

Section I: Identification and JP Status Children, Food Security and Malnutrition in Angola

Semester: 2-12

Country	Angola
Thematic Window	Children, Food Security and Nutrition
MDGF Atlas Project	
Program title	Children, Food Security and Malnutrition in Angola

Report Number	
Reporting Period	2-12
Programme Duration	
Official Starting Date	

Participating UN Organizations	* FAO * IOM * UNDP * UNICEF * WHO
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Implementing Partners

Budget Summary

Total Approved Budget

FAO	\$803,784.00
IOM	\$579,451.00
UNDP	\$237,000.00

UNICEF	\$1,937,855.00
WHO	\$441,910.00
Total	\$4,000,000.00

Total Amount of Transferred To Date

FAO	
IOM	
UNDP	
UNICEF	
WHO	
Total	\$0.00

Total Budget Committed To Date

FAO	\$803,784.00
IOM	\$579,451.00
UNDP	\$109,440.00
UNICEF	\$1,811,119.00
WHO	\$436,124.00
Total	\$3,739,918.00

Total Budget Disbursed To Date

FAO	\$698,211.00
IOM	\$569,457.00
UNDP	\$109,440.00
UNICEF	\$1,456,080.00
WHO	\$436,124.00
Total	\$3,269,312.00

Donors

As you can understand, one of the Goals of the MDG-F is to generate interest and attract funding from other donors. In order to be able to report on this goal in 2010, we would

require you to advise us if there has been any complementary financing provided for each programme as per following example:

Please use the same format as in the previous section (budget summary) to report figures (example 50,000.11) for fifty thousand US dollars and eleven cents

Type	Donor	Total	For 2010	For 2011	For 2012
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DEFINITIONS

1) PARALLEL FINANCING – refers to financing activities related to or complementary to the programme but whose funds are NOT channeled through Un agencies. Example: JAICA decides to finance 10 additional seminars to disseminate the objectives of the programme in additional communities.

2) COST SHARING – refers to financing that is channeled through one or more of the UN agencies executing a particular programme. Example: The Government of Italy gives UNESCO the equivalent of US \$ 200,000 to be spent on activities that expand the reach of planned activities and these funds are channeled through UNESCO.

3) COUNTERPART FUNDS - refers to funds provided by one or several government agencies (in kind or in cash) to expand the reach of the programme. These funds may or may not be channeled through a UN agency. Example: The Ministry of Water donates land to build a pilot 'village water treatment plant' The value of the contribution in kind or the amount of local currency contributed (if in cash) must be recalculated in US \$ and the resulting amount(s) is what is reported in the table above.

Beneficiaries

Beneficiary type	Targetted	Reached	Category of beneficiary	Type of service or goods delivered
men	297,172	148,086	Citizens/Men	Access to Health Services
All Women	320,853	160,426	Families	Access to Health Services
Children under five both mal and female	0	0	Children under 5/female	Interventions Targeting Population Living With HIV
Local NGOs and church organizations	0	0	Civil Society Organisations (number of organisations, not persons)	Behaviour Change Communication Initiatives (Hand Washing, Etc)
community leaders	0	0	Indigenous Organisations (number of organisation, not persons)	Behaviour Change Communication Initiatives (Hand Washing, Etc)

Section II: JP Progress

1 Narrative on progress, obstacles and contingency Measures

Please provide a brief overall assessment (1000 words) of the extent to which the joint programme components are progressing in relation to expected outcomes and outputs, as well as any measures taken for the sustainability of the joint programme during the reporting period. Please, provide examples if relevant. Try to describe facts avoiding interpretations or personal opinions

Plases describe three main achievements that the joint programme has had in this reporting period (max 100 words)

Major challenge in 2012 was drought in all three provinces in addition to seven more provinces of Angola. Since the beginning of the nutrition crisis and the kickoff of the response in June 2012, UNICEF continues its advocacy efforts to ensure that nutrition is higher on the political agenda and reflected in strategic national plans as well as response is scaled up in additional provinces. UNICEF support significantly contributed to expand coverage of IPF, OTP and CMAM in the 4 most at-risk provinces (Bie, Huambo, Kuanza Sul and Zaire) and promote the progressive expansion in other provinces. Major achievement of the program was timely support to Government for the rapid assessment of the situation and scaling up the food and nutrition security program in most vulnerable targeted municipalities. Ministry of health procured therapeutic products for the children under five to address severe acute malnutrition and UNICEF has supported provincial authorities in scaling up CMAM program and demonstrated scaling up of program in partnership with provincial and municipal authority, local and international NGOs, WHO at three levels that include hospital based treatment, outpatient therapeutic program and community based treatment. Ministry of agriculture distributed seeds to most vulnerable families and provided appropriate support to farmers like hand pumps etc

