

**ANGOLA
UNDERFUNDED EMERGENCIES
ROUND I
DROUGHT
2022**

22-UF-AGO-51281

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Resident Coordinator

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

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

N/A

A formalized After-Action-Review was not conducted, however, in preparation of the final reporting, several exchanges and project review discussions were facilitated by the CERF focal point in collaboration with the RCO consulting project implementing agencies and project stakeholders to assess the project outputs and outcomes. In addition, and to ensure program quality and adaptation, ongoing monitoring activities during implementation were conducted, including focus group discussions, post-distribution monitoring and solicitations of feedback from municipal administrators.

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:

This Central Emergency Response Fund (CERF) Underfunded Emergencies (UFE) allocation significantly contributed to the mitigation of the impacts of the severe drought on the acutely affected population in Huila province in Southern Angola. Critically needed food, nutrition, water, sanitation, and hygiene services were provided to underserved communities, including children, thereby temporarily alleviating suffering for the **214,151 people reached** who faced high levels of food insecurity and related vulnerabilities resulting from the prolonged drought conditions. With the generous support provided by CERF, the United Nations were able to implement a multi-sectoral response that was fully integrated both in geographical and sectoral terms and thus had maximum impact on the affected population while utilizing the funds in the most effective way. The strong collaboration between the United Nations implementing agencies WFP and UNICEF, the Government of Angola as well as the six (6) international and national partners who participated in and contributed their expertise to the CERF-funded interventions allowed for a response that was characterized by a high degree of complementarity, focus on localization and the strengthening of local capacities and resilience by ensuring local procurement and other critical linkages to local actors.

CERF's Added Value:

This CERF UFE allocation enabled an integrated humanitarian response that was designed in a collaborative way to alleviate the suffering of people most affected by the drought in Huila province, one of the most drought-affected areas in Southern Angola. CERF's added value was multi-fold. Firstly, the CERF prioritization process led to a geographic and programmatic integration and complementarity with other actors (particularly the Government of Angola) that allowed for the maximization of the impact on the affected population and the effective use of the funds. Secondly, the CERF process strengthened inter-agency coordination through the established Humanitarian Inter-Cluster Group (HICG) led by OCHA and improved coordination with government authorities (e.g., education and health authorities) and through the establishment of the Disaster Response Coordination Team (DRCT) led and chaired by the Resident Coordinator (RC). These two platforms allowed for strengthened coordination with the Government of Angola as well as with the six (6) local and international partner organizations who greatly contributed to programmatic excellence and synergies. The allocation also brought additional value by facilitating complementarity of interventions not only between the two UN agencies and their implementing partners but also with the response by the government. For example, CERF's geographic prioritization in Huila province, allowed the government to invest its limited resources to other areas also severely affected by the drought, namely Lubango. The enhanced collaboration with the government also strengthened public institutions (particularly health and education institutions) e.g., through the support to health unit technicians to improve emergency diagnostic and treatment ability for children with malnutrition. Lastly, the CERF allocation also added value to the local economy as many products were purchased from local producers which resulted in a transfer of resources and promoted their ability to continue to produce and thereby strengthening their resilience.

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

Yes ☐

Partially ☒

No ☐

As an underfunded emergency, the approval and disbursement of the CERF UFE funds allowed implementing agencies and their partners to timely deliver humanitarian response to the people most affected by drought and temporarily alleviating their suffering. While necessary preparatory work was required and took some time, including a rapid assessment, the response was overall implemented as fast as it was possible with the contextual constraints given and prevented an escalation of humanitarian suffering for the targeted people in Huila province.

Did CERF funds help respond to time-critical needs?

Yes ☒

Partially ☐

No ☐

Yes, the CERF allocation greatly facilitated the response to time-critical needs resulting from the prolonged drought, enabling a timely provision of lifesaving assistance to the drought emergency in Southern Angola, an emergency that was critically underfunded and underserved by international actors.

Did CERF improve coordination amongst the humanitarian community?

Yes ☒

Partially ☐

No ☐

The CERF allocation greatly improved coordination among humanitarian actors in Angola which was facilitated by OCHA's presence as humanitarian advisor in the field and regular inter-agency humanitarian coordination meetings that were conducted during the design and throughout the CERF implementation period. Particularly OCHA's main presence in Lubango, in Huila province, where CERF projects were implemented, led to a noticeable enhancement of local field-level coordination. At UN central level in Luanda, the DRCT led by the RC also greatly improved coordination structures especially with government actors. In addition, CERF led to an improved bilateral coordination between UNICEF and WFP for the management of malnutrition with a clear division of labour for SAM and MAM treatment. Lastly, WFP and UNICEF's implementing partners also worked in close coordination with one another leading to improved coordination in the Education and WASH sectors with schools identified for school feeding by WFP in areas where UNICEF rehabilitated water points.

Did CERF funds help improve resource mobilization from other sources?

Yes ☐

Partially ☒

No ☐

The CERF allocation partially helped to improve resource mobilization although this drought emergency remained significantly underfunded in 2022 and 2023. Overall, only an additional \$7.14 million were mobilized in humanitarian funding by the implementing agencies in addition to this CERF allocation. However, the CERF projects contributed to resource mobilization efforts. WFP for example was able to showcase its expertise and technical capacity in humanitarian action to other donors using the CERF project, particularly the components of school feeding and community-based management for acute malnutrition (CMAM). The program examples, best practices and lessons learned from the CERF-supported interventions have been used for resource mobilization efforts and enabled WFP to mobilize further funds and replicate the CMAM model to other drought-affected municipalities in Southern Angola. However, overall, humanitarian funding remained far below the level required to adequately address the needs of drought-affected people in Angola. It should be noted that the additional (non-CERF) funding indicated in this report only represents the funding mobilized by the recipient agencies and does not reflect any other actors.

