feedback related to project design and implementation. Suggestion boxes at the community level were used to provide feedback and opened every 15 days. Focus Group Discussions and meetings were used to capture the concerns of illiterate people.

b. AAP Feedback and Complaint Mechanisms:

The UNICEF WASH project used suggestion boxes at the community level. The team opened the boxes every 15 days. AAP teams participated in all NFI distributions and sensitisation in the targeted municipalities to obtain timely feedback. The project received a total of 404 complaints, suggestions, or opinions from the communities using the suggestions boxes however, more complaints were made during meetings and focused group discussions.

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

The nutrition component of this project trained 61 health facility staff on GBV and PSEA. This training sensitised staff to become aware of PSEA issues and protect and support caregivers and children accessing nutrition services in a safe manner. In addition, the WASH component used the AAP mechanisms established to receive community complaints and raise awareness at the community level. A SEA risk rate was part of the clearance process for implementing partners. During interventions, through AAP mechanism we investigated community complaints about any issues raised.

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

The nutrition component of the UNICEF project ensured that boys and girls were treated in a non-discriminatory manner in accessing essential, life-saving services during the identification and treatment of children with severe acute malnutrition. Caregivers of SAM children are usually women, while their children receive care and treatment, the caregivers receive key messages on infant and young child feeding. When the primary caregiver is male, they too receive key messages on dietary diversity and positive infant and young child feeding practices. The WASH intervention had a clear focus on gender and vulnerable communities from the selection areas through service delivery.

e. People with disabilities (PwD):

Though the project did not specifically target people with disabilities, the nutrition component of this project included children with disabilities in the nutrition screening and severe acute malnutrition programme, without discrimination. Children with disabilities are at a higher risk of malnutrition than their counterparts. Similarly, caregivers with disabilities are also more likely to face poverty and as a result, their children are also at higher risk of acute malnutrition. As such, the nutrition programme offered services to these children and ensured they were not excluded from essential lifesaving care. The WASH implementation process started by targeting women and vulnerable families with disabled children or caregivers. The process was carried out with local authorities and CASIs on the distribution of NFIs, thereby accounting for the needs of people, including children with disabilities.

¹⁰ 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:

The nutrition component of the project included the training of 61 health facility staff on gender-based violence and PSEA. This increased health facility staff awareness of protection concerns, their capacity to identify concerns and refer caregivers to social services when required.

g. Education:

The CERF RR Project does not have an education component.

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

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	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.

Cash and Voucher Assistance have not been used in humanitarian response emergency settings in Angola in the context of drought response. This is contextually a new approach for Angola, and it would require lengthy planning and setting up mechanisms with potential implications to the capacity of UNICEF staff to deliver planned interventions within the 6 months implementation of the CERF.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities.

Title	Weblink
Facebook post on UNICEF Angola's initiative to provide safe water to affected families in Southern Angola, acknowledging support from UNCERF, in Portuguese.	https://www.facebook.com/UNICEFAngola/photos/a.215090461851682/5659105794116761/
Tweet from UNICEF Angola's twitter account highlighting UNCERF's support in providing life-saving support to families in need.	https://twitter.com/UNICEFAngola/status/1522212614268358658?s=20&t=XKk5mUzR0iMeW1HXwE4wxw

3.4 Project Report 21-RR-WFP-024

1. Project Information			
Agency:	WFP	Country:	Angola
Sector/cluster:	Nutrition	CERF project code:	21-RR-WFP-024
Project title:	Community management of acute malnutrition in Huila province		
Start date:	31/08/2021	End date:	28/02/2022
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\$ 9,684,000
	Total funding received for agency's sector response to current emergency:	US\$ 3,580,000
	Amount received from CERF:	US\$ 830,000
	Total CERF funds sub-granted to implementing partners:	US\$ 315,281
	Government Partners	US\$ 0
	International NGOs	US\$ 315,281
National NGOs	US\$ 0	
Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

through the CERF RR grant, WFP and its partners provided nutritional screening services for 90,393 children 6-59 months and treated 13,682 children with Moderate Acute Malnutrition (MAM) at the community level. A total of 90 MT was procured for the project, with most of it being administered at the household level. WFP also distributed RUSF at the municipal level to support the treatment of all children referred to the closest reference health units (children with Severe Acute Malnutrition or MAM with complications). 200 community health agents received refresher training on screening and treatment of moderate acute malnutrition at the community level, and 4,002 mothers received training on the use of MUAC tape (PB Familia). The project assisted a total of 94,518 people. The recovery rate for children admitted to the community treatment programme was at 89%^[1]. This was achieved during the period of increased vulnerability for many families due to the severe drought in the southwest of the country. The post-distribution monitoring exercise carried out in April 2022 indicated the poor quality of diet of the children who were assisted by the programme with only 18% of children having minimally acceptable diet^[2].

