

**ANGOLA
RAPID RESPONSE
DROUGHT
2024**

24-RR-AGO-64769

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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.

12 February 2025

The AAR was conducted on 12 February 2025 and the two CERF RR recipient agencies (UNICEF and WFP) as well as their respective implementing partners (World Vision International, PanAfrikare and PIN) participated.

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

The report on the use of CERF funds was discussed with the inter-sectoral humanitarian coordination forum that includes the recipient agencies and their respective implementing partners as well as all other humanitarian partners present in the country and involved in the response in southern Angola.

Please confirm that the final version of this report was shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

Yes No

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

The Central Emergency Response Fund (CERF) Rapid Response allocation played a crucial role in addressing the severe El Niño-induced drought in Huíla and Cunene provinces, Angola. With US\$ 2,997,820 million in funding, the United Nations (UN), in collaboration with the Government of Angola and humanitarian partners, delivered lifesaving food, nutrition, and WASH assistance to thousands of vulnerable people, particularly women and children facing acute food insecurity.

This integrated response provided timely and effective support, improving access to food, essential nutrition services, and safe water while strengthening community resilience. The intervention helped stabilize malnutrition levels, restore access to clean water, and provide food assistance to the most affected households.

While CERF funding was catalytic in mobilizing additional resources and advocacy efforts, the crisis remains severe. Sustained investment is essential to tackle food insecurity, malnutrition, and water shortages in the long term.

On behalf of the United Nations Country Team, I extend my sincere gratitude to CERF donors. We remain committed to scaling up resilience-building efforts to prevent further deterioration and support long-term recovery in Angola's hardest-hit regions.

CERF's Added Value:

The CERF funding provided strategic and operational value address to the collective drought response in Angola, including through fast delivery of assistance to people in need, helping responding to time-critical needs, improving coordination amongst the humanitarian community, and helping resources mobilization from other sources. Relevant examples and their impact are outlined below in detail.

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

Yes

Partially

No

CERF funding was critical to ensure rapid delivery of assistance to people in need at a time when humanitarian partners were still mobilizing resources to respond. Assistance included screening and treatment of children under five years old with moderate and severe acute malnutrition, distribution of commodity vouchers to households of acutely malnourished children and rehabilitation of water points and WASH sensitization in four of the most drought-affected municipalities in southern Angola.

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

CERF funding helped respond to time-critical needs. Some practical examples of this include increased nutrition-related screening and treatment as well as prevention; MAM active search; provision of commodity vouchers to households with poor indicator values (food consumption score, household dietary diversity score, livelihood coping strategies, and reduced coping strategies index).

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

The CERF proposal drafting process enhanced coordination among participating agencies as it demanded regular meetings and information sharing on a number of programmatic aspects, including strategy, priority activities and geographical coverage options. Other inter-agency coordination improvements included joint training on PSEA; identification of MAM-SAM linkages at field level; cost efficiency resulting from UNICEF and WFP contracting the same implementing partner (World Vision International); improved engagement with the relevant provincial government on planning and implementation; integration of operational activities (for instance, borehole rehabilitation benefitting close by schools and health posts beside the local population). The involved organizations mentioned

that perhaps there could have been more coordination at the strategic level, including through the DRCT (HCT Lite) and discussions with the national authorities at the national level (as also an opportunity to advocate for a more robust government's response to address the drought impact).

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

CERF funding helped improve resources mobilization from both internal and external sources. For instance, in the case of WFP, it helped mobilize internal funding by showcasing to the regional office and HQs the results that were being achieved with CERF funding thus making an argument for additional resources to complement and extend emergency activities. For UNICEF, CERF funding strengthened advocacy with USAID/BHA by allowing further data collection that was then used in their proposals.

Considerations of the ERC's Underfunded Priority Areas¹:

This CERF UFE allocation addressed most of the above priorities, namely 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. Women and girls were a key target group of all CERF activities, from sensitization on malnutrition prevention to behavioural change communication on water, sanitation and hygiene, from delivery of therapeutic and supplementary foods to distribution of commodity voucher. This contributed to their empowerment, as they were equipped with the resources, opportunities, and confidence needed to achieve their personal and professional goals. It also helped dismantle societal barriers and ensuring equal rights and opportunities for women across various spheres of life. Women and girls' reproductive health benefitted from this CERF allocation too, as it was covered in the nutrition-related sensitization activities that covered several affected households. Another important priority area is targeting of disabled people through the three distinct operations including (i) outreach to inform people about relevant programmes and call for their participation; (ii) identification and registration processes; and (iii) needs assessment/selection to verify people's eligibility. Disabled people were targeted and reached in all activities that were funded by this CERF allocation and the related numbers are reported in Part II of this document. Finally, other aspects of protection were addressed through this allocation, especially gender-based violence (GBV) that taken into consideration when planning and implementing WASH and food security activities, by ensuring that both rehabilitated water points and food commodity voucher distribution points were not distant to where targeted households live. All of these priority areas benefitted from urgent funding to allow implementation of the related activities in a timely fashion. The CERF planning process facilitated and enhanced coordination among the participating humanitarian partners that, in turn, improved collective efforts in these priority areas. Further advancement in the education in protracted crisis area could have been possible if additional resources were available; with the allocated funding, the Angola UNCT decided to prioritize sectors in dire need of support, such as nutrition, WASH and food security.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	62,400,000
CERF	2,997,820
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	0

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](#).