Considerations of the ERC's Underfunded Priority Areas¹:

The projects funded by this CERF UFE allocation addressed the ERC's underfunded priority areas in the following ways: Education in protracted crises was prioritized for drought-affected children in Angola's Huila province. UNICEF collaborated with partners to provide access to teaching, learning and/or recreational materials to 30,436 teachers and children, provided 23 temporary learning spaces for 3,861 children, and trained 1,309 teachers, parents, and municipal and communal education staff on education in emergencies. WFP's emergency school feeding programme covered 9,390 children across 19 schools. As a result of this intervention, there was an 28%

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](#).

increase in school enrolment and an improvement in attendance and retention rates across all 19 schools, leading to a direct contribution to the improved education outcomes for children affected by the drought emergency. Furthermore, CERF laid the foundation for this programme model that can be expanded to other schools and in other contexts. Support for women and girls was mainstreamed throughout all activities and particularly implemented in the Strategic Behaviour Change Communication (SBCC) activities through community sessions with affected women that focused on themes such as good hygiene, health and COVID-19, improved infant young child feeding (IYCF), breastfeeding as well as nutrition topics. The project also raised awareness about gender-based violence (GBV) reaching a total of 67,004 people with key messages on GBV prevention and risk mitigation. Overall, a total of 115,955 women and girls actively participated in and directly benefited from this CERF allocation, accounting for 54% of all CERF program participants. Lastly, the interventions funded by this CERF UFE allocation played a key role in the identification of malnourished children with disabilities in the targeted communities and a total of 2,281 people with disabilities directly benefitted from CERF-funded services.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	150,799,700
CERF	6,000,000
Country-Based Pooled Fund (if applicable)	0.00
Other (bilateral/multilateral)	7,142,260
Total funding received for the humanitarian response (by source above)	13,142,260

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

Agency	Project Code	Sector/Cluster	Amount
UNICEF	22-UF-CEF-012	Water, Sanitation and Hygiene	1,012,500
UNICEF	22-UF-CEF-012	Nutrition	742,500
UNICEF	22-UF-CEF-012	Education	495,000
WFP	22-UF-WFP-014	Food Security - Food Assistance	3,000,000
WFP	22-UF-WFP-014	Nutrition	750,000
Total			6,000,000

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

Total funds implemented directly by UN agencies including procurement of relief goods	4,346,329
Funds sub-granted to government partners*	43,087
Funds sub-granted to international NGO partners*	1,407,797
Funds sub-granted to national NGO partners*	44,419
Funds sub-granted to Red Cross/Red Crescent partners*	0,00
Total funds transferred to implementing partners (IP)*	1,495,303
Total	6,000,000

* 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:

The worst drought in the last 40 years and rising food prices have resulted in high acute food insecurity in Cunene, Huila, and Namibe provinces of South-Western Angola. An IPC Acute Food Insecurity analysis of 17 municipalities found that, between July and September 2021, around 1.32 million people (49% of the analysed population) experienced high levels of acute food insecurity (38% are in IPC Phase 3 (Crisis) and 12% in IPC Phase 4 (Emergency)). Between October 2021 and March 2022, the number of people in IPC Phase 3 or above was expected to rise to around 1.58 million people (58% of the analysed population, including 15% in Emergency). According to the IPC Acute Malnutrition analysis of 10 municipalities in Southern Angola, around 114,000 children under the age of five were suffering or likely to suffer from acute malnutrition over the following 12 months and required treatment. Drought conditions impacted access to safe water and education. Over 1.2 million people faced water scarcity as a consequence of the drought. Education was severely jeopardized by drought as many pastoralist families took their sons out of school to travel longer distances in search of ever more scarce pasture and water while many girls were removed from school to help their mothers travel long distances to collect water.

Operational Use of the CERF Allocation and Results:

In response, the ERC allocated \$6.0 million from CERF's Underfunded Emergency window. Under this allocation, the CERF funding supports food-insecure households through emergency school feeding and food/vouchers/cash for families of malnourished children, nutrition interventions, and urgent integrated WASH and protection activities. The allocation will be leveraged to ensure a fully integrated multi-sectoral response targeting a limited number of the most severely food insecure municipalities in Huila province, selected on the basis of the latest IPC assessments. The aim is to achieve better outcomes for the most vulnerable populations through collective action. Through the multisectoral integrated approach supported by the CERF allocation, the UN's humanitarian capacity will be visibly enhanced, increasing the UN's credibility as a humanitarian partner, to both government and non-UN humanitarian actors. The allocation will also create links between the humanitarian response and government- and UN-led resilience programmes. Specifically, the allocation will prioritize the local procurement of food, linking smallholder farmers with an emergency school feeding programme, to boost livelihoods in the short-term and promote sustainable food production over the long-term. This allocation targets a combined total of 352,273 affected people including 56,325 women and 125,700 children.

People Directly Reached:

Under this allocation, WFP, UNICEF and their implementing partners directly reached a total of 214,151 people in Huila province, representing a 91% achievement of the combined project target of 235,000 people. With a 70% and 79% achievement rate in the nutrition and WASH sectors respectively, the planned targets in these sectors could not be fully reached. This is attributed to the fact that UNICEF's initially proposed project targeted affected people both in Huila and Cunene provinces. In coordination with the RCO, WFP, the Government of Angola and OCHA, it was decided to further integrate and focus the interventions in the most affected province of Huila only. This geographic prioritization led to a more integrated response in collaboration with WFP and implementing partners but as a consequence also reduced the number of people that could be reached.

The strategy implemented to avoid double counting in the CMAM nutrition program of was to register the children in a database, which not only coded each of them but also filtered and removed the children graduating from the programme on a weekly basis. This information was then used to generate the lists of families that benefited from the commodity voucher. Before all distributions took place, the filtered family lists were revised and during distributions, a thorough verification process was implemented, in collaboration with local authorities. WFP also ensured that the ration cards from beneficiaries exiting the programme were received to avoid errors and double counting. In addition, UNICEF excluded the number of teachers in the overall people reached figure for the Education sector to

account for potential overlap and people who took part in awareness raising sessions or community sessions were intentionally counted as indirect beneficiaries as there is a high chance that a portion of them also benefitted from food, nutrition, or WASH services.

People Indirectly Reached:

An estimated 517,157 people who live in the program catchment area indirectly benefitted from this multi-sectoral CERF-funded drought response project. This includes an estimated 147,000 mothers and caregivers who participated in awareness-raising activities on behavioural change in various topics, including healthy eating, appropriate use and treatment of water, hygiene and sanitation, both at individual level through house visits, and community level through community awareness sessions that encouraged participation of all members of the targeted communities. In addition, 25 local health workers were trained in the management of acute moderate malnutrition so that they are enabled to continue their activities after the project end and further benefit the communities.