^[1] The minimum standards for measuring programme effectiveness is > 75%, according to Sphere Project (2011).

^[2] The minimum acceptable diet (MAD) has been used globally as one of the main indicators to assess the adequacy of feeding practices according to literature review there is an association between child dietary diversity and nutritional status. Inappropriate infant feeding practices have a significant impact on the growth, illness, and survival of the children.

3. Changes and Amendments

Given some delays in implementation, WFP Angola requested a No-Cost Extension for the project, and the programme was extended until April 30, 2022. The delays were mainly connected with prolonged negotiations with the provincial government for MoU signature to ensure the storage of RUSF at government facilities. Due to COVID-19 effects on supply chain operations, the delivery times for most of the commodities, including RUSF, have also increased considerably which result in further delivery delays. The screening of children started only at the end of November, while initially planned for October 2021, and was ongoing in all the targeted municipalities by December 13. The other challenges for project implementation included long distances between the targeted areas and bad quality of roads.

During the previous rainy season (2020/2021) the southwest of Angola faced the most severe drought in 40 years and its consequences are still persistent today. While the rainfall of recent months brought some improvement in vegetation cover, the agricultural production is still expected to be below average this year given that the rainfall came when the planting season for most of the crops was already over. Therefore, a fifth consecutive year of drought conditions in parts of the southern provinces and high food prices continue to drive food insecurity. The continuation of humanitarian assistance to vulnerable populations is critical to ensure that they can meet their basic food and nutrition requirements in 2022/2023. Food deficits are expected to persist in the affected areas even during the current post-harvest period, and although agricultural production prospects are more favourable in other parts of the country.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	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 people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	5,195	100	64,939	58,117	128,351	4,051	151	47,578	42,738	94,518
Total	5,195	100	64,939	58,117	128,351	4,051	151	47,578	42,738	94,518
People with disabilities (PwD) out of the total										
	130	3	1,623	1,452	3,208	0	0	18	25	43

* 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

57,375 family members benefitted from sensitisation sessions on nutrition, health, and acute malnutrition prevention. Working together with the Cooperating Partner (WVI) allowed to increase the number of people indirectly targeted through conducting additional sensitization sessions during WVI's activities not directly linked with CERF-sponsored project.

6. CERF Results Framework.

Project objective	To improve quality and coverage of services for the screening, early detection, referral, and prevention of acute malnutrition cases and treatment of MAM among CU5 and PLW in drought-affected municipalities of Huila province			
Output 1	123,056 CU5 are screened in 5 municipalities in the drought-affected province of Huila and at least 13,397 children with Moderate Acute Malnutrition (MAM) receive treatment at the community level (targeted supplementary feeding programme)			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Nutrition			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	N.4 Number of people screened for acute malnutrition (children under five, disaggregated by sex, in the 5 municipalities of Huila province)	123,056	90,393	Monthly CERF reports, distribution report from Cooperating Partner
Indicator 1.2	N.2a Number of moderately acutely malnourished people enrolled in supplementary feeding programme (children under five; cases with complications will be referred to a relevant health unit, and cases at the community level will be followed up by the corresponding agents)	13,397	13,682	Monthly CERF reports, distribution report from Cooperating Partner
Indicator 1.3	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation(refresher sessions in screening and treatment of moderate acute malnutrition at the community level)	200	200	Monthly CERF reports, distribution report from Cooperating Partner
Indicator 1.4	FN.1b Quantity of food assistance distributed in MT (ready-to-use supplementary food)	90	90	Monthly CERF reports, distribution report from Cooperating Partner
Explanation of output and indicators variance:		WFP was planning to treat 13,397 children. For this number of children, 90 MT of RUSF were procured. These children were to be identified through community screening of 123,056 children. However, the planned number of children for treatment was identified in a smaller population size of 90,393 children due to the fact that the prevalence of malnutrition was higher than expected. Given the fact that all children screened and identified as moderately malnourished, must receive treatment, the screening activities		

cannot go beyond available treatment supply (RUSF). Since WFP only had RUSF available for approximately 13,000 children, screening had to stop once the number was reached. The target for Indicator 1.1 was underachieved due to earlier end of community screening. The malnutrition prevalence at the community level turned out to be higher than initially expected, and the screening had to be stopped earlier in order to ensure that the procured amount of supplement would cover all admitted children for the whole duration of treatment.

