RESIDENT/HUMANITARIAN COORDINATOR REPORT 2012 ON THE USE OF CERF FUNDS ANGOLA

RESIDENT/HUMANITARIAN COORDINATOR	Ms. Maria Ribeiro

PART 1: COUNTRY OVERVIEW

I. SUMMARY OF FUNDING 2012

TABLE 1: COUNTRY SUMMARY OF ALLOCATIONS (US$)		
Breakdown of total response funding received by source	CERF	5,102,132
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (*if applicable*)	0
	OTHER (Bilateral/Multilateral)	2,005,300
	TOTAL	7,107,432
Breakdown of CERF funds received by window and emergency	**Underfunded Emergencies**	
	First Round	0
	Second Round	0
	Rapid Response	
	Drought	5,102,1320

II. REPORTING PROCESS AND CONSULTATION SUMMARY

a. Please confirm that the RC/HC Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES ☒ NO ☐

b. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies, cluster/sector coordinators and members and relevant government counterparts)?

YES ☒ NO ☐

An initial draft of this report was reviewed by the Drought Management Task Force and National Drought Response Team, under the UNRC guidance. Subsequently the document was widely shared with implementing partners (NGOs and Government) for comments and suggestions to be included in the final draft. The DMT organised a specific meeting with key partners and stakeholders to review and validate the report. Then UNCT also held a meeting to validate the final document.

PART 2: CERF EMERGENCY RESPONSE – DROUGHT (RAPID RESPONSE 2012)

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response:		*$96,305,483*
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	5,102,132
	OTHER (Bilateral/Multilateral)	2,005,300
	TOTAL	**7,107,432**

TABLE 2: CERF EMERGENCY FUNDING BY AGENCY (US$)			
Allocation 1 – Date of Official Submission: 7 June 2012			
Agency	**Project Code**	**Cluster/Sector**	**Amount**
UNICEF	12-CEF-072	Health-Nutrition	3,352,207
FAO	12-FAO-026	Agriculture	997,873
WHO	12-WHO-044	Health-Nutrition	752,052
Sub-total CERF Allocation			**5,102,132**
TOTAL			**5,102,132**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of Implementation Modality	**Amount**
Direct UN agencies implementation	4,091,812
Funds forwarded to NGOs for implementation	992,087
Funds forwarded to government partners	45,955
TOTAL	**5,129,854**

The agricultural calendar season in 2011 and 2012 was marked by rainfall deficit of more than 60 per cent compared to normal years, according to an in-depth assessment conducted by the Ministry of Agriculture, Rural Development and Fisheries (MINADERP) in April 2012. MINADERP completed a food security assessment in 11 provinces (covering over 60 per cent of the provinces). Results indicated that agricultural output in general and cereals in particular fell by an average of 30 per cent (depending on provinces and the crop type). MINADERP further estimated that over 400,000 tons of crops were lost due to drought and approximately 1,833,900 persons were impacted The seasonal drought struck the entire country, however, Bengo, Kwanza-Sul, Benguela, Huila, Namibe, Cunene, Moxico, Bie, Huambo and Zaire were the most affected regions. The populations of Bie, Huambo and Kwanza Sul were reported to be in the most critical of conditions.

The impact of the drought on the food availability and security for the structurally vulnerable population groups went beyond food deficit,

also distressing the agricultural production-base affecting the soils, water availability, reduced moisture in the fertile valleys, availability of agricultural inputs, etc. This further impacted the productivity; the seeds for the next agricultural campaign; and the producers' capacity to reimburse credit was affected negatively.

Reports confirmed an increasing trend of persons with reduced food intake, as well as the risks associated with acute malnutrition, illness (morbidity) and death (mortality) among the most exposed and vulnerable groups, especially young children and lactating women. In April and May, the Ministry of Health (MINSA) supported by the United Nations Joint Nutrition and Food Security Team, carried out a rapid nutrition assessments, using Inter-Agency Standing Community (IASC) tools covering 10 provinces. The assessment report confirmed the increasing trends of admissions and deaths of children diagnosed with severe acute malnutrition (e.g. Huila 23 per cent, Cunene 21 per cent, and Bie 11 per cent). In addition, Global Acute Malnutrition (GAM) was affecting as many as 533, 400 children and water consumption had fallen to levels as low as 3.7 litres per person per day (65 per cent below sphere standards).

These findings encouraged a number of actions, including the decision by the United Nations Country Team (UNCT) to plan a joint response to the drought in collaboration with the relevant Angolan authorities (MINADERP, Ministry of Health (MoH), MINSA, Ministry of Social Welfare (MINARS)), the drafting of a proposal to request CERF support and advocacy for an accelerated Government of Angola (GoA) response. This resulted in a significant mobilization of national and international institutions to respond to the drought in Angola. Despite the difficult political context just ahead of the elections, there was excellent technical cooperation and coordination between the GoA and the UN system (WHO, UNICEF, FAO) under the leadership of the UN Resident Coordinator and mobilisation of International and national NGO partners and donors such as USAID and ECHO.