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

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Education	773	727	15,450	14,550	31,500	449	860	16,922	13,078	21,309
Food Security - Agriculture	16,000	15,000	26,300	22,700	80,000	11,122	10,427	18,281	15,779	55,609
Nutrition	2,000	0	24,770	23,230	50,000	3,251	362	24,281	22,958	50,852
Water, Sanitation and Hygiene	46,536	42,486	3,621	3,500	96,143	23,368	18,667	18,281	16,065	76,381

* 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	0
Returnees	0	0
Internally displaced people	0	0
Host communities	0	0
Other affected people	235,000	214,151
Total	235,000	214,151

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

			Number of people with disabilities (PwD) out of the total	
Sex & Age	Planned	Reached	Planned	Reached
Women	56,325	38,190	0	390
Men	52,975	30,316	0	385
Girls	65,671	77,765	0	789
Boys	60,029	67,880	0	717
Total	235,000	214,151	0	2,281

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 22-UF-CEF-012

1. Project Information					
Agency:		UNICEF		Country: Angola	
Sector/cluster:	Water, Sanitation and Hygiene		CERF project code:	22-UF-CEF-012	
	Nutrition				
	Education				
Project title:		Continued Integrated emergency life-saving interventions to drought emergency in Southern Angola			
Start date:		10/03/2022		End date: 09/03/2023	
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\$ 26,600,000
	Total funding received for agency’s sector response to current emergency:				US\$ 4,992,260
	Amount received from CERF:				US\$ 2,250,000
	Total CERF funds sub-granted to implementing partners:				US\$649,217
	Government Partners				US\$ 43,087
	International NGOs				US\$403,344
	National NGOs				US\$ 44,419
	Red Cross/Crescent Organisation				US\$ 0

2. Project Results Summary/Overall Performance

This CERF-supported UNICEF project was implemented between March 2022 and March 2023 in four municipalities (Humapata, Gambos, Chibia and Chicomba) in Huila province. The project assisted a total of 145,346 people by providing them with life-saving multi-sectoral nutrition, WASH, and education services, with protection and social and behaviour change approaches mainstreamed across sectors. In the WASH sector, UNICEF and partners provided access to water and adequate sanitation for 76,381 people, sanitation services for 27,368 children in schools and health facilities and distributed 3,500 WASH/hygiene kits to affected people.

In the nutrition sector, UNICEF supported nutritional screening to 37,656 children under five, referred and admitted 5,782 children for treatment of severe acute malnutrition, and reached 3,813 people with key messages on maternal, infant, and young child feeding (IYCF) in emergencies at health facility level.

In the education sector, UNICEF collaborated with partners to provide access to teaching, learning and recreational materials to 30,436 teachers and children, provided 23 temporary learning spaces for 3,861 children, and trained 1,309 teachers, parents, and municipal and

communal education staff on education in emergencies. Additionally, a total of 67,004 people were reached with key messages on prevention and risk mitigation of gender-based violence (GBV).

3. Changes and Amendments:

No formal changes or amendments were made under this project.

Underachievement in the nutrition and WASH sectors is attributed to the fact that UNICEF's initially proposed project targeted affected people both in Huila and Cunene provinces. In coordination with the RCO, WFP, the Government of Angola and OCHA, it was decided to further integrate and focus the interventions in the most affected province of Huila only. This geographic prioritization led to a more integrated programming in collaboration with WFP and implementing partners but as a consequence also reduced the number of people that could be reached.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Education									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced 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	773	727	15,450	14,550	31,500	449	860	16,922	13,078	31,309
Total	773	727	15,450	14,550	31,500	449	860	16,922	13,078	31,309²
People with disabilities (PWD) out of the total										
	0	0	0	0	0	0	0	11	7	18

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	2,000	0	19,470	18,530	40,000	3,251	362	17,122	16,921	37,656
Total	2,000	0	19,470	18,530	40,000	3,251	362	17,122	16,921	37,656
People with disabilities (PWD) out of the total										
	200	0	194	185	579	32	4	171	169	376

² The number of teachers benefitted from teaching kits is not included, due to the risk of double counting.

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

Sector/cluster	Water, Sanitation 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	411	311	492	620	1,834	0	0	0	0	0
Internally displaced people	5,800	4,200	3,129	2,880	16,009	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	40,325	37,975	0	0	78,300	23,368	18,667	18,281	16,065	76,381
Total	46,536	42,486	3,621	3,500	96,143	23,368	18,667	18,281	16,065	76,381
People with disabilities (PwD) out of the total										
	850	945	194	185	2,174	80	120	26	35	261

* 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

An estimated 517,157 people residing in the program catchment areas where UNICEF interventions were implemented were indirectly reached through UNICEF's social and behaviour change and community engagement campaigns as well as WASH services supported by the CERF UFE allocation.

For the different sectors, this includes 147,000 mothers and caregivers who participated in awareness-raising activities on behavioural change in various topics, including healthy eating, appropriate use and treatment of water, hygiene and sanitation. In the health sector, this includes local health workers who were trained in the integrated management of acute malnutrition.

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, education in emergency interventions to drought affected populations, including children and women in Chibia, Humpata, Gambos and Chicomba municipalities in Huíla province, and internally displaced populations and returnees in Ombadja municipality in Cunene province.			
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 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)	38,000	37,656	Monthly report from provincial department of health
Indicator 1.2	N.3a Number of people admitted to SAM treatment programme (therapeutic feeding) (children under five)	5,000	5,782	Monthly report from provincial department of health
Indicator 1.3	N.3b Percentage of people who were admitted for SAM treatment who recovered (SAM recovery rate)	75	61	Monthly report from provincial department of health
Indicator 1.4	N.6 Number of people receiving training and/or community awareness sessions on maternal, infant and young child feeding in emergencies (of pregnant and lactating women receiving IYCF counselling at health facility level)	2,000	3,613	Monthly report from provincial department of health
Indicator 1.5	H.7 Number of functional health facilities supported (with supportive supervision and capacity building for staff on the integrated management of acute malnutrition and counselling on IYCF practices)	20	20	Quarterly report from implementing partner
Explanation of output and indicators variance:		Most of the targets under this output have been achieved or over-achieved. However, the cure rate of above 75 per cent as per Sphere Standards was not achieved (Indicator N3.b) with only a 61 per cent severe acute malnutrition (SAM) recovery rate. This was due to supply chain challenges which resulted		