Total funding received for the humanitarian response (by source above)	2,997,820
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Table 2: CERF Emergency Funding by Project and Sector/Cluster (US\$)

Agency	Project Code	Sector/Cluster	Amount
UNICEF	24-RR-CEF-031	Nutrition	849,127
UNICEF	24-RR-CEF-031	Water, Sanitation and Hygiene	498,693
WFP	24-RR-WFP-026	Food Security - Food Assistance	907,500
WFP	24-RR-WFP-026	Nutrition	742,500
Total			2,997,820

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

Total funds implemented directly by UN agencies including procurement of relief goods	2,387,579
Funds sub-granted to government partners*	0
Funds sub-granted to international NGO partners*	610,241
Funds sub-granted to national NGO partners*	0
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	610,241
Total	2,997,820

* 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:

During the 2023/24 El Niño event, Angola has been grappling with severe dry conditions, experiencing its driest February in over four decades. This is exacerbating an already critical food security crisis, particularly in the country's southern and eastern regions. The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) estimates that around 5.6 million people have been affected, among which the number of people facing acute food insecurity (Integrated Food Security Phase Classification - IPC 3+ level) doubled from 625,000 in October 2023 to 1,250,000 by October 2024; the situation increases the vulnerability of children under five to suffering from severe acute malnutrition. The Water, Sanitation and Hygiene (WASH) sector estimates that between 50 to 80 per cent of the water points in the southern provinces of Angola (of which Huila is part of) are not operational. This brings further threat to people health and nutrition status as well as to their basic human rights and dignity, considering only 28 per cent of rural population have access to basic water services.

In addition, access to data on the humanitarian situation in Angola is scattered, the funding requirements for this emergency are difficult to be estimated.

Operational Use of the CERF Allocation and Results:

This US\$3 million allocation aimed to ensure continuity of essential food security, nutrition, and WASH services to vulnerable people in Huila and Cunene provinces affected by El Niño. It focused on scaling up lifesaving interventions, enhancing the protection of affected people, and implementing an efficient humanitarian response through an inter-agency, multisectoral approach. The initiative aimed to address water shortage, malnutrition and food insecurity, particularly for children, women, and extremely vulnerable households, by providing treatment for malnutrition, counselling for caregivers, and improving access to basic water services and food assistance. The allocation provided humanitarian assistance to a total of 181,506 people – 24,414 men, 35,866 women, 58,086 boys and 63,140 girls, including 3,975 persons with disabilities.

People Directly Reached

A total of 181,506 people were directly reached through activities funded by this allocation. 30,959 people were directly reached by the food security sector, 82,364 people were directly reached by the nutrition sector and 68,183 people were directly reached by the WASH sector.

People Indirectly Reached

For WASH and nutrition, no indirect beneficiaries are considered as the communities are so dispersed and constrained with poor or no means of communication. The awareness/information campaigns were taking place within the communities, and the people reached are, therefore, part of the direct beneficiaries. 69,569 people benefited indirectly from the CERF-funded project through social behaviour communication (SBCC) actions as part of their food security and nutrition activities. Therefore, the total of people indirectly reached by activities funded through this allocation is 69,569.

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 - Food Assistance	7,000	6,563	11,506	9,931	35,000	7,752	7,121	8,114	7,972	30,959
Nutrition	9,000	1,000	33,000	30,000	73,000	9,104	1,012	36,960	35,288	82,364
Water, Sanitation and Hygiene	5,737	5,512	7,013	6,738	25,000	19,010	16,281	18,066	14,826	68,183

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	133,000	181,506
Total	133,000	181,506

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

Sex & Age	Total Number of People Directly Assisted with CERF Funding*		Number of people with disabilities (PwD) out of the total	
	Planned	Reached	Planned	Reached
Women	21,737	35,866	543	835
Men	13,075	24,414	326	408
Girls	51,519	63,140	1,288	1,394
Boys	46,669	58,086	1,167	1,338
Total	133,000	181,506	3,324	3,975

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 24-RR-CEF-031

1. Project Information			
Agency:	UNICEF	Country:	Angola
Sector/cluster:	Nutrition Water, Sanitation and Hygiene	CERF project code:	24-RR-CEF-031
Project title:	Integrated emergency life-saving interventions to El Niño emergency in Southern Angola		
Start date:	11/06/2024	End date:	10/12/2024
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\$ 31,800,000
	Total funding received for agency's sector response to current emergency:		US\$ 1,859,993
	Amount received from CERF:		US\$ 1,347,820
	Total CERF funds sub-granted to implementing partners:		US\$ 392,730.26
	Government Partners		US\$ 0
	International NGOs		US\$ 392,730.26
National NGOs		US\$ 0	
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

With CERF funding, in the four targeted municipalities, a total 83,488 people were reached by the intervention. 5,189 children were admitted for the treatment of severe wasting, with 71.4 per cent of the children discharged as cured. This is below the SPHERE standard target of 75 per cent and resulting from a high defaulting rate of 25.1 per cent. This reflects two main challenges, the first is that household during the harvesting season have a higher cost opportunity in dedicating their time to food sustainability and financial return compared to ensuring that children return to the health facility for follow-up treatment, in consideration of also of the limited resources available to cover transport costs. The second challenge is the high rotation of health facility workers and not being able to meet the constant need of training and supportive supervision, which results in inadequate and inaccurate record keeping. A total of 10,116 caregivers have received training or community awareness sessions on infant and young child feeding, exceeding the target of 10,000 caregivers.