In June 2012, the Resident Coordinator Office (RCO) submitted an application to CERF, through the rapid response mechanism, for $5,102,132 for three projects. These interventions sought to: a) provide emergency nutrition and lifesaving care to 306,489 under-5 children with global acute malnutrition; b) reduce to less than 5 per cent case fatality rate of severely acute malnourished children treated in the Therapeutic Feeding Centres (SAM in-patients) located in the most severely affected provinces within six months; c) alleviate 16,550 drought affected families from plunging into a severe famine situation in three provinces and d) enable drought affected families to better overcome similar situation in the future.

III. FOCUS AREAS AND PRIORITIZATION

The prioritization was established based on the results of the rapid assessment conducted by the MoH in partnership with United Nations agencies (WHO, UNICEF and FAO) and MINADERP rapid assessment conducted in 11 provinces.

The rapid nutrition assessment identified Huambo, Zaire and Bie provinces as those most affected, followed by Kwanza-Sul, Namibe and Cunene provinces, while Huila, Benguela, Benguela and Bengo provinces were moderately affected. Field visits and screening for malnourished children reports further confirmed the severity of conditions in these provinces. For example, during the first quarter of 2012, patients with SAM doubled in therapeutic feeding centres and lethality rates increased rapidly reaching levels four times higher than the Sphere Standards. Reported SAM in-patient rates in key provinces was as follows: Bie (11 per cent), Huambo (6.3 per cent); Huila (23 per cent), Cunene (21 per cent) and Benguela (10.5 per cent). Other significant impact of the drought were observed in the form of food shortages and insecurity at the household level; reduced capacity of households to access food, wage employment, high food prices and shortage of income generating opportunities.

The assessments reported changes in food consumption patterns across most provinces. Household food intake was reduced from three meals a day to just two or one meals a day. Negligible consumption of proteins (beans, oils, milk, fish and meat) was reported among children. In addition to decreasing household food stocks, agricultural wage work and off farm employment opportunities was scarce, compounding household income insecurity. Market prices of many key foods also rose. As result, households resorted to a range of strategies: low cost, forest-based food stuffs; low consumption of expensive foods and less than ideal daily meals. Pregnant and lactating women and children under age 5 were most impacted by the food insecurity. Lactating and pregnant women with insufficient quantity and quality of food encounter higher risks during delivery and breastfeeding. Subsequently, small children are affected which impacts their growth and development in the first years of their lives.

In response, FAO's interventions focused on food security and nutrition, while WHO and UNICEF efforts were concentrated on improving conditions at Therapeutic Feeding Centres and Out-Patient Treatments, and on developing Community-based Management of Acute Malnutrition (CMAM). The joint response appreciably contributed to expand the coverage of In-patient Facility (IPF), Outpatient Therapeutic Programme (OTP) and CMAM in the four most at-risk provinces of Bie, Huambo, Kuanza Sul and Zaire and progressively expanded to the provinces of Huila, Benguela, Cunene and Moxico, to some extent.

Original proposal was including three provinces: Bie, Huambo and Kwanza Sul (306,489 under-5 children with GAM). By July 2012, after a mission of the Vice-Minister of Health in Zaire, the Government requested both UNICEF and WHO to support this province with CERF funds.

III. CERF PROCESS

The United Nations Resident Coordinator (UNRC) in Angola established a higher level working group including the Heads of UNICEF, WHO and FAO, as well as the Resident Coordinator's Office staff. In addition, a technical working group including the representatives of all participating agencies was put in place to support of the process. The higher level group´s task was to define the activities to be implemented and ensure coherence and coordination between the agency interventions in support of the Government led response.

At the government level, MINSA had primary responsibility for the nutrition and health aspect of the response while, MINADERP led the agriculture and food security aspect through the Food Security Office (GSA) leadership and with FAO support. The Ministry of Interior, through the National Civil Protection Service, and MINARS were responsible for assistance to vulnerable groups and logistics. The UNCT worked closely with the Government, specifically with the MINADERP, MINARS, MINSA and National Civil Protection Service (Ministry of Interior) to provide the appropriate support.

In order to ensure the best possible co-ordination, the technical group was in constant contact with the various stakeholders, including government at national, provincial and local levels, and implementing partner NGOs. The contacts were maintained through regular meetings where information on progress and new development's across the most affected provinces was shared, interventions prioritized and community with the most critical needs identified.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: *1,833,900*				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	**Cluster/Sector**	**Female**	**Male**	**Total**
	Health-Nutrition	N/A[1]	N/A	276, 515
	Food security	55,475	36, 975	92,450[2]

[1] The system and tools currently in use for collecting data does not disagregate in terms of gender, by deafult of its design, with regards to in-patient treatment in the Nutrition Centres. As a consequence it was not possible to report on this.This is a weakness that it is taken as a recommendation and to be addressed in the future.
[2] FAO initial plan was higher as it planned for a higher amount of funds. Later on, when the funds were reduced, it failed to reduce the planned figures as appropriate, in the final proposal.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	**Estimated Reached**
Female	836,014	55, 475
Male	557,342	*36,975*
Of total, children under 5	316,489	281,876
Total individuals (female and male)	1,393,356	374,326[3]

Mapping of malnourished children and drop on the prevalence of children with malnutrition on the four provinces

From July to December 2012, a total of 276,515 children under age 5 were screened at different levels (hospitals, health centres, health posts and at community level by trained CHAs) in the four priority provinces, out of which 130,766 (48 per cent) have been de-wormed and administered with vitamin A.