		in caregivers reaching health facilities that were experiencing stock-outs. The nutrition supplies procured with CERF funding only arrived several months after the initiation of the programme, which meant that stock-outs persisted in the first three months of the programme. In the four municipalities supported by CERF funding, 15 per cent more children were admitted for treatment of severe wasting than the funding supported, resulting in a natural impact on the quality indicator for the number of children who were admitted for SAM and recovered, while in times of stock-outs and increased service demand, more children defaulted from care.
Activities	Description	Implemented by
Activity 1.1	Procurement and distribution of essential nutrition supplies (Ready-to-Use Therapeutic Food (RUTF), deworming tablets, antibiotics and material for nutrition screening and treatment of severely malnourished children).	Procurement and delivery of essential nutrition supplies to provincial warehouse by UNICEF; distribution of supplies at municipal and health facility level by provincial department of health and implementing partners.
Activity 1.2	Health facility level screening of children under five for acute malnutrition.	Provincial department of health staff with support from the implementing partner, and UNICEF in terms of quality assurance.
Activity 1.3	Treatment of children under five for Severe Acute Malnutrition (SAM).	Provincial department of health staff with support from the implementing partner, and UNICEF in terms of quality assurance.
Activity 1.4	Counselling of pregnant and lactating women on infant and young child feeding (IYCF) at health facility level.	Provincial department of health staff with support from implementing partners, and UNICEF in terms of quality assurance provided through supportive supervision visits.
Activity 1.5	Supportive supervision visits and capacity building to health facilities for staff on the integrated management of acute malnutrition and counselling on IYCF practices.	UNICEF staff and implementing partners
Activity 1.6	Strengthen community-based knowledge on GBV Prevention and risk mitigation through disseminating key lifesaving messages on GBV prevention.	UNICEF staff and implementing partners

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 <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of affected populations that have access to necessary hygiene items to adequately undertake essential daily personal and household hygiene activities.	96,143	76,381	IP reports, Supply order, distribution reports and UNICEF monitoring visits
Indicator 2.2	WS.18 Number of WASH/hygiene kits distributed	3,500	3,500	Supply order and distribution reports, as well as UNICEF monitoring visits
Indicator 2.3	Number of affected children that have access to emergency sanitation services in schools and health facilities.	10,000	27,368	IP endline report and UNICEF monitoring visits

Indicator 2.4	WS.6 Number of people accessing sufficient and safe water for drinking, cooking and/or personal hygiene use as per agreed sector standard	96,143	76,381	UNICEF monitoring visits and population reports from subnational governments
Indicator 2.5	WS.17 Number of people receiving WASH/hygiene messaging	96,143	76,381	IP endline report and UNICEF monitoring visits
Indicator 2.6	Number of affected people sensitized on the prevention and risk mitigation of Gender Based Violence and provided with access to safe and accessible channels for reporting and feedback mechanism.	96,143	67,004	IP endline report and UNICEF monitoring visits

Explanation of output and indicators variance:

Due to the focus on a narrower geographical scope on Huila province only to allow for geographic and programmatic convergence to maximize the use of resources, improve results and impact and increase efficiency, the initially anticipated target figures could not be fully reached.

Activities	Description	Implemented by
Activity 2.1	Procurement and distribution of WASH Non-Food items (NFIs) at community level, in schools and health facilities.	The procurement was done by UNICEF, while People in Need implemented the project
Activity 2.2	Construction of emergency latrines and installation of handwashing points in schools and health facilities.	The procurement was done by UNICEF, while People in Need implemented the project
Activity 2.3	Emergency repair and rehabilitation of water points and connection of schools/nutrition centres,	The procurement was done by UNICEF, while INTERCAL conducted rehabilitation and installation
Activity 2.4	Social Behaviour Change Communication at community level, schools and nutrition centres.	UNICEF and implementing partner People in Need worked on Social Behaviour Change Communication (SBCC)
Activity 2.5	Sensitize communities on the prevention and risk mitigation of Gender Based Violence and ensure access to safe and accessible channels for reporting and feedback mechanisms to identify potential entry points for safe and confidential reporting of Sexual Exploitation and Abuse (SEA) allegations by beneficiaries.	UNICEF and implementing partner People in Need worked on SBCC

Output 3

Primary school children affected by drought have continuous access to education.

Was the planned output changed through a reprogramming after the application stage?

Yes ☐

No ☒

Sector/cluster	Education			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Ed.3 Number of people (teachers and/or children) accessing teaching, learning and/or recreational materials (Children reached with education in emergencies supplies.)	30,000	30,436	Distribution reports and UNICEF monitoring visits

Indicator 3.2	Ed.2 Number of temporary learning spaces and/or centres established and/or rehabilitated.	20	23	Distribution reports and UNICEF monitoring visits
Indicator 3.3	Directors, teachers, parents, and municipal and communal education staff, with increased capacity to prepare for and respond to emergencies.	1,500	1,309	Training reports
Explanation of output and indicators variance:		<p>Thanks to this CERF allocation, a total of 30,436 children and teachers had access to teaching and learning materials, slightly overachieving the planned target of 30,000. This number is composed of 30,000 children (including 16,922 girls) benefiting from individual learning kits and recreational kits and 436 teachers (including 210 female teachers) with access to specialized teaching kits for maths and school-in-a box kits.</p> <p>Twenty-three high performance tents were distributed and set up as temporary learning spaces, benefiting a total of 3,861 children, including 1,603 girls. Among these tents, the majority (20) were installed in schools which led to an integration with the school feeding programme implemented by WFP. One tent was installed in a school in Chibia (not part of the WFP school feeding programme) and two tents were allocated to a school outside of the other interventions (in Humpata municipality) at the request of the municipal administrator and justified by the heavy rain affecting the school, which lacked indoor space for classes.</p> <p>87 per cent of the planned number of directors, teachers, parents, and municipal and communal education staff were trained on education in emergencies. The participation rate was lower than expected, due to lack of transportation support, the presidential elections in August 2022 and repeated teacher strikes from November 2022 to January 2023 which constrained training attendance, particularly for teachers and education authority staff.</p>		
Activities	Description	Implemented by		
Activity 3.1	Procurement of education in emergency school supplies (20 school tents, 90 school-in-a-box, 30,000 student learning kits, 50 teachers' kits, 50 blackboards and 100 recreation kits).	UNICEF		
Activity 3.2	Installation of 20 temporary learning spaces for children affected by drought in the four municipalities.	Installed by provincial and municipal education authorities; quality assurance conducted by UNICEF		
Activity 3.3	Distribution of education in emergency school materials, (30,000 student learning kits, 90 school-in-a-box kits, 50 blackboards, 100 recreation kits, and 50 teacher kits).	Procurement and delivery of materials to provincial warehouse by UNICEF; distribution planning by provincial and municipal education authorities with UNICEF support; distribution of materials at municipal and school level by municipal education authorities.		