Regarding WASH, between July and early December 2024, a total of 24 water points were rehabilitated in communities located in two municipalities (Chibia and Humpata) in Huíla province. The intervention directly benefited 68,183 people (37,076 women, 31,107 men) including 759 persons with disabilities. There were 2,449 female heads of households among the target population. The regained access to basic water services benefits not only the people, but also the livestock, and in some cases households' gardens for enhanced food security, as well as improved hygiene practices. It is important to note that the water points were rehabilitated as solar-powered water

systems, through the contracting of a qualified local private company, which resulted in high quality standards of the repairs and changed from manual to solar-powered pumping stations to reduce the burden of manual pumping (often a task executed by children) and improved durability of the service as lots of broken manual hand-pumps are due to an excessive and not adequate operation of the handpumps.

3. Changes and Amendments

[None from UNICEF]

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	9,000	1,000	2,500	2,500	15,000	9,104	1,012	2,646	2,543	15,305
Total	9,000	1,000	2,500	2,500	15,000	9,104	1,012	2,646	2,543	15,305
People with disabilities (PwD) out of the total										
	225	25	62	62	374	455	51	132	127	765

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	5,737	5,512	7,013	6,738	25,000	19,010	16,281	18,066	14,826	68,183
Total	5,737	5,512	7,013	6,738	25,000	19,010	16,281	18,066	14,826	68,183
People with disabilities (PwD) out of the total										

143	138	175	168	624	186	179	201	193	759
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5. People Indirectly Targeted by the Project

[For WASH and nutrition, no indirect beneficiaries are considered as the communities are so dispersed and constrained with poor or no means of communication. The awareness/information campaigns were taking place within the communities, and the people reached are, therefore, part of the direct beneficiaries.]

6. CERF Results Framework

Project objective	Provide timely integrated lifesaving and emergency response services through the implementation of nutrition and water and hygiene interventions to El Niño drought affected populations, including the hardest to reach vulnerable children and women in four municipalities in Huíla and Cunene provinces.				
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.3a Number of people admitted to SAM treatment programme (therapeutic feeding) (therapeutic feeding) (children under five years of age)	5,000	5,189	Partner reports	
Indicator 1.2	Percentage of people who were admitted for SAM treatment who recovered (SAM recovery rate) (children under five years of age).	75% (3,750 children)	71.4%	Partner reports	
Indicator 1.3	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)	10,000	10,116	Partner reports	
Indicator 1.4	N.4 Number of people screened for acute malnutrition - (children under five)	N/A	N/A	N/A (see explanation)	
Indicator 1.5	N.5 Number of people receiving vitamins and/or micronutrient supplements	N/A	N/A	N/A (see explanation)	
Explanation of output and indicators variance:		Indicator 1.4: At the time of proposal writing, it was agreed with OCHA and WFP that, to avoid double counting, WFP would have reported on it. This explains why there is no target and UNICEF is not reporting on the achieved. Indicator 1.5: At the time of proposal writing, it was agreed with OCHA not to procure micronutrient supplements.			
Activities	Description	Implemented by			
Activity 1.1	Procurement and distribution of essential nutrition supplies (Ready-to-Use Therapeutic Food (RUTF),	[UNICEF and Implementing Partners (PanAfricare and World Vision International)]			

	therapeutic milks and material for nutrition screening and treatment of severely malnourished children).	
Activity 1.2	Health facility level screening of children under five for acute malnutrition.	[UNICEF and Implementing Partners (PanAfricare and World Vision International)]
Activity 1.3	Treatment of children under five for Severe Acute Malnutrition (SAM).	[UNICEF and Implementing Partners (PanAfricare and World Vision International)]
Activity 1.4	Counselling of pregnant and lactating women on infant and young child feeding (IYCF) at health facility level.	[UNICEF and Implementing Partners (PanAfricare and World Vision International)]
Activity 1.5	Supportive supervision visits for health facility staff on the integrated management of acute malnutrition and counselling on IYCF practices.	[UNICEF and Implementing Partners (PanAfricare and World Vision International)]
Activity 1.6	Establishing health care facility-based complaints/feedback mechanisms	[UNICEF and Implementing Partners (PanAfricare and World Vision International)]

Output 2 Children and their communities have equitable access to safe water services.