Table 4.1: Per Cent Change of Children with GAM in Three Provinces from May to December 2012

Provinces	Children with GAM as of May 2012 Assessment (%)	Children with GAM as of Dec 2012 Screening (%)
Huambo	18.3	18
Bie	23.1	29
Kwanza Sul	24.6	8
Zaire	19.8	3

Source: May 2012 Assessment Report and UNICEF Field Visits

As shown in the table 4.1 above, malnutrition rates reported in Kwanza Sul and Zaire were lower than assessed through the rapid assessment in May 2012. However, prevalence in Bie and Huambo is as estimated originally, but malnutrition rates have not improved significantly, as food security continues to be a challenge in high risk municipalities. This is due to the period of agricultural junction, lack of resilience and of community awareness on right feeding practices, as well as poverty.

To address these challenges, efforts have been made to include the critical nutrition interventions in the provincial annual health plans, in order to ensure continuity of the programme. Moreover, in all four provinces, focus on prevention of malnutrition has been increased through a community awareness program. Trained community activists have been counselling mothers on appropriate, timely feeding practices both in terms of quantity and quality of food to be given to children.

Integrated management of SAM (including IPF, OTP and CMAM) is scaled up in the affected municipalities

Integrated management of SAM has been scaled up in all high risk municipalities equipped with IPF facilities, and 50 per cent of the health centres and health posts have functional outpatient therapeutic program for management of SAM and MAM.

3 FAO recognizes that the total number of beneficiaries reached of 92,450 is well below the planned figures in the original CERF proposal. This is due to the fact that FAOs original proposal was for a much larger cost and when reducing the budget for the CERF submission and revisiting the planning figures accordingly, FAO mistakenly failed to advise the CERF secretariat. Planning figures for UNICEF/WHO intervention remain unchanged and the CERF intervention reached 90 per cent of planned beneficiaries.

Table 4.2: Scaling-Up IPF, OTP and CMAM from June to December 2012

PROVINCE	IPF units		OTP units		Number of CHAs working on CMAM	
	June 2012	Dec 2012	June 2012	Dec 2012	June 2012	Dec 2012
Bie	3	6	6	65	0	538
Huambo	3	7	0	50	0	741
Kwanza Sul	1	4	0	18	0	431
Zaire	1	6	0	13	0	213
Total	**8**	**23**	**6**	**146**	**0**	**1,923**

Source: December 2012 NGO Screening

IPFs reported the following results for SAM treatment: 18 per cent death rate (mainly due to late presentation of the cases, lack of community awareness, difficult access to health programmes, and limited of quality of care), 75 per cent recovery rate and 7 per cent defaulter rate.

With regards to OTPs, 67 per cent children were cured, a 4 per cent death rate was reported, but 14 per cent of children defaulted from the programme. CMAM is being implemented in selected high risk municipalities, with 1,923 trained CHAs in December (data still to be analyzed).

Table 4.3: Total Number of Children Treated in IPF, OTP and CMAM from June to December 2012

Province	Children treated in IPFs	Children treated in OTPs	Total children treated with CMAM	
			with SAM	with MAM
Bie	850	1,152	2,048	4,690
Huambo	889	429	1263	5,614
Kwanza sul	77	230	808	2,225
Zaire	259	262	150	568
TOTAL	**2,075**	**2,073**	**4,269**	**13,097**
			Total Children	**17,366**

The monthly number of SAM cases treated either at OTP or CMAM level is now more than twice the number treated in IPFs, when this was the only port of call in June 2012.

Existing malnutrition centres are revamped and centres are set up in remote areas

All existing centres visited by the joint team (MOH, WHO, UNICEF, NGOs) for assessment of the quality of care identified gaps and took corrective actions to improve treatment and care quality. Comprehensive supervisory checklists were used both at IPF and OTPs for monitoring and supportive supervision in order to improve the system.

Affected population is provided with lifesaving information on malnutrition to enable them better adherence to screening and SAM in-patient treatment.

Around 100.000 families and trained agents (CHAs, NGOs, health staff, etc.) received lifesaving information on malnutrition to enable higher screening adherence rates, improved dietary practices and compliance with referral to SAM in-patient treatment through posters, booklets, leaflets, advocacy pamphlets, rolls-up, as well as radio spots on nutrition health practices in national and local languages. A documentary on the response to the nutrition crisis is under preparation.

Availability of essential drugs and reduction of vaccine preventable disease

Essential drugs have been procured and supplied to IPFs and OTPs. However, in a few centres there are stock outs as drugs procured by WHO have not been distributed by MoH yet. More than 90 per cent of children under age 5 were screened at health services received immunization.