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 areas³ 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)⁴:

Throughout this project UNICEF employed a variety of strategies and approaches to ensure the active involvement of the affected population at every stage of the process. Community consultations were used to obtain information and within the WASH and nutrition components school hygiene clubs and water community groups that were established provided the opportunity for the community and schools to define the activities. These community engagement methods were also utilized to raise awareness on GBV and good WASH practices. Complaints and feedback mechanisms (described below) then enabled program participants to submit their feedback and complaints on the response activities.

b. AAP Feedback and Complaint Mechanisms:

UNICEF ensured the availability of accessible and safe feedback and complaint mechanism throughout this intervention. This included for example, complaint boxes that were installed in all health facilities and posters that were displayed in the local language with two telephone numbers for complaints. These telephone numbers were dedicated to the provision of any complaints and feedback from beneficiaries. Feedback and complaints received through the hotlines are then further analyzed and directed towards the relevant department either within UNICEF or any of their implementing partners, as relevant. In addition to these permanently available complaint boxes and hotlines, UNICEF also conducted proactive interviews with caregivers during programmatic visits and supportive supervision, to assess their perception of the activities, their awareness and understanding of the complaint boxes and phone lines and obtain their direct feedback. UNICEF mechanisms also ensure verification and follow-up of cases, and that status and resolution of issues are shared with the complainant, if not anonymous. For anonymous complaints, any project adaptation is communicated in general terms through project staff or signage/poster as applicable and most appropriate. During this project, there was no sensitive feedback received and feedback and complaints largely related to the need for more services and resources, and complaints regarding stock outs.

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

UNICEF maintains and promotes a zero-tolerance and victim-centred approach in all matters related to SEA and provides a PSEA Toolkit for implementing partners to ensure their adherence to this approach and all PSEA principles. In this project, all UNICEF implementing partners received training on the prevention of SEA before starting the implementation of activities. UNICEF confirmed that each organisation (including UNICEF) has a confidential system of reporting in place, which is in line with IASC guidelines and allows for the safe handling of SEA related complaints. During the implementation of this project, no case of SEA was reported to implementing partners or UNICEF.

³ 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](#).

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](#).

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

With women and girls accounting for 55% of people reached by UNICEF-provided assistance across all sectors, this project prioritized support for women and girls which was mainstreamed throughout all activities. Women and girls were the principal target of the Strategic Behaviour Change Communication (SBCC) activities during community sessions with affected women that focused on themes such as good hygiene, health and COVID-19, improved infant young child feeding (IYCF), breastfeeding as well as nutrition topics. UNICEF also raised awareness about gender-based violence (GBV) affecting women and girls and reaching a total of 67,004 people with key messages on GBV prevention and risk mitigation

e. People with disabilities (PwD):

During this project, UNICEF directly served 655 people with disabilities. Children with disabilities suffering from malnutrition received care in stabilisation centres for a full medical evaluation and associated support where it was necessary. In addition, UNICEF worked with local *Integrated Social Action Centers* authorities for the WASH component to prioritise vulnerable families for WASH NFIs, which included particularly families with family members with disabilities. In the education component, a total of 18 children (including 11 girls) with disabilities who were enrolled in school benefited from the temporary learning spaces and the learning kits that were distributed to ensure continuity of access to learning. In the future and as part of the learning from this CERF project, children and teachers with disabilities will be more closely included in the needs assessment process, to ensure their physical and mental accessibility needs are more holistically considered.

f. Protection:

UNICEF mainstreamed protection and social and behaviour change approaches across all sectors in this project. Training on prevention of GBV and PSEA was provided to all program staff including implementing partner as well as to the 26 community mobilisers who supported this project. This training was delivered in each municipality by UNICEF's Gender Equality and Social Inclusion Managers and Safeguarding Officers who ensured the delivery of key messages on GBV and PSEA in the target communities. By the end of October 2022, a total of 67,004 people were reached with key messages, including 15,729 men, 20,328 women, 13,838 boys and 17,109 girls. Physical safety was ensured in the selection of program areas, travel distances were shortened as much as possible for people trying to access CERF-funded assistance, particularly women and girls.

g. Education:

Ensuring the continuity of access to learning opportunities for primary school children affected by the drought was a crucial part of the CERF-supported intervention. CERF funding allowed for temporary learning spaces to be set up and learning kits to be distributed to ensure the continuity of learning for drought-affected children enrolled in primary school. The funds also contributed to building the capacity of school principals, teachers, parents and municipal and provincial administrative authorities on improving the quality of teaching and learning in emergencies, as well as school management in emergency contexts. Training also focused on the participation of parents and community mobilisation to raise awareness on the importance of education and ensure children continue to go to school in emergency situations whenever feasible and safe for them to do so.

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.

CVA was not implemented by UNICEF as part of this project.

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.