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.6 Number of people accessing sufficient and safe water for drinking, cooking and/or personal hygiene use as per agreed sector standard	25,000	68,183	Implementing partner report
Indicator 2.2	WS.15 Number of communal water points (e.g. wells, boreholes, water taps stands, systems) rehabilitated (the selection of water points and repair works will follow disability inclusion, age-friendly and gender-sensitive approaches to promote safe access to water of the most vulnerable groups).	33	24	Implementing partner report
Indicator 2.3	AP.7 Number of community-based complaints/feedback mechanisms established.	25	5	Implementing partner report
Explanation of output and indicators variance:	The proposal plan was to rehabilitate 33 water points based on the initial assessment and in agreement with the local authorities. At the time of implementation, we realised it was not possible to rehabilitate 9 out of 33 water point because of multiple geophysical complexities (ex. the borehole run dry or was not possible to recover the non-functioning water pump unless major – lengthy and costly interventions – that would have jeopardized the available budget and the number of communities reached). Therefore, we decided to focus on the 24 that managed to extend the service to a greater number of communities. Considering the high prevalence of non-functional water points in the area, rehabilitated water points attracted neighbouring community members to fetch water at the functioning water point. Thus,			

		highly increasing the number of people reached despite the lower number of water points rehabilitated.
Activities	Description	Implemented by
Activity 2.1	Emergency repairs and rehabilitation of water points and small water systems.	UNICEF with a private local company Intercal
Activity 2.2	Engagement of communities, leaders, WASH committee members and authorities on operation of water services and safe handwashing practices.	UNICEF and NGO People In Need
Activity 2.3	Establishing or strengthening community-based complaints/feedback mechanisms	UNICEF and NGO: People In Need
Activity 2.4	WS.20 Percentage of people with improved knowledge that demonstrate safe hygiene practices that have received hygiene promotion and/or distribution of hygiene items/materials	UNICEF and NGO: People In Need

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:

Nutrition activities involved the active participation of caregivers, including those taking care of children with disability, supporting them with improved nutrition practices. Health facility staff received refresher training on counselling skills to enhance accountability to affected populations as trained staff are equipped with skills to sensitively handle and address caregiver concerns. Water point rehabilitation or upgrade was co-decided with the affected communities. Repairs to traditional handpumps were provided where communities that did not want the upgrade to solar-powered submersible pumps. Livestock water points were also repaired in coordination with the communities considering the centrality of the livestock. 13 WASH committees were created and 11 were reactivated through community processes that were also used to strengthen knowledge and capacities on safe WASH practices, such as misinterpretation of the boreholes capacity was addressed by further discussions with the WASH committees and the community during all the steps of the rehabilitation.

b. AAP Feedback and Complaint Mechanisms:

Each health facility supported by the project had a complaints response mechanism in place, including a complaints box and phone number that community members could call, should they have a complaint about the project or the services received.

At community level five channels for feedback were reactivated: 1) complaint boxes, 2) hotline, 3) dedicated moments during community meetings, 4) feedback committees 5) the feedback mechanism focal points outside of the communities; 90 members, including 28 females and 62 males, were trained as feedback committee members. While the baseline survey indicated that the feedback committees were the

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](#).

preferred mechanism reason why specific activities have been made to strengthen this mechanism the endline survey revealed that complaints boxes were the most preferred mechanism, followed by hotlines, community meetings, and feedback committees, thus the importance of offering options. A total of 129 comments/feedback were received and addressed during the project implementation period.

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

All partners staff signed a Code of Conduct for PSEA, while all community health workers supporting the project received training on PSEA prior to engaging with their communities.

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

Mother-to-mother and father-to-father support groups were created in the targeted municipalities to enhance parenting skills.

The water points rehabilitated provided water to all the individuals in the communities, reducing the time needed to fetch water and reducing the risks incurred during the trip for water fetching. Females were included in some WASH committees through effective community mobilisation.

e. People with disabilities (PwD):

In nutrition sector, children with disabilities are at a higher risk of malnutrition than children without disabilities, as such, though data collection is a challenge, children with disabilities were reached by the severe acute malnutrition treatment programme when necessary. In caregiver counselling sessions, health facility staff provide tailored guidance to caregivers on supporting healthy nutrition practices, for children with disabilities.

The required robust and locally made fencing of the water points to prevent the intrusion of the livestock in some communities constrains the access to basic water services for persons with disabilities. Discussions took place to ensure that the people with disabilities would be supported to secure their access to water.

f. Protection:

Child protection was mainstreamed through various activities jointly with the Ministry of Social Action, Family and Women's Promotion (MASFAMU) through the National Institute for Children (INAC) and the Ministry of Justice. These include a comprehensive mapping of GBV and child protection services to strengthen case management; capacity building of government and civil society partners on the Protection from Sexual Exploitation and Abuse (PSEA), including the printing of relevant material jointly with other UN agencies to disseminate to affected communities and generate a community-based feedback mechanism through national helplines; printing of critical SOPs in emergency (code of conducts of social workers, family-tracing and reunification and case management for children in street situations) and a joint mission to the border of Namibia to improve programming for children on the move across the southern provinces.

g. Education:

[Not applicable]

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.

Cash and Voucher Assistance have not yet been used by UNICEF in humanitarian response emergency settings in Angola in the context of drought response. Implementing cash transfers outside of the national social protection system (which is relatively new) requires lengthy planning and setting up parallel mechanisms that a six-month implementation timeline does not allow for. Furthermore, CVA is not necessarily appropriate for the nutrition and WASH interventions planned by UNICEF under this CERF. However, under this CERF, WFP implemented voucher assistance in coordination with UNICEF to ensure families of children undergoing treatment for moderate acute and severe acute malnutrition receive food rations.