Activities	Description	Implemented by
Activity 1.1	Conduct short refresher sessions for 200 community health agents on the community management of moderate acute malnutrition in CU5 and on the use of family MUAC approach	WFP, Huila Provincial Health Directorate, Cooperating Partner
Activity 1.2	Procurement of 90 MT of ready-to-use supplementary food (RUSF) and MUAC tapes for nutrition screening and mothers MUAC approach	WFP
Activity 1.3	Support conducting quality formative supervision visits from provincial, municipal levels and implement capacity building actions to improve quality of community case management of MAM, including post-distribution monitoring	WFP, Huila Provincial Health Directorate, Cooperating Partner
Activity 1.4	Ensure systematic screening, active case finding, identification and referral to treatment of MAM cases at community level through community health agents	WFP, Huila Provincial Health Directorate, Cooperating Partner

Output 2 29,996 family members receive counselling on early detection of malnutrition signs and positive IYCF, health and hygiene preventative practices (including sensitization on MUAC screening for 5,095 mothers and caregivers)

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

Sector/cluster	Nutrition			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	N.6 Number of people benefitting training and/or community awareness sessions on infant and young child feeding in emergencies (family members and caregivers of children 0-59 months with access to counselling on early detection of malnutrition signs and positive IYCF, health and hygiene preventative practices (at the community level, as compared to UNICEF which will be supporting counselling at the health unit level))	24,901	57,375	Monthly CERF reports, distribution report from Cooperating Partner
Indicator 2.2	Number of mothers and caregivers benefitting from sensitization sessions on the family MUAC approach	5,095	4,002	Monthly CERF reports, distribution report from Cooperating Partner

Explanation of output and indicators variance:		The target for indicator 2.1 was over-achieved since WFP managed to conduct additional sensitisation sessions during the community kitchens activities organised by World Vision. The target for indicator 2.2 was under-achieved due to limited monitoring capacity of community health agents and the need to better explain the added value of the training to the mothers.
Activities	Description	Implemented by
Activity 2.1	Organize focus group discussions to assess the quality of the services provided and determine the perception of families in terms of improvement of knowledge	WFP, Huila Provincial Health Directorate, Cooperating Partner
Activity 2.2	Implement community mobilization activities to increase mothers' and families' capacity to recognize signs of acute malnutrition, prevent malnutrition, improve infant-young child feeding (IYCF) practices and breastfeeding, improve hygiene, water, and sanitation practices and protective measures against COVID-19 (at the community level while UNICEF will be working on the health unit level).	WFP, Huila Provincial Health Directorate, Cooperating Partner
Activity 2.3	Disseminate mass communication and support activities for social behavior change communication.	WFP, Huila Provincial Health Directorate, Cooperating Partner
Activity 2.4	Organize short sensitization sessions for at least 5,095 mothers or caregivers at the community level on the MUAC family approach (performing the MUAC screening and identifying the signs of acute malnutrition in CU5)	WFP, Huila Provincial Health Directorate, Cooperating Partner

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 areas¹¹ 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 addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)¹²:

The sensitization and awareness raising activities about the selection criteria, duration of the programme and entitlements of beneficiaries were conducted by community health agents and during the focus group discussions. The focus group discussions also covered topics of infant and young child feeding, malnutrition prevention and COVID-19. WFP representatives were also available during community activities (focus group discussions, public talks, culinary demonstrations) to collect any feedback or complaints.

¹¹ 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](#).

¹² 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](#).

To assess whether beneficiaries are aware of their entitlements and assess the quality of services provided, WFP and partners conducted a post-distribution monitoring exercise at the end of the project. The majority of respondents (81%) indicated that they knew the criteria for programme admission and 87% confirmed that they were aware of what their child was entitled to when admitted (nutritional supplement, beneficiary card, MUAC tape).

b. AAP Feedback and Complaint Mechanisms:

Focus group discussions were organized with parents and caregivers to assess their knowledge on nutrition and relevant subjects. During these discussion beneficiaries were also asked to assess the project and its results for their household and point out any areas for potential improvements. WFP representatives were also available during community activities (workshops, public talks, culinary demonstrations) to collect any feedback or complaints. During the post-distribution monitoring performed by the cooperating partner, beneficiaries were asked about the impacts of the project, the quality of services and the performance of community agents. The survey indicated that 96% of respondents were satisfied with the programme. The remaining 4% indicated the following reasons for being unsatisfied: i) short duration of the programme; ii) the programme did not include children over 5 years; iii) limited quantities of RUSF available.