9. Visibility of CERF-funded Activities

	Weblink
CERF support for improved malnutrition management	https://www.facebook.com/512632940889603/posts/664805165672379
Supporting distribution of nutrition supplies	https://www.facebook.com/512632940889603/posts/664800359006193
Improving access to safe water	https://www.facebook.com/512632940889603/posts/664810745671821

3.2 Project Report 22-UF-WFP-014

1. Project Information			
Agency:	WFP	Country:	Angola
Sector/cluster:	Food Security - Food Assistance Nutrition	CERF project code:	22-UF-WFP-014
Project title:	Angola Drought Response – community management of acute malnutrition, support to families of malnourished children and emergency school feeding		
Start date:	14/03/2022	End date:	09/06/2023
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\$ 155,267,413
	Total funding received for agency's sector response to current emergency:		US\$ 5,580,000
	Amount received from CERF:		US\$ 3,750,000
	Total CERF funds sub-granted to implementing partners:		US\$ 1,004,453
	Government Partners		US\$ [0,00]
	International NGOs		US\$ 1,004,453
	National NGOs		US\$ [0,00]
	Red Cross/Crescent Organisation		US\$ [0,00]

2. Project Results Summary/Overall Performance

Supported through the CERF UFE allocation, WFP directly reached 68,805 drought-affected people with food assistance and nutrition interventions in Huila province in Southern Angola. The number of children screened and admitted exceeded the initially planned figure, as well as the number of families who received food baskets (protection ration), which contributed to ensuring high recovery rates (> 75%) of children that successfully completed the treatment. During this project, a total of 117,952 children were screened, of which 13,196 were diagnosed with moderate acute malnutrition (MAM) and admitted into the programme. Out of these, 11,851 were treated within the communities and 1,345 were treated by health technicians (trained by WFP) in health units with ready-to-use supplementary food (RUSF) provided by WFP. In the commodity voucher component of this project, 7,944 families were assisted with a food basket covering three months of basic food needs and accounting for 92,230 metric tons (MT) of food distributed assisting a total of 55,608 food insecure people. In addition, 25 technicians at the health unit level were trained in the management of MAM, as well as in the logistics of supplements, to build their response capacity to the ongoing and future emergencies and ensure the sustainability of the project. Lastly, WFP's school feeding in emergencies activities had a direct and immediate impact on school attendance with an increase of 28% in the number of children enrolled, as well as improved learning conditions and academic results. In total, 9,390 children were assisted under the school feeding activity. The project also had indirect positive impact on the local agriculture and trade sectors as the vegetables that were part of the hot meals menu were purchased from local producers.

3. Changes and Amendments

WFP received a no-cost extension (NCE) approved by CERF which was required due to multiple factors: Firstly, the school assessments for the school feeding component took some time (about one month for all schools) to ensure complementarity with other ongoing school meals programmes that are fragmented and intermittent in Southern Angola. In addition, the nationwide strike of the National Teacher Staff Association also delayed the start of the school feeding activities. Furthermore, the general elections in August 2022 also significantly delayed the start of the CERF activities limiting field activities during the election campaign for both WFP and its partners. After the elections, WFP had to wait for set-up of the new provincial and municipal authorities to ensure the involvement of the local counterparts in implementation. In some of the targeted municipalities, WFP was forced to re-negotiate the implementation timeline and modalities with its Cooperating Partners after the changes of the local administrations and to respond to the new challenges. Further delays were caused by the fact that WFP sought community contribution to put in place kitchens and other facilities for the hot meal provision, and for engagement with smallholder farmers for the provision of fresh food commodities. This caused additional delays as it coincided with the peak of lean season of the targeted locations where supplies were limited.

Lastly, WFP made changes in the commodity voucher component. The initial number of households to be assisted was 10,000, however, an adjustment had to be made namely due to the price oscillations (and consequent increase in the food basket prices) and fluctuation of the exchange rate. In total, 7,944 households were assisted under this component, including families of severely malnourished children who were admitted to the therapeutic feeding programme (implemented by UNICEF).

The food assistance sector shows a slight underachievement in the overall people reached which is offset by the overachievement of nutrition targets as well as the fact that almost double the number of children were screened for malnutrition to ensure that a maximum number of children suffering from MAM could be diagnosed and admitted for treatment.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Nutrition									
Category	Women	Men	Planned			Women	Men	Reached		
			Girls	Boys	Total			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	0	0	5,300	4,700	10,000	0	0	7,159	6,037	13,196
Total	0	0	5,300	4,700	10,000	0	0	7,159	6,037	13,196
People with disabilities (PWD) out of the total										
	0	0	132	118	250	0	0	124	111	235

Sector/cluster	Food Security - Food Assistance									
Category	Women	Men	Planned			Women	Men	Reached		
			Girls	Boys	Total			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	16,000	15,000	26,300	22,700	80,000	11,122	10,427	18,281	15,779	55,609
Total	16,000	15,000	26,300	22,700	80,000	11,122	10,427	18,281	15,779	55,609
People with disabilities (PWD) out of the total										
	400	375	657	568	2,000	278	261	457	395	1,391

* 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

As part of this project, 25 health technicians were trained in the community management of MAM as well as the logistical management of supplements. For the implementation of education-related activities, 26 people (including municipal supervisors, school supervisors, cooks, logistics and monitoring and evaluation) were employed by the project. Municipal education supervisors also received training in school feeding programme management, especially logistics. In the emergency school feeding programme, about five farmer groups (35 people) benefited from the project as they provided their produce on a regular basis to the programme. Moreover, 147,008 people benefited from SBCC activities in the target communities.

6. CERF Results Framework

Project objective	To improve food security and nutrition of drought affected communities in Huila province			
Output 1	Approximately 60,000 children under five are screened in 4 municipalities in the drought-affected province of Huila and at least 10,000 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	Food Security - Food Assistance			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	N.4 Number of people screened for acute malnutrition	60,000	117,952	Cooperating Partner (CP) monthly distribution report
Indicator 1.2	N.2a Number of people admitted in MAM treatment programme	10,000	13,196 Girls aged 6 to 23 months: 3,487 (27%) Boys aged 6 to 23 months: 2,823 (21%) Girls aged 24 to 59 months: 3,671 (29%) Boys aged 24 to 59 months: 3,215 (24%)	Cooperating Partner monthly distribution report
Indicator 1.3	CC.1 Number of implementing partner staff receiving training to support programme implementation (community health agents receiving refresher sessions on screening and treatment of moderate acute malnutrition at the community level)	100	80	Cooperating Partner final project report
Indicator 1.4	FN.1b Quantity of food assistance distributed in MT (Ready-to-Use Supplementary Food)	100	72.6	Cooperating Partner monthly distribution Report; CP physical inventory report
Indicator 1.5	N.2b Percentage of people who were admitted for MAM treatment who recovered (MAM recovery rate)	75	76%	Cooperating Partner monthly and final reports
Explanation of output and indicators variance:		The number of malnutrition screenings was increased to reach the planned target as it was noticed that the prevalence was lower than expected. The		