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
Water acces in drought most	https://www.facebook.com/UNICEFAngola/posts/pfbid02pe6KP6UpFwxJiejQBreoeP1gB5QW5igx57NYg9X6qukvZYowmFRDaJWinKt8gHtGI
Water acces in drought most	https://www.facebook.com/UNICEFAngola/videos/889219949723234
Water acces in drought most	https://www.youtube.com/watch?v=cRbP-PJlqg

3.2 Project Report 24-RR-WFP-026

1. Project Information			
Agency:	WFP	Country:	Angola
Sector/cluster:	Food Security - Food Assistance Nutrition	CERF project code:	24-RR-WFP-026
Project title:	Angola El Niño Response – Community-based Management of Acute Malnutrition and Assistance to Vulnerable and Food Insecure Families in Huila and Cunene provinces		
Start date:	01/06/2024	End date:	30/11/2024
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\$ 30,600,000
	Total funding received for agency's sector response to current emergency:		US\$ 2,994,000
	Amount received from CERF:		US\$ 1,650,000
	Total CERF funds sub-granted to implementing partners:		US\$ 217,510.86
	Government Partners		US\$ 0
	International NGOs		US\$ 217,510.86
National NGOs		US\$ 0	
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

With the generous contribution from CERF, WFP and its cooperating partner (CP) – World Vision International – provided urgent and life-saving integrated nutrition support and food assistance to highly vulnerable families in Cunene (Cuanhama and Ombadja municipalities) and Huíla (Chibia and Humpata municipalities) provinces, which have been severely impacted by the El Niño-induced drought. Between June and November, a total of 67,059 children under five (CU5) were screened at the community level, out of which 7,565 CU5 were diagnosed with moderate acute malnutrition (MAM) and admitted into WFP’s targeted supplementary feeding programme. To meet their nutritional needs, WFP procured and distributed (through its CP) 45 metric tons (MT) of Ready-to-Use Supplementary Food (RUSF). WFP also provided food assistance through commodity vouchers to the households of CU5 diagnosed with MAM (30,959 beneficiaries) for a period of two (2) months – the average duration of MAM treatment - to improve the recovery rates and household food security and nutrition outcomes. Alongside the provision of RUSF and commodity vouchers, WFP delivered social and behaviour change communication (SBCC) messaging to 100,528 people (direct and indirect beneficiaries) to promote healthy and nutritious practices.

WFP and its CP conducted orientation and refresher sessions for 125 community health agents (CHAs) on the management of acute malnutrition, including screening, active case finding, management, counselling, stock management and commodity vouchers. By utilising CHAs to support malnutrition prevention and supplementation on an outpatient basis, WFP was able to significantly reduce costs compared to traditional inpatient care while maintaining high effectiveness in reaching a large number of highly vulnerable children, including in remote and hard-to-reach areas.

Monitoring findings show that WFP’s nutrition interventions recorded positive results, achieving an 89 percent recovery rate (> 75%). This exceeded international SPHERE standards, demonstrating the effectiveness and the impact of a comprehensive approach, combining the provision of RUSF with food assistance and SBCC for positive nutrition outcomes.

WFP established solid linkages with UNICEF’s nutrition programme funded by CERF by organising regular coordination meetings to exchange information, promote synergies and avoid duplication of efforts. At the field level, WFP and UNICEF worked closely to ensure a consistent continuum of care between the community and health unit levels through the referral system. Additionally, the project was implemented in close coordination with local authorities, namely the Provincial and Municipal Health and Social Affairs Departments and Civil Protection.

3. Changes and Amendments

Overall, activities were implemented according to the workplan included in the proposal approved by CERF. However, WFP was required to make some programmatic adjustments, which did not result in an increase in the total budget, to better respond to the urgent needs of the affected communities and maximise operational efficiency.

The completion of the market and retailer assessment was delayed due to challenges in identifying and registering retailers in the target municipalities with the capacity to meet WFP’s standards and requirements. In order to mitigate this challenge, WFP engaged local authorities to expand the geographic area where these retailers are located. As a result, WFP carried out the commodity voucher distributions between September and November 2024. These covered a two-month ration to ensure all beneficiaries received their entitlements by the end of the project. WFP increased the frequency of process monitoring and scaled up sensitization activities for beneficiaries on how assistance was to be used.