Change in the humanitarian situation

Although Angola is no longer experiencing drought-related acute food insecurity, there are still concerns about low resilience of the vulnerable population, sustainability of interventions in general, but most specifically structural bottlenecks of the integrated nutrition response including the IYCF.

As explained above, data from recent community based screenings shows the following:

- The estimates from Rapid Assessment in May 2012, showed that the results for Bie and Huambo were accurate and very close to the reality (with 29 per cent and 18 per cent of GAM respectively). This corroborates with the call to continue to accelerate interventions in those provinces.
- The situation in Kwanza Sul and Zaire provinces, however were found to be less critical than originally estimated (with 8 per cent and 3 per cent of GAM, respectively).

Advocacy with GoA and partners has been fundamental for overcoming resistances in admitting the situation and to speed up the response. GoA and partners agreed on establishing a technical coordination committee to improve analysis of the current situation, update data, coordinate response and funding framework, and set up a monitoring system to follow-up planned and ongoing response activities. Thanks to these efforts, significant progress has been made and important steps have been taken to address critical structural problems linked to the health system and food security.

- Rainfall levels for the most affected areas are considered normally for this year and normal harvests are expected.
- MoH has been stocked with medicines and capacity to effectively respond along with NGO capacity to provide support to the areas still suffering from the effect of the 2012 crisis.

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?
YES ☒ PARTIALLY ☐ NO ☐

CERF funds allowed speeding up the scale-up of the response, while the Government re-allocated funds for the nutrition component. In order to implement faster and in anticipation of CERF funds, UNICEF immediately reprogrammed $300,000. According to WHO, CERF funds played a catalytic role in quick starting the local response at the crisis situation at TFC.

b) Did CERF funds help respond to time critical needs[4]?
YES ☒ PARTIALLY ☐ NO ☐

CERF funds allowed providing the adequate supplies in a timely manner, which was a critical factor in the success of the intervention Funds also allowed starting implementation of CMAM through NGOs. FAO was able to procure and distribute seeds and other agricultural inputs that enabled the beneficiaries to return rapidly to farming and ensure sale of agricultural produce. At TFC, CERF funds allowed a reinforcement of the technical capacity of the health staff to improve the quality of management of SAM.

c) Did CERF funds help improve resource mobilization from other sources?
YES ☒ PARTIALLY ☐ NO ☐

CERF motivated donors and are expected to have helped ensure the following allocations:

- The Brazilian government contributed $100,000 to support nutrition crisis in Angola.
- ECHO contributed €2 million for UNICEF and €2 million for WV to respond to CMAM.
- OFDA contributed $260,000 for the massive screening campaign.
- Food for Peace (FFP) committed funds for the procurement and distribution of more than 20,000 cartons of RUTF.
- The Hong-Kong National Committee and BP foundation contributed $32,000 and $95,000, respectively, for supplies.
- UN is engaging UNITEL (mobile phone network) to provide a free phone number and 2,000 phones for a Rapid SMS system.
- GoA disbursed $8 million to the drought programme, besides disbursements mentioned below.

[4] Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns; locust control).

d) Did CERF improve coordination amongst the humanitarian community?

YES ☒ PARTIALLY ☐ NO ☐

The RC established a higher level group composed of the Heads of UNICEF, WHO and FAO and the RCO, in addition to a technical working group comprising of representative of these agencies. The higher level group´s task was to define the activities to be implemented and ensure coherence and coordination on the interventions by each agency, in support to the Government lead response. In addition, the CERF funds facilitated the mobilization and coordination of various civil society organizations and NGOs to support the response to the crisis situation at provincial and municipal levels.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons Learned	**Suggestion for Follow-Up/Improvement**	**Responsible Entity**
Importance of timely response	In a situation where there is heavy Government bureaucracy and other political agendas, CERF funds were instrumental in jumpstarting the response, while Government and other partner funds were not yet available. Thus, it is key that the CERF process remains quick and straightforward, so that funds can be released shortly after submission.	CERF

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons Learned	**Suggestion for Follow-Up/Improvement**	**Responsible Entity**
It is necessary to strengthen the human resources skills at the provincial level on supervision, nutritional and food security surveillance and data analysis to enable the provincial teams to adequately provide guidance to the Municipalities.	Reinforce the technical skills of provincial teams on management, supervision, monitoring, integrated nutritional surveillance and data analysis for better decision-making. It would be necessary to document best practices	MINSA, MINADER with WHO, UNICEF and FAO support.
Importance of collecting accurate data	Rapid Assessment has been key to identify priority provinces and to target intervention. However, on the long-term, more accurate data is needed, with a better coverage and larger sampling, to improve data accuracy	GoA/ UN Agencies/ Humanitarian partners
Importance of coordination among humanitarian partners	The UN high-level working group has been in steady contact with the various stakeholders of the project, including other UN agencies. The provincial coordination mechanism including NGO implementing partners should start as soon as possible to make more effective operational response on ground	UN RC and agencies
Strong partnership with NGOs are needed for smooth implementation	In the context of Angola where there is insufficient technical capacity, training of health and food security personnel is an on-going process to improve planning, implementation and monitoring of the results. This is why a joint work plan with implementing partners should be developed in the early phase of the response for a quick start of the project	UN Agencies and NGOs