		consumption of RUSF was lower than initially planned because, although the target was reached and many children recovered in a shorter period leaving the programme before 3 months (which is the maximum time for treatment). As a result, the number of supplements consumed was lower. Considering the potential increase in the prevalence of acute moderate malnutrition amongst children under-five, during the upcoming months (lean season), WFP plans to donate the remaining stock of RUSF (26,895 MT which expires on 31 December 2023) to the provincial health authorities in Huila. These will be used in all health units with active nutrition programmes from July until December 2023. The fluctuation in food prices, as well as the fluctuation of exchange rates, resulted in a change in the price of the food baskets (commodity vouchers). As a result, the number of food baskets had to be decreased to fit the available budget and the number of families being assisted (from the planned numbers) also had to be reduced accordingly.
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Activities	Description	Implemented by
Activity 1.1	Conduct short refresher sessions for 100 community health agents on the community management of moderate acute malnutrition in children under five	Cooperating Partner under the supervision of WFP
Activity 1.2	Procurement of 100 MT of ready-to-use supplementary food (RUSF), MUAC tapes and the relevant equipment for nutrition screening	WFP
Activity 1.3	Ensure systematic screening, active case finding, identification and referral to treatment of MAM cases at community level through community health agents	Cooperating Partner
Activity 1.4	Support conducting quality formative supervision visits from provincial, municipal levels and implement capacity building actions to improve quality of community case management of MAM	WFP, CP, and Health Authorities (at provincial and municipal levels)

Output 2 Provide vouchers for families of malnourished children in targeted municipalities

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 2.1	Cash.4b Total value of unconditional vouchers distributed in USD	1,500,000	1,500,000	WFP Commodity Voucher Distribution and Financial Reports
Indicator 2.2	Cash.4a Number of people benefitting from unconditional vouchers	70,000	55,609	Distribution Report
Indicator 2.3	FS.3 Average reduced Coping Strategies Index (rCSI)	19	21,74	PDM
Indicator 2.4	FS.5a Percentage of households with an acceptable food consumption score	60	34	PDM
Indicator 2.5	FS.5b Percentage of households with a borderline food consumption score	25	36	PDM

Indicator 2.6	FS.5c Percentage of households with a poor food consumption score	15	30	PDM
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Explanation of output and indicators variance:	The most significant variance relates to food consumption, where the February 2023 Post Distribution Monitoring (PDM) data shows that it is lower than expected. The main reasons for this low food consumption are related to the prolonged impacts of the drought which led to reduced availability of food, a precarious food system, unemployment, and poverty, as well as a lack of knowledge about child food and nutrition (poor feeding habits). However, when compared to the post-harvest assessment conducted in August 2022, the data from the PDM conducted in February 2023 shows that there was indeed an improvement in food consumption from 23% to 34% of households with acceptable food consumption and 42% to 36% of households with borderline food consumption. Further, the percentage of households with poor food consumption also decreased (from 35% to 30%).			
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Activities	Description	Implemented by
Activity 2.1	Collect information on existing retailers and launch a tender	WFP
Activity 2.2	Register families entitled to receive the vouchers and develop the data base of targeted households	Cooperating Partner in collaboration with WFP
Activity 2.3	Ensure the distribution of food basket by the chosen retailer to registered households	Cooperating Partner in collaboration with WFP
Activity 2.4	Organize sharing sessions with government and stakeholders	WFP

Output 3	10,000 school-aged children in the targeted municipalities benefit from emergency school feeding
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Was the planned output changed through a reprogramming after the application stage?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Sector/cluster	Food Security - Food Assistance			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	FN.1a Number of people receiving in-kind food assistance (Number of children receiving school meals)	10,000	9,390	CP monthly and final report
Indicator 3.2	FN.1b Quantity of food assistance distributed in MT	320	244	CP monthly and final Distribution report
Indicator 3.3	Percentage of enrolled school children reporting to schools	85%	93.9%	CP monthly and final Distribution report

Explanation of output and indicators variance:	The school feeding component was implemented in two modalities: i) hot meals in five schools of Humpata municipality and ii) take-home rations in a total of 19 schools of Chibia (7), Gambos (9) and Chicomba (3) municipalities.			
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Activities	Description	Implemented by
Activity 3.1	Prepare schools mapping (including schools distant from community centres, schools difficult to access, school with/without access to water/infrastructure for a school kitchen, school already covered by a school feeding programmes)	WFP and Cooperating Partner

Activity 3.2	Procure the equipment for transportation and cooking	WFP and Cooperating Partner
Activity 3.3	Procurement and distribution of emergency school feeding to children	Cooperating Partner
Activity 3.4	Regular supervision visits to the targeted schools	WFP and Cooperating Partner

Output 4 Beneficiaries are aware of their entitlements and have unhindered access to feedback mechanisms

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

Sector/cluster	Food Security - Food Assistance			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	AP.2b Percentage of affected people who state that they are aware of feedback and complaints mechanisms established for their use	70	29%	PDM report
Indicator 4.2	AP.4b Percentage of affected people who state that the assistance and/or protection provided correspond with their needs	70	93%	PDM report
Explanation of output and indicators variance:		The variance in achievement under indicator 4.1. is linked to the fact that the percentage of affected people who were aware of CFM was lower than expected. This is due to the fact that the complaint boxes were, for safety reasons, placed in the health units, but the treatment was mostly done in the communities, in order to reduce the need for people to travel to the health units for the treatment. Although sensitization about the CFM systems was conducted during the monitoring visits to the households, by the Community Health Agents, the fact that the suggestion boxes were physically not within immediate access resulted in most beneficiaries not using them and at times forgetting their existence. WFP also established hotlines, where families of the children receiving assistance could call for help or request additional clarification about the programme. The location of CFM will be reconsidered by WFP as part of the learning from this CERF project.		
Activities	Description	Implemented by		
Activity 4.1	Conduct post-distribution monitoring exercises	WFP		
Activity 4.2	Organize the sensitization sessions for beneficiaries on protection and beneficiary entitlements	WFP and 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 areas⁵ often lacking appropriate consideration