WFP had initially allocated US\$ 185,714.00 (“Transport of Commodities” budget line) for the transportation of commodities from the retailer storage to the food distribution points (FDPs). However, during the market and retailer assessment conducted in June/July 2024, WFP Angola was able to identify retailers based in or close to the targeted communes and the FDPs identified. This led to a significant reduction of the transport costs initially estimated. Simultaneously, due to the devaluation of the local currency (Angolan Kwanza) and the increase in the price of staple food commodities included in WFP’s food basket, the funding initially allocated for the commodity voucher (USD 560,000 - “Food basket - Commodity voucher” budget line) was not sufficient to cover all 5,000 households targeted under this intervention. As of 25

October 2024, the monthly average food basket cost was around USD 62.00, which represented a significant increase from the cost initially estimated (US\$ 56.36) and considered in the proposal approved by CERF. As a result, the available funding could only cover 4,840 households for a period of two months, leaving WFP with a funding gap of around USD 16,640.00 in order to assist the remaining 160 households. Against this background, WFP submitted a request to the CERF Secretariat (approved by e-mail on 15 November 2024 since the variance across budget categories was <15%) for the remaining funds (US\$ 171,087) to be redeployed from the "Transport of Commodities" to the "Food basket - commodity voucher" budget line (indicator 2.1). This enabled WFP to successfully implement the programme by completing the 2nd and 3rd rounds of commodity voucher distributions and providing life-saving food assistance to 160 highly food-insecure households included in the initial target of 5,000 households. These funds also enabled WFP to provide food assistance for an additional 1,200 households (double distribution to be conducted in November covering a two-month period). Since the request was approved, the total number of households targeted by WFP under this intervention increased from 5,000 to around 6,200.

The average household size was adjusted from seven (7) to five (5) to align with government data (census 2014) and other development and humanitarian partners. As a result, the number of target beneficiaries was revised (from 35,000 to 25,000).

The composition of the food basket was revised to increase the coverage of the recommended nutritional and caloric intake and ensure it was nutritionally adequate and culturally acceptable, also considering the results from the retailer and market assessment. The original food basket, which was composed of 25kg of maize meal, 10kg of beans, 3 litres of vegetable oil, and 1kg of sugar, provided 581 kilocalories/day, considering an average household size of seven (7). The revised food basket was composed of 30kg of maize meal, 10kg of beans, 3 litres of vegetable oil, and 1kg of sugar and provided 1,131 kilocalories/person/day (equivalent to 54 percent of the daily minimum recommended 2,100 kilocalories) and 12 percent of protein considering an average household size of five (5).

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	0	0	33,000	30,000	63,000	0	0	34,314	32,745	67,059
Total	0	0	33,000	30,000	63,000	0	0	34,314	32,745	67,059
People with disabilities (PwD) out of the total										
	0	0	825	750	1,575	0	0	858	819	1,677

Sector/cluster	Food Security - Food Assistance									
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	7,000	6,563	11,506	9,931	35,000	7,752	7,121	8,114	7,972	30,959
Total	7,000	6,563	11,506	9,931	35,000	7,752	7,121	8,114	7,972	30,959

* 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.

People with disabilities (PwD) out of the total⁴

175	164	288	248	875	194	178	203	199	774
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⁴ The number of PwD for activities implemented under the food security sector/cluster are an estimate, calculated using data from the OHCHR Committee on the Rights of Persons with Disabilities report and the 2014 Angola census (latest data available).

* 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

WFP delivered social behaviour change communication (SBCC) messaging through house-to-house and community-based information/awareness sessions, cooking demonstrations, and radio spots. WFP also sensitised community leaders, female and male caregivers, and other gatekeepers as agents of change, disseminating nutrition information on the prevention of acute malnutrition, the importance of exclusive breastfeeding, infant and young child feeding practices, healthy and balanced diets and positive WASH practices. These activities ensured that nutritionally vulnerable groups had information on good nutritional practices and health-seeking behaviours to take ownership of their health and nutritional well-being. In total, 69,569 people benefited indirectly (in addition to the 30,959 direct beneficiaries) from the CERF-funded project through SBCC activities.

6. CERF Results Framework

Project objective	The programme aims at improving the nutritional status of children between 6 and 59 months of age diagnosed with Moderate Acute Malnutrition (MAM) and providing lifesaving food assistance to the vulnerable families most severely affected by El Niño in the provinces of Cunene and Huila in southern Angola			
Output 1	Approximately 63,000 children under five are screened in four municipalities in the drought-affected provinces of Huila and Cunene, and at least 7,564 children diagnosed with Moderate Acute Malnutrition 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	N4. Number of children screened for acute malnutrition	63,000	67,059	CP Monthly Report
Indicator 1.2	N2a. Number of children admitted to the MAM treatment programme	7,564	7,565	CP Monthly Report
Indicator 1.3	N2b. Percentage of people admitted for MAM treatment who recovered (MAM recovery rate)	75%	89%	CP Monthly Report
Explanation of output and indicators variance:		The MAM recovery rate is significantly higher than the Sphere standards (> 75%) due to the fact that (i) WFP's integrated nutrition support was combined with food assistance through commodity vouchers. The food vouchers were provided as a protection ration to improve the food security and nutrition outcomes of the families during the child's treatment period; and (ii) WFP's nutrition programme was implemented at the community level, which contributed to identifying and treating cases early to prevent complications and accelerate recovery times.		
Activities	Description	Implemented by		
Activity 1.1	Conduct orientation and refresher sessions for 125 community health agents on the community management of moderate acute malnutrition in children under five	CP under the supervision of WFP		
Activity 1.2	Procurement of 45 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 the community level through community health workers	CP under the supervision of WFP
Activity 1.4	Support conducting quality formative supervision visits from provincial, and municipal levels and implement capacity-building actions to improve quality of community case management of MAM	WFP and the selected CP in coordination with health authorities (at provincial and municipal levels)

Output 2 Vulnerable families with cases of malnourished children affected by El Niño drought have improved access to adequate food in selected municipalities of Huila and Cunene provinces.