National commitment is key	Advocacy with GoA and partners has been used to remove barriers and ensure a rapid response to the crisis. GoA was slow in acknowledging the drought impact on the nutritional situation; therefore continuous advocacy is key to maintain political momentum.	UNRC and UN Agencies, GoA
Ensure sustainability and integration	Emergency response should always consider sustainability and integration to national existing programs and in this case into nutrition as part of the package of municipal health services	UNICEF/ WHO/ FAO and GoA
Lack of declaration of emergency delayed leveraging of other partners	The GoA's reticence to recognise the emergency situation led to delays in the involvement of other partners such as USAID and ECHO. Also delays in finalising ECHO financing agencies had to cover emergency procurement from own funds e.g. UNICEF for the procurement of RUS. It is important to agree with the Government on mechanisms for accessing funding and rapid response in rapid on-set emergencies, even if there is no official declaration of a disaster.	UNCT and GoA
Operational coordination with all stakeholders at central and local level has been instrumental for the success of this emergency assistance	GOA and UN have learned from this experience and should maintain working groups and other coordination mechanisms to regularly monitor and share information about potential emergencies, e.g. in the areas of food security and nutrition	GOA, UNRC and UN Agencies.
Operational coordination between central and provincial level all public and non-public is the basis of an appropriate emergency assistance	In order to ensure a more rapid response and overcome bottlenecks, future actions should be based more on the provincial level with a strong operational coordination involving provincial governments and their respective technical services. In order to ensure this, there is a need to strengthen provincial level coordination and response capacity beforehand	GoA (National and Provincial)/ UNRC/ UNHT and partners
The assessment of the food security situation using qualitative and quantitative data collection and analysis tools is a fundamental pillar of sustainability of similar actions	The two surveys before and after the project intervention was essential in measuring the effects/impacts of the project and sustain these results at national level. With these two assessments FAO was able to set up a benchmark for future interventions	FAO and partners
The ability of joint monitoring and assessment of the agencies with other actors (government, NGOs and partners) is also crucial for future interventions	Better coordination in targeting target populations is required in the future in order to pool the activities and achieve greater results together	GoA/ RC/HC and UN Agencies

VI. PROJECT RESULTS

<table>
<tr><th colspan="5">TABLE 8: PROJECT RESULTS</th></tr>
<tr><th colspan="5">CERF Project Information</th></tr>
<tr><td>1. Agency:</td><td colspan="2">UNICEF</td><td>5. CERF Grant Period:</td><td>1 Jun 2012 – 30 Nov 2012</td></tr>
<tr><td>2. CERF Project Code:</td><td colspan="2">12-CEF-072</td><td rowspan="2">6. Status Of CERF Grant:</td><td>☐ Ongoing</td></tr>
<tr><td>3. Cluster/Sector:</td><td colspan="2">Heath/Nutrition</td><td>☒ Concluded</td></tr>
<tr><td>4. Project Title:</td><td colspan="4">Lifesaving nutrition interventions in three most drought affected provinces in Angola</td></tr>
<tr><td>7. Funding</td><td colspan="2">a. Total project budget:
b. Total funding received for the project:
c. Amount received from CERF:</td><td colspan="2">US$ 50,873,398
US$ 5,093,082
US$ 3,352,207</td></tr>
<tr><th colspan="5">Results</th></tr>
<tr><td colspan="5">8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).</td></tr>
<tr><td>Direct Beneficiaries</td><td>Planned</td><td>Reached</td><td colspan="2">In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</td></tr>
<tr><td>a. Female</td><td>189,893</td><td>NA</td><td colspan="2" rowspan="4">Another critical province, Zaire, was added to the three priority ones at the requested of MoH. Reached beneficiaries mentioned here include those of Zaire as well. Furthermore, for planned beneficiaries gender breakdown was estimated. For actual beneficiaries reached, no segregated data is available, because the national protocol does not include gender variables in its data collection system. UNICEF is providing support to set up an integrated monitoring and evaluation system, including segregated data.</td></tr>
<tr><td>b. Male</td><td>126,596</td><td>NA</td></tr>
<tr><td>c. Total individuals (female + male):</td><td>316,489</td><td>276,515</td></tr>
<tr><td>d. Of total, children <u>under</u> 5</td><td>316,489</td><td>276,515</td></tr>
<tr><td colspan="5">9. Original project objective from approved CERF proposal</td></tr>
<tr><td colspan="5">• Provide emergency nutrition and lifesaving care to 306,489 under-5 children with global acute malnutrition living in three provinces worst affected by drought, in six months.
• Reduce to less than 5 per cent case fatality rate of severely acute malnourished children treated in the TFCs (SAM in-patients) located in the three most drought affected provinces.</td></tr>
<tr><td colspan="5">10. Original expected outcomes from approved CERF proposal</td></tr>
<tr><td colspan="5">• Mapping of malnourished children is carried out in all municipalities of the three worse affected provinces to guide emergency response.
• Sharp drop on the prevalence of children with malnutrition in the three targeted provinces (Bie, Huambo and Kwanza Sul).
• Integrated management of severe acute malnutrition programme is scaled up in the affected municipalities (which include both SAM inpatient centres and community-based management).
• Existing malnutrition treatment centres in the affected municipalities are revamped.
• Emergency treatment centres are set up in remote areas to increase access to lifesaving treatment and care provided to vulnerable communities.
• Affected population is provided with lifesaving information on malnutrition to enable them better adherence to screening and</td></tr>
</table>

SAM inpatient treatment.