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

WFP ensured that partners have adequate gender competencies, and abide by WFP's commitment to gender equality, non-discrimination and protection from sexual exploitation and abuse (PSEA). The relevant commitment was also included in the Field Level Agreement with the CP. PSEA was also included in the training topics for community health agents.

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

All the information collected during the project was disaggregated by gender and age. During focus group discussions, WFP worked to engage closely with fathers and male family members to provide the relevant counselling and respond to any questions regarding nutrition of children under 5, discuss the division of labour within the household.

e. People with disabilities (PwD):

During the screening and treatment, community health agents registered children with disabilities and passed the information to municipal authorities to ensure the adequate provision of assistance.

f. Protection:

During the focus group discussions and post-distribution monitoring, feedback was collected from beneficiaries, including on protection risks, to ensure accountability of WFP and cooperating partner staff. Most respondents (81%) indicated that they knew the criteria for programme admission. Out of these 83% mentioned acute malnutrition as a criterion, 27% indicated the color of MUAC tape during the screening and 20% mentioned the age criteria (6-59 months). A total of 83% of respondents knew when their child would graduate from the programme (of these 96% mentioned that the child should be cured/recovered and, only 22% indicated that a child will be referred to a health unit in case of any complications). A total of 87% confirmed that they were aware of what their child was entitled to when admitted (nutritional supplement was indicated by 97%, beneficiary card – 53%, and MUAC tape – 31%).

g. Education:

Mothers and caregivers improved their knowledge on life-saving preventative practices for moderate acute malnutrition, health, on improved infant-young child feeding (IYCF) practices, good hygiene, water, sanitation, and protective measures against COVID-19. During the post-distribution monitoring exercise, 90% of respondents indicated that they participated in sensibilisation sessions. WFP, in coordination with partners, also prepared a radio podcast for *Radio Huila* which was aired weekly to disseminate messages on nutrition and healthy diets, while also refuting some of the existing myths on nutrition and childcare.

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	[Fill in]

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.

[Fill in]

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

8. Visibility of CERF-funded Activities

Guidance (to be deleted): Please list weblinks to publicly available social media posts (Twitter, Facebook, Instagram, etc.), videos and/or success stories, evaluations or other kind of reports on the agency's websites covering CERF-funded activities under this project.

Title	Weblink
WFP Angola Annual Country Report	https://www.wfp.org/operations/annual-country-report?operation_id=AO02&year=2021#/21929
WFP Angola Country Brief April 2022	https://docs.wfp.org/api/documents/WFP-0000139541/download/?_ga=2.244501957.178936247.1653834884-2065357890.1651426254
[Insert]	[Insert]

3.5 Project Report 21-RR-WHO-023

1. Project Information			
Agency:	WHO	Country:	Angola
Sector/cluster:	Health	CERF project code:	21-RR-WHO-023
Project title:	Supporting life-saving response activities in complicated SAM in major affected drought municipalities in Angola		
Start date:	02/09/2021	End date:	01/05/2022
Project revisions:	No-cost extension <input type="checkbox"/> x	Redeployment of funds <input type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>

Funding	Total requirement for agency's sector response to current emergency:	US\$ 1,680,000
	Total funding received for agency's sector response to current emergency:	US\$ 7,500
	Amount received from CERF:	US\$ 345,000
	Total CERF funds sub-granted to implementing partners: .	US\$ [Fill in]
	Government Partners	US\$0
	International NGOs	US\$0
National NGOs	US\$0	
Red Cross/Crescent Organisation	US\$0	

2. Project Results Summary/Overall Performance

WHO with the RR funds a total of 219 health care workers received refreshment for complicated Severe Acute Malnutrition (SAM). The delay in the arrival of the main commodities (therapeutic food and medical kits), didn't allow to register adequately those under five years old children directly benefited from this intervention. The estimate of 1,103 children with 573 girls and 516 boys under five years old. These figures can improve after the full arrival of therapeutic food and medical kits to be received by May-June 2022. In other side the expected 2 356 young mothers cannot be achieved due principally the difficulty in identifying a partner in this area in the available UN Agencies and NGO's probably to the little amount considered in this purpose

3. Changes and Amendments.

Main changes and amendments included:

- The project was implemented only as a Direct Implementation (DI) modality by the Country Office
- Was not possible to make an agreement (interagency agreement) regarding the funds for the mothers in risk of gender's violence mainly due to the little amount considered for this activity
- The commodities that suffered more delay as the medical kits were necessary to be shipped some quantity by airline and other one by maritime due to the long time necessary to ship by maritime and the huge cost by airline.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	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 people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	2,356	0	919	871	4,146	[Fill in]	[Fill in]	537	516	1 053
Total	2,356	0	919	871	4,146	0		537	516	1 053
People with disabilities (PwD) out of the total										
	100	0	46	43	189	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

4,212, people benefitted indirectly. These are other family members of the boys and girls that have received training.