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 2.1	Cash.4b Total value of unconditional vouchers distributed in USD	560,000	731,087	Retailer invoices
Indicator 2.2	Cash.4a Number of people benefiting from unconditional vouchers	35,000	30,959	Retailer invoices
Indicator 2.3	FS.3 Average reduced Coping Strategies Index (rCSI)	<19%	21.5%	PDM Report
Indicator 2.4	FS.5a Percentage of households with an acceptable food consumption score	60%	39%	PDM Report

Explanation of output and indicators variance:

Under the commodity voucher intervention (indicator 2.1.), WFP had initially allocated US\$ 185,714.00 (“Transport of Commodities” budget line) for the transportation of commodities from the retailer storage to the FDPs. However, during an assessment conducted in June/July 2024, WFP Angola was able to identify retailers based in or close to the targeted communes and the FDPs identified. This led to a significant reduction of the transport costs initially estimated. Against this background, WFP Angola submitted a request to the CERF Secretariat (approved by e-mail on 15 November 2024) for the remaining funds (approximately US\$ 171,087) to be redeployed from the “Transport of Commodities” to the “Food basket - commodity voucher” budget line.

Moreover, the average household size was adjusted from seven (7) to five (5) to align with government data (census 2014) and other development and humanitarian partners. As a result, the number of target beneficiaries was revised (from 35,000 to 25,000) (indicator 2.2.).

The underachievement under indicators 2.3 and 2.4 related to the consumption-based coping strategy index (rCSI) and food consumption score for Huila and Cunene provinces can be explained mainly by the severe limitations in access to food as a result of, but not limited to, the reduction of purchasing power, inflation, crop losses, and low agriculture production due to the El Niño-induced drought. This underscores the urgent need for sustained humanitarian assistance while highlighting the importance of increased investments in livelihood interventions to strengthen the resilience of drought-

affected populations against future shocks. In addition, it is noteworthy to highlight that monitoring findings show that poor food consumption levels remain higher among households headed by women (22 percent) when compared to their male counterparts (16 percent). The rCSI follows the same pattern, with female-headed households having a higher rCSI.

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 database of targeted households	CP under the supervision of WFP
Activity 2.3	Commodity voucher distribution to targeted households	Selected retailers under the supervision of WFP (and with support from CP)
Activity 2.4	Ensure the distribution of food baskets by the chosen retailer to registered households	Selected retailers under the supervision of WFP (and with support from CP)
Activity 2.5	Post Distribution Monitoring (PDM)	WFP

7. Effective Programming

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

a. Accountability to Affected People (AAP)⁶:

WFP worked closely with its partners, local authorities, and community leaders to ensure that affected communities were involved from the initial stages of the project to strengthen their influence over programmes and enhance programme quality. Provincial and municipal authorities and other key stakeholders took part in the selection of villages/communes and joint monitoring visits. WFP also carried out PDM surveys and focus group discussions (FGDs) with various groups, including women, men, and community gatekeepers, that enabled the agency to better understand beneficiaries' knowledge about WFP's activities and preferences while enabling them to express concerns, request information, and provide feedback on humanitarian assistance. Moreover, WFP and UNICEF organized a joint AAP training for the CPs selected by the two agencies.

Satisfaction levels were high, with around 97 percent of people assisted, providing positive feedback on the communication and sensitisation activities, the beneficiary selection and distribution management process, and the quality of assistance provided.

b. AAP Feedback and Complaint Mechanisms:

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

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

WFP established safe, inclusive, and accessible Community Feedback Mechanisms (CFMs), which comprised multiple communication channels, including suggestion boxes and help desks made available at the distribution sites where people could voice their concerns, lodge complaints, and provide feedback. WFP ensured people assisted received the correct information on the project and available CFMs at the right time through appropriate, accessible and inclusive channels. These included coordination meetings with community leaders and WFP's CP, as well as through brochures translated into the main languages spoken by the affected communities whenever possible. In addition, WFP organised focus group discussions with beneficiaries to better understand their knowledge of WFP's activities and levels of access to and awareness of available CFMs. WFP analysed all feedback and complaints received through the aforementioned channels, which were used to inform adaptive management and improve programming.

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

Reinforcing its commitment to zero tolerance against sexual exploitation and abuse, WFP invested in enhancing PSEA capacities for staff and partners. WFP staff and community health workers underwent training on PSEA to raise awareness about the strict adherence to the PSEA protocols and mandates and heightened community awareness, including referrals. WFP and UNICEF also organized a joint PSEA refresher session for the CPs selected by the two agencies.

WFP ensured that all offices had PSEA focal points, who were provided with training on mitigation, referral, and reporting of PSEA allegations. The field-level agreement included clauses that required the CP to disclose and report reasonable suspicions or concerns about sexual exploitation and abuse (SEA). WFP also took part in the inter-agency PSEA working group and contributed to the implementation of the PSEA action plan. Participation in the working group offered WFP access to expertise from specialised UN agencies.