- Availability of essential drugs in the SAM inpatient centres to timely treatment of under-5 children with SAM and opportunistic disease.
- Reduction of 95 per cent of the vaccines preventable diseases in under 1-year-olds admitted in the nutrition program.

11. Actual outcomes achieved with CERF funds

1. Mapping of malnourished children is carried out in all municipalities of the three worse affected provinces to guide emergency response

- In all four provinces screening of children under age 5 done with more than 80 per cent children covered.
- 276,515 children screened for acute malnutrition, at different levels (hospitals, health centres, health posts and at community level by trained CHAs) in the four provinces, out of which 130,766 dewormed and administered with vitamin A from July to December 2012.

2. Sharp drop on the prevalence of children with malnutrition in the three targeted provinces (Bie, Huambo and Kwanza Sul)

- Malnutrition rates reported by NGOs in Kwanza Sul and Zaire were lower than assessed through the rapid assessment in May 2012. However, prevalence in Bie and Huambo is as estimated originally but malnutrition rates have not improved significantly, as food security continue to be a challenge in high risk municipalities. This is due to the period of agricultural junction, lack of resilience and of community awareness on right feeding practices, as well as poverty.
- At the end of the project global acute malnutrition was reported as 12 per cent.

3. Integrated management of severe acute malnutrition program is scaled up in the affected municipalities (which include both SAM inpatient centres and community based management)

- Integrated management of SAM scaled up in all high risk municipalities equipped with 23 IPF facilities.
- 50 per cent of the health centres and health posts (146) have functional outpatient therapeutic programme for management of SAM and MAM. CMAM is being implemented by 1,923 CHAs, distributing RUTF and RUSF along with nutrition education messages. Each of them is covering 200 families.
- SAM treatment in IPF has the following results: 18 per cent death rate, 75 per cent recovery rate and 7 per cent defaulter rate. Death rate continues to be high due to the following factors: More than 45 per cent children have been admitted with severe oedema; many cases have been admitted late; health staff, sometimes insufficient, has limited capacity to treat complicated cases; and lack of intensive supervision and monitoring of implementation of the treatment protocol by MOH.

4. Existing malnutrition treatment centres in the affected municipalities are revamped.

- At the beginning of the project, there were eight functional IPF, where efforts have been made to ensure training of all staff, regular availability of therapeutic milk, plumpy nut and essential drugs. Non-functional balances were replaced with electronic weighing balances, registers and all monitoring tools were supplied and regular visits were made to address the gaps identified.

5. Emergency treatment centres are set up in remote areas to increase access to lifesaving treatment and care provided to vulnerable communities

- Emergency treatment in remote areas is being distributed by 1,923 CHAs, supervised by communal and municipal supervisors and mobile teams. These CHAs have screened 145,749 under five children through the CMAM program and enrolled 17,366 children with SAM and MAM.

6. Affected population is provided with lifesaving information on malnutrition to enable them better adherence to screening and SAM inpatient treatment.

- Training tools and advocacy materials have been printed and included in trainings in the four provinces: 4,000 posters, 2,400 booklets for activists, 170.000 leaflets for families and mothers, 3,500 advocacy pamphlets and 10 rolls-up. More than 384,600 families are covered by 1923 CHAs to make them aware about acute malnutrition and caring practices for children
- Additional communication materials have already been printed to be possibly used in other affected provinces in 2013. Four radio spots on nutrition health practices were produced in four local languages, to be aired by National and Provincial radio

stations.

- A video documentary reporting on the response to the nutrition crisis is currently being produced. Sustained advocacy has been strategically conducted at national and provincial levels with high level staff at the Minister of Health, Governors and Vice-Governors by the UN technical group to counter a certain degree of denial of the drought induced nutrition crisis and help speed up the country's response to malnutrition.

7. Availability of essential drugs in the SAM inpatient centres to timely treatment of under 5 child with SAM and opportunistic disease.

- Essential drugs (amoxicillin, vitamin A, RUSF, RUTF, therapeutic milk) have been procured and supplied to IPF. However, due to operational and logistics issues, in few centres there are stock outs as drugs procured by WHO have not been moved by MoH.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

UNICEF has been supporting the MoH to ensure the participation of women at all stages of the project; particularly in the field during the CMAM distribution of therapeutic foods. Gender segregated data is not available, for the reason that the national protocol does not include gender variables in its data collection system.