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

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) ⁶:

Throughout this project, the affected communities were consulted and kept informed at every stage of the project through community sessions. For example, prior to the distributions, sessions were organized to inform program participants about the project and to explain that the assistance they would be receiving was unconditional. Community engagement also included local authorities in the health and education sectors, as well as other stakeholders, at provincial and municipal levels, who participated for example in the selection of geographical areas, identification of schools, and joint monitoring visits to supervise the implementation of activities. The affected community members participated in the monitoring process, through the complaints and feedback mechanisms, which were made available at all distribution points, as well as health units, where they could provide their suggestions, share their feedback, and submit their complaints, as well as actively participate in focus group discussions set up for this purpose and the Post-Distribution Monitoring (PDM) process.

b. AAP Feedback and Complaint Mechanisms:

WFP implemented several CFRM mechanisms to provide program participants with the opportunity to provide their feedback and raise their concerns (if any) about the project to inform adaptive management. Program participants were oriented on the various feedback channels available to them. These included complaint boxes that were placed in all health units where beneficiaries could place their complaints. These boxes were also placed in all distribution points (for commodity vouchers). These boxes were accessible to all beneficiaries, who were informed about their availability and confidentially throughout the process. Regarding the handling of complaints, after their collection, thorough analysis was carried out, reports were produced and measures were adopted to correct situations that were identified as susceptible to correction (for example, when families who unduly did not receive food baskets complaint and promoted a review of the beneficiary selection). Another CFRM mechanism used was the PDM. In this process, independent surveyors conducted visits to the target communities to gather feedback and opinions from their members about the activities implemented and the assistance provided. For all activities, reports were prepared with recommendations on corrective actions. A key lesson learned from the PDM was that a vast majority were not aware of the location of the complaint boxes. This will be reviewed for future interventions to ensure maximum accessibility of the complaint mechanism.

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

WFP has a zero-tolerance policy for Protection against Sexual Exploitation and Abuse (PSEA) with focal points in each office and sub-office who also act as the main focal point for reporting. WFP program staff, staff of its cooperating partners and community members engaged in program delivery are trained on PSEA and their obligation to report. Reports can be made to PSEA focal points as well as via the suggestion boxes or during monitoring activities. In this project, there was no record of any complaints of SEA by project staff, community members, or other stakeholders directly or indirectly involved in the project.

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

WFP and its Cooperating Partner are committed to gender equality, non-discrimination, and protection from sexual exploitation and abuse (PSEA). Therefore, gender aspects were considered throughout the project cycle and women accounted for 53% of all beneficiaries. Gender balance was also considered in the recruitment process of staff to ensure that women and girls are comfortable receiving assistance in cases where they may prefer to interact with women. More than 70% of the community health workers (CHWs) involved were women. Moreover, all staff and CHWs were trained on the prevention of gender-based violence and were instructed to share relevant messages on the topic during home visits to the children admitted into the CMAM programme and the community awareness-raising sessions. The majority of the beneficiaries who attended these activities were women, as well as those in the emergency school feeding activity.

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

e. People with disabilities (PwD):

As part of this project, WFP directly reached 1,626 people with disabilities with the services provided. The project ensured that all activities were taking place within the communities of the affected people and within short distances to avoid long travel in order to access services and minimize risks. While the project activities were not specifically designed for people with disabilities, the implementation was sensitive to their needs and mindful of reducing physical and mental access barriers for people living with disabilities.

f. Protection:

WFP and its partners ensured the protection of all people who participated in the program. All program participants were informed of their rights within the framework of the benefits they would be provided with as part of the project. Informative posters were produced regarding the assistance to be provided, including the amount, and modality. Prior to the distributions, sessions were organized to inform beneficiaries that the benefit they would be receiving was unconditional in an effort to prevent exploitation. Since the programmes were to be implemented in rural areas, WFP worked with its cooperating partners and local administrations to locate the most appropriate food distribution points (FDPs) to ensure beneficiaries could safely travel there to receive their entitlement as well as reduce the distances to prevent potential protection concerns on travel routes, especially for women and girls. This was complemented by sensitization on GBV as outlined in the section above (d.).

g. Education:

Ensuring the continuation of learning for drought-affected children was one of the key components of this project and achieved through the emergency school feeding program component. Emergency school feeding was implemented in 19 schools, benefiting 9,390 students (the majority of whom were girls). Targeted school children received at least one nutritious meal a day which helped to improve their food security during the project implementation period. As a result of this activity, school enrolment increased by 28% in the target schools, thereby improving learning outcomes and reducing school dropouts caused by the prolonged impacts of the drought. In addition, mothers and caregivers were also able to improve their knowledge of life-saving preventative practices relevant to acute malnutrition, health practices, IYCF practices, good hygiene, and safe WASH behaviour, including measures against COVID-19 and other diseases.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	55,609

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.

Commodity Voucher (Food Basket)

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
Food Basket Distribution	55,609	US\$ 1,500,000.00	Food Security - Food Assistance	Restricted

9. Visibility of CERF-funded Activities

Title	Weblink
2022 Annual Country Report – Angola	https://docs.wfp.org/api/documents/WFP-0000147928/download/?_ga=2.140230771.1943694668.1686576339-989865617.1684939447

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Sector	Agency	Implementing Partner Type	Funds Transferred in USD
22-UF-WFP-014	Nutrition	WFP	INGO	\$683,698
22-UF-WFP-014	Nutrition	WFP	INGO	\$320,755
22-UF-CEF-012	Water, Sanitation and Hygiene	UNICEF	INGO	\$198,171
22-UF-CEF-012	Water, Sanitation and Hygiene	UNICEF	INGO	\$90,050
22-UF-CEF-012	Education	UNICEF	GOV	\$43,087
22-UF-CEF-012	Nutrition	UNICEF	INGO	\$115,123
22-UF-CEF-012	Nutrition	UNICEF	NNGO	\$44,419