6. CERF Results Framework

Project objective	Provide life-saving interventions for children of under-five years of age presenting complicated Severe Acute Malnutrition (SAM)
Output 1	Under-five children presenting complicated SAM in the targeted municipalities of six provinces receiving updated WHO based national protocol treatment including the essential kits for complicated SAM as well as the Feeding kits in the Special Nutritional Centres

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

Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	N.3a Number of severely acutely malnourished people admitted to therapeutic feeding programme (complicated SAM cases in under five years children identified receiving treatment in a Special Nutritional Center by a trained healthcare worker (80% out of 2,356))	1790	1053	National Nutrition Report 2021 Monthly report
Indicator 1.2	[Number of Special Nutritional Centers (SNC) that have PED/SAM 2020 kit, KMEDMNUT112 equipment and kit and Inpatient SAM treatment] [17 out of 17 SNC has the three key kits components]	17	17	Monthly report, WHO Angola Logistic Report "Relatório de missão CERF
Indicator 1.3	Number of mothers in risk of gender-violence (as underage single mothers, without adequate familiar support or any other social disadvantaged situation) of severe complicated children receiving messages directed to increase the access of their children for attention in Special Nutrition Centers	2356	0	Monthly report

Explanation of output and indicators variance:	<p>The target for the indicator 1.1 was minor due to the delay in the arrival of the commodities. The arrival of commodities, in specific therapeutic food allowed, after the refreshment of the healthcare workers of the Special Nutritional Centers, to implement the improved attention of the complicated SAM children.</p> <p>Due to the delay in the arrival of the medical kits, the distribution of the medical kits was limited to the kits provided in previous projects, however, these kits was not previously distributed to the provinces of Huambo, Benguela and Cuanza Sul. This implied a restriction in the activities to be implemented.</p> <p>The target for the indicator 1.3 was not possible to achieve due to the low fund to be implemented.</p>
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Activities	Description	Implemented by
Activity 1.1	Refreshment of health professional and technicians teams in seventeen Special Nutritional Centers (SNC) in complicated SAM according to the new WHO-based National Protocol	MoH and WHO
Activity 1.2	Procurement of 72 PED/SAM 2020 kits, 72 KMEDMNUT112 kits and 261 Inpatient SAM Treatment (Phase 1)	MoH and WHO
Activity 1.3	Elaborate and print messages directed to facilitate the access to attention of complicated SAM children of mothers in risk of gender violence	Not implemented

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 addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)¹⁴:

The current circumstances (high transmission due to the Omicron variant) due to the COVID-19 didn't allow an adequate participation of the crisis-affected people in any AAP mechanism in one side and the participation of the experienced staff of the MoH. Reduced access to health services and community activities decreased the coordination mechanism.

b. AAP Feedback and Complaint Mechanisms:

: undertaken

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

The WHO country office staff has sustained important training in PSEA. However, the general approach based in training and creation of capacities was not properly supported to MoH and community mainly due to the ongoing activities set as a priority by the MoH

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

It was not possible to implement the key activity targeting women because WHO was unable to find a partner to develop key messaging targeting women at risk of gender violence.

e. People with disabilities (PwD):

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](#).

The activities were implemented in Health Facilities settings that complies with the PwD essential needs. In the SAM trainings the data of presence of PwD trainees cannot be obtained. This issue is a pending issue that needs partnerships with specialized organization

f. Protection:

IO was not able to implement key messaging targeting women, which was the key target group for the activity.

g. Education:

The Project considered only refreshment activities for the healthcare workers. The formative supervision activities were remarkable considering the short period of implementation and the restriction to carry out conventional meetings with many participants.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	[Fill in]

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 was in service patients and an intermediate activity the refreshment and supervision of the MoH workers. In both cases the CVA don't apply

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
[Insert]	

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name		Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US\$
			Extended Name	Acronym			
21-RR-CEF-033	Water, Sanitation and Hygiene	UNICEF	People in Need	PIN	Yes	INGO	\$168,730
21-RR-CEF-033	Water, Sanitation and Hygiene	UNICEF	The Mentor Initiative	MENTOR	Yes	INGO	\$335,430
21-RR-CEF-033	Water, Sanitation and Hygiene	UNICEF	Gabinete Provincial de Saude	GPS	Yes	GOV	\$30,247
21-RR-WFP-024	Nutrition	WFP	World Vision International	WVI	No	INGO	\$315,281