14. M&E: Has this project been evaluated?	YES ☐ NO ☒

If yes, please describe relevant key findings here and attach evaluation report or provide URL**:**

Even though the MOH provincial nutrition supervisors collect monthly nutrition data, compile and send copies to the MoH and UNICEF, the MoH capacity to compile and analyse national data remains weak. UNICEF is providing support to come up with an integrated monitoring and evaluation system, using the services of a consultant. The overall system has been reviewed and bottlenecks identified. Steps are taken to strengthen the staffing in the division of Nutrition, improve training at national and provincial levels, and streamline the data collection and analysis. A Rapid SMS CMAM data collection from CHAs supervisors using cell phones is an initiative that emerged out of this review.

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	FAO	5. CERF Grant Period:	1 Jun 2012 – 30 Nov 2012
2. CERF Project Code:	12-FAO-026	6. Status Of CERF Grant:	☐ Ongoing
3. Cluster/Sector:	Food Security		☒ Concluded
4. Project Title:	Life-saving interventions on food security and nutrition in three provinces		

7. Funding	
a. Total project budget:	US$ 50,659,136
b. Total funding received for the project:	US$ 269,550
c. Amount received from CERF:	US$ 997,873

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	496,512	55,475	See footnote 2, on page 10
b. Male	331,008	36,975	
c. Total individuals (female + male):	827,520	92,450	
d. Of total, children under 5	239,981	26,806	

9. Original project objective from approved CERF proposal

1. Hydroponic Agriculture component:
Objectives
- To alleviate the 16,550 drought affected families from plunging into a severe famine situation in three provinces;
- To enable drought-affected families to better overcome similar situation in the future.

2. Monitoring of the effects of the project components:
Objectives
- Make available to the institutions correct and updated information on prevailing situation due to drought;
- Facilitate resolution of the problem of vulnerability caused by drought.

10. Original expected\outcomes from approved CERF proposal

- Material, equipment and vegetables seeds purchased and distributed;
- Material, equipment and vegetable seeds transported to target areas;
- Training of trainers undertaken;
- The families are regularly informed of the agricultural and food situation and are timely alerted about the risks of food insecurity due to the climate hazards;
- The families have a stock of seeds and inputs to make compensatory agriculture related to the risks of climate hazards;
- The families are provided with small production technologies with very little consumption of water and inputs (hydroponic agriculture).

11. Actual outcomes achieved with CERF funds

FAO has identified three priorities areas to assist the three most affected provinces, namely. (a) Extension of short cycle crop

technologies (maize, cassava cuttings, etc.) to affected populations with the aim of obtaining harvests in shortest possible time (b) Support the digging of wells for crop irrigation and potable water and (iii) Reinforce the technical and human capacities of local agricultural institutions and of farmers. In coordination with the other UN agencies and the GoA through the Food Security Cabinet (GSA), FAO food security interventions targeted three provinces that accounted for 77 per cent of affected populations (estimated at 1,412,105 persons), working along with GSA food security interventions. FAO interventions can be summarized in three key outcomes, a) distribution of seeds and agricultural implements to over 15,000 families; b) provision of irrigation pumps to benefit 213 families (1,065 persons) and c) construction of water reservoirs to facilitate crop irrigation in moist valleys of Kwanza-Sul province for 3,700 persons. :

- FAO in collaboration with its implementing partners distributed packages of agricultural inputs kits (improved seed varieties of maize, beans, tomato, cabbage, greens , onions and carrots and agricultural implements) to benefit directly over 15,000 families. A total of 126 tonnes of seeds were distributed to benefit a total of 15,738 families directly or an estimated 78,000 individuals (average family size of five people is used in this estimate).
- The second outcome is related with the distribution of five irrigation pumps, agricultural inputs and implements to communities without access to water to irrigate their crops across the three provinces: Benguela, Kwanza-Sul and Cunene. This exercised enabled 213 families (1,065 families) in Bocoio, Sumbe and Bibala to irrigate their fields to grow cereals and vegetables and increase their access food and reduce their dependence on rainfall only.
- With FAO support the communities located in the valleys of Ebo municipality in Kwanza-Sul province were able to set-up water reservoirs to tap water dripping from the mountains to irrigate their vegetable and cereals. The intervention benefited a total of 3,700 people directly. The intervention made possible the cultivation of two crops and increased as a result access to food across the valley in Ebo, Kwanza Sul province.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

In partnership with the Government and NGOs, it was possible to reach additional 11 per cent of beneficiaries. This was due mainly by reducing by 10 per cent the quantity of seeds and implements distributed to families compared to the planned. The initial plan was to create micro gardens but due to shortage of water in the selected areas, it was decided to pursue conventional garden leading to distribution of water-pumps, hoses, vegetables seeds and working tools.

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0): The project takes into account that rural women´s especially are very much affected by food insecurity. Hence, the project tries to ensure that the government response do address gender dimensions adequately.