There were no reports of sexual exploitation and abuse by project staff, beneficiaries, community members, or other stakeholders directly or indirectly involved in the CERF-funded project.

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

Women and girls represented more than 51 percent of those assisted under the CERF-funded project. To improve equitable access and participation in WFP's programming, WFP gave priority to pregnant women and mothers with younger children during distributions while taking into consideration their unique needs. WFP also encouraged women to attend the distribution cycles to increase their exposure to SBCC-N interventions and minimise the risks of misuse of assistance. WFP's SBCC-N activities targeted both female and male caregivers to facilitate gender-equitable access to knowledge and promote joint ownership and participation in decision-making on issues related to health, nutrition and food security of their families.

WFP and its partners ensured the availability of help desks run by female staff at distribution sites. Moreover, WFP organised focus group discussions to understand and integrate the needs, concerns, and aspirations of women and girls in the planning, implementation, and monitoring of its interventions and promote women's decision-making power over food security and nutrition.

Performance analysis related to gender within the context of emergency response interventions focuses on indicators of decision-making regarding the use of food aid and other resources at the household level. Monitoring findings indicated that half of the households had women in the primary decision-making roles, and 32 percent engaged in joint decision-making.

e. People with disabilities (PwD):

People with disabilities (PwD), including women and girls with disabilities, were targeted under all the activities implemented as part of the CERF-funded project. WFP and its CP designed distributions to reduce waiting times and travel distances, in line with humanitarian standards, and gave priority to PwD and other vulnerable groups. PwD were also encouraged to participate in SBCC-N activities and received timely and accurate information on the project objectives, entitlements, selection criteria, and available CFMs.

f. Protection:

WFP strives to ensure the protection of and accountability to the people it serves, promote meaningful access to assistance, and strengthen inclusive engagement and empowerment. In an effort to ensure the safety, access, dignity and empowerment of its beneficiaries, WFP and its CP organised distributions during daylight and designed them to minimise travel distances and waiting times whenever possible. WFP prioritised people with specific needs, including pregnant women, breastfeeding mothers, unaccompanied minors, persons with disabilities, and older adults. As a result of these collective efforts, close to 100 percent of beneficiaries surveyed reported no safety concerns experienced as a result of their engagement in WFP's programmes and less than 2 percent experienced barriers accessing food and nutrition assistance, with no significant difference between women and men. Moreover, the field-level agreement signed with the CP outlined obligations towards protection and responsibility to affected people.

g. Education:

As part of its SBCC-N interventions, WFP provided nutrition education through house-to-house and community-based information/awareness sessions, cooking demonstrations, and radio spots. WFP also trained community leaders, male caregivers, and other gatekeepers as agents of change, disseminating nutrition information on the prevention of acute malnutrition, the importance of exclusive breastfeeding, infant and young child feeding practices, healthy and balanced diets and positive WASH practices. These activities ensured that nutritionally vulnerable groups had information on good nutritional practices and health-seeking behaviours to take ownership of their health and nutritional well-being.

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	30,959

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.

WFP provided commodity vouchers to food-insecure households with children under the age of five diagnosed with MAM and admitted into the targeted supplementary feeding programme. The vouchers were exchanged for food baskets containing 30kg of maize meal, 10kg of beans, 3 litres of vegetable oil, and 1kg of sugar. WFP provided the commodity voucher for a period of two months (equivalent to the average duration of MAM treatment).

Under this project, WFP did not utilize MPC for several reasons. In June/July 2024, WFP conducted a Transfer Modality and Mechanism Analysis for WFP's operations in Huíla and Cunene provinces. This analysis considered the historical and current experiences in the country as well as the unique programme setups, objectives, and contextual factors in each province to recommend the most appropriate transfer modality and mechanism. Following WFP's Cash policy, the analysis placed the people served at the centre and also took into consideration their preferences. The analysis concluded that commodity vouchers represent the most appropriate transfer mechanism for the operations in these provinces. There are several challenges with the use of cash due to the country's weak financial infrastructure, high unbanked population, limited adoption of mobile-based solutions, strict 'Know Your Customer' regulations requiring a national ID card or passport for banking transactions, and low levels of financial literacy.

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
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Commodity Voucher
Distribution (Activity 2.3)

30,959

US\$ 731,087

Food Security - Food Assistance

Restricted

9. Visibility of CERF-funded Activities

Title	Weblink
News Release	https://www.wfp.org/news/un-central-emergency-response-fund-contributes-wfps-assistance-families-affected-el-nino
Country Brief (published on a monthly basis)	https://reliefweb.int/report/angola/wfp-angola-country-brief-november-2024

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
24-RR-CEF-031	Water, Sanitation and Hygiene	UNICEF	INGO	\$77,693
24-RR-CEF-031	Nutrition	UNICEF	INGO	\$134,000
24-RR-CEF-031	Nutrition	UNICEF	INGO	\$181,037
24-RR-WFP-026	Nutrition	WFP	INGO	\$152,258
24-RR-WFP-026	Food Assistance	WFP	INGO	\$65,253