14. M&E: Has this project been evaluated?	YES ☐ NO ☒

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	WHO	5. CERF Grant Period:	1 Jun – 30 Nov 2012
2. CERF Project Code:	12-WHO-044	6. Status Of CERF Grant:	☐ Ongoing
3. Cluster/Sector:	Health / Nutrition		☒ Concluded
4. Project Title:	Lifesaving nutrition interventions in 3 most drought affected provinces in Angola		
7. Funding	*a. Total project budget:*		US$ 50,873,398
	b. Total funding received for the project:		US$ 752,052
	c. Amount received from CERF:		US$ 752,052

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	Please see footnote 1, page 11
a. Female	189,893	N/A	Another critical province, Zaire, was added to the three priority ones at the requested of MoH. Reached beneficiaries mentioned here include those of Zaire as well. Furthermore, for planned beneficiaries gender breakdown was estimated. For actual beneficiaries reached, no segregated data is available, because the national protocol does not include gender variables in its data collection system. WHO is providing support to set up an integrated monitoring and evaluation system, including segregated data.
b. Male	126,596	N/A	
c. Total individuals (female + male):	316, 498	276,515	
d. Of total, children under 5	306,489	276,515	

9. Original project objective from approved CERF proposal

- Provide emergency nutrition and lifesaving care to 306,489 under-5 children with global acute malnutrition living in three provinces worse affected by drought, in six months.
- Reduce to less than 5 per cent case fatality rate of severely acute malnourished children treated in the TFCs (SAM in-patients) located in the three most drought-affected provinces.

10. Original expected outcomes from approved CERF proposal

- Availability of essential drugs in the SAM in-patient centres to timely treatment of children under age 5 with SAM and opportunistic disease;
- Reduction of 95 per cent of the vaccines preventable diseases in under-1-year-olds admitted in the nutrition programme.

11. Actual outcomes achieved with CERF funds

Availability of essential drugs in the SAM inpatient centres to timely treatment of under 5 child with SAM and opportunistic disease.

- Essential drugs were procured for 9 IPFs in Bié, Huambo, and K. Sul. A total of 1525 children under age 5 were admitted from July to December 2012 in the IPFs.
- A total of 1,069 children under age 5 were treated with a recovery/cured rate of 70 per cent (SPHERE standard >75 per cent), the fatality rate was high with an average of 13 per cent (SPHERE standard <10 per cent) for the three provinces, in part due to lack of access, late arrival and poor quality of management of the cases at health facilities.

Provision of essential drugs for treatment of opportunistic infections in severe malnourished children in the nine therapeutic centres (1 kit per centre) was ensured and distributed in the provinces of Bie, Huambo and Kwanza Sul. Reduction of 95 of the vaccines preventable diseases in under-1-year-olds admitted in the nutrition program More than 90 per cent of children less than one year admitted in ITPs were vaccinated.	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒
If 'YES', what is the code (0, 1, 2a, 2b): **If 'NO' (or if GM score is 1 or 0):** WHO has been supporting the MoH to ensure the participation of women at all stages of the project. Gender segregated data is not available, for the reason that the national protocol does not include gender variables in its data collection system	
14. M&E: Has this project been evaluated?	YES ☐ NO ☒
If yes, please describe relevant key findings here and attach evaluation report or provide URL**:**	

ANNEX 1. CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/ Sector	Agency	Partner Name	Partner Type	Total CERF Funds Transferred to Partner US$	Date First Instalment Transferred	Start Date of CERF Funded Activities by Partner	Comments/ Remarks
12-CEF-072	Health-Nutrition	UNICEF	GOA	Government	18,235	25/07/2012	26/07/2012	Support training
12-CEF-072	Health-Nutrition	UNICEF	World Vision	NGO	812,733	25/10/2012	26/10/2012	Advocacy and CMAM response
12-FAO-026	Food Security	FAO	MINADERP	Government	27,720	30/08/2012	03/09/2012	Tolls/Food distribution
12-WHO-044	**Health - Nutrition**	WHO	World Vision	NGO	179,354	20/08/2012	25/08/2012	Capacity building on management of IPF

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

C4D	Communication for Development
CERF	Central Emergency Response Fund
CHA	Community Health Activist
CMAM	Community Management of Acute Malnutrition
EPF	Emergency Programme Funding
ECHO	European Commission Humanitarian Office
FAO	Food and Agricultural Organization of the United Nations
GAM	Global Acute Malnutrition
GOA	Government of Angola
GSA	Gabinete de Segurança Alimentar (Food Security Office)
IPF	In-patient Facility
IASC	Inter-Agency Standing Committee
IYCF	Infant and Young Children Feeding
MAM	Moderate Malnutrition
MINADER	Ministério de Agricultura, Desenvovimento Rural e Pescas
MINARS	Ministério de Assistencia e Reinserção Social
MINSA	Ministério de Saúde
MOH	Ministry of Health
NGO	Non-Governmental Organisation
OFDA	Office of US Disater Assistance
OTP	Outpatient Therapeutic Programme
RCO	Resident Coordinator Office
RUSF	Ready to Use Supplementary Feeding
RUTF	Ready to Use Therapeutic Feeding
TFC	Therapeutic Feeding Centre
UNCT	United Nations Country Team
UNDG	United Nations Development Group
UNICEF	United Nations Children Fund
UNRC	United Nations Resident Coordinator
WHO	World Health Organisation