Progress in outcomes

To address the current nutrition crisis in 10 provinces including three focused provinces of joint MDG nutrition program an integrated management of acute malnutrition program scaled up and have covered 15,220 children with acute malnutrition. So far 48 IPF and 254 OTP are functional, and 70,000 children screened for acute malnutrition. In partnership with WHO, FAO and World Vision UNICEF has mobilized funds for nutrition crisis response. A capacity building plan prepared and implemented to build the capacity of health staff. In last six months in three provinces 54 staff trained on hospital based management of acute malnutrition, 315 nursing staff and 650 community health activists trained on community based management of acute malnutrition. Communication strategy developed and implemented in Bie for improving community awareness on prevention of under nutrition in children

Progress in outputs

Training material, job Aids, posters, and registers developed and printed for CMAM program in partnership with WHO and world vision, and now in use. A second round of advocacy workshops has been organized in the 4 Provinces in mid-January, with the participation of churches and traditional leaders (Sobas) of the most vulnerable areas where CMAM is being implemented. Churches and Sobas, who have been informed about the program progress, have committed to closely support the network of community activists, promoting and legitimizing their activity amongst families and mothers. Follow up meetings will be organized every 2-3 months in the affected municipalities, in collaboration with provincial and municipal administration authorities.

Communication for development (C4D), training tools and advocacy materials have been printed and distributed by end of December to health activists (CHAs) supervisors, NGOs, Provincial Public Health staff, churches and traditional leaders.

Measures taken for the sustainability of the joint programme

Consultative meetings with government, also integrating the critical interventions of the joint program under National health plan and with National plan of agriculture.

Are there difficulties in the implementation?

Coordination with Government

Administrative / Financial

Management: 1. Activity and output management. 2. Governance/Decision Making 4.Accountability

What are the causes of these difficulties?

External to the Joint Programme

MINARS reported that the main difficulties encountered during the implementation were the access to the target communities, due to poor road conditions, rains and lack of means of transport. The August election in Angola caused vacuum in provincial administration and caused implementation delays and difficulties in the implementation. We also encountered difficulties in obtaining satisfactory, verifiable, quality reports in a timely manner, particularly from Moxico and Cunene province.

Briefly describe the current difficulties the Joint Programme is facing

- Delayed meetings with Government officials lead to delays in decision making thus affecting time schedules for project implementation
- Timely response from government
- Staff working for MDG is in charge of other tasks and calendar conflict of the UN agencies make joint mission difficult
- lack of ownership , commitment and proactive action from the joint program implementing team at provincial level

Briefly describe the current external difficulties that delay implementation

Election period in second trimester has badly affected the program implementation.

At provincial level the coordination is very weak thus delaying operationalization of some activities

Explain the actions that are or will be taken to eliminate or mitigate the difficulties

- Continue follow up of the program
- partnership with local NGOs
- sharing program difficulties with key authorities to take action
- Throughout the implementation efforts were made as to bridge the constraints but some of hindrances are of political nature and UN system cannot get itself involved in those issues
- continue efforts by all agencies to strengthen coordination at provincial level.

2 Inter-Agency Coordination and Delivering as One

Is the joint programme still in line with the UNDAF?

Yes true

No false

If not, does the joint programme fit the national strategies?

Yes
No

What types of coordination mechanisms

Intersectoral coordination meeting meets regularly, specially in the current situation of nutrition crisis for weekly followup, review the progress of the program activities. UNICEF is the lead technical agency providing technical guidance and program coordination.

There is one internal coordination mechanism within UN.

Another one is joint coordination mechanism of both all partners and UN agencies and they meet when chair convene the meeting.

Please provide the values for each category of the indicator table below

Indicators	Baseline	Current Value	Means of verification	Collection methods
Number of managerial practices (financial, procurement, etc) implemented jointly by the UN implementing agencies for MDG-F JPs				
Number of joint analytical work (studies, diagnostic) undertaken jointly by UN implementing agencies for MDG-F JPs				
Number of joint missions undertaken jointly by UN implementing agencies for MDG-F JPs		25	Field trip reports of joint field mission	Mission planned with MOH, MINAGRI, WHO, FAO, UNICEF

3 Development Effectiveness: Paris Declaration and Accra Agenda for Action

Are Government and other national implementation partners involved in the implementation of activities and the delivery of outputs?

Not involved false
Slightly involved false
Fairly involved true
Fully involved false

In what kind of decisions and activities is the government involved?

Policy/decision making
Management: budget
Management: procurement
Management: service provision

Who leads and/or chair the PMC?

National Director of health , Ministry of Health, Angola
Co chaired by UN Resident Coordinator

Number of meetings with PMC chair

Three

Is civil society involved in the implementation of activities and the delivery of outputs?

Not involved false
Slightly involved false
Fairly involved true
Fully involved false

In what kind of decisions and activities is the civil society involved?

Management: budget
Management: service provision

Are the citizens involved in the implementation of activities and the delivery of outputs?

Not involved false
Slightly involved false
Fairly involved true
Fully involved false

In what kind of decisions and activities are the citizens involved?

Management: service provision

Where is the joint programme management unit seated?

National Government
Local Government

Current situation

Due to drought situation in all three provinces developed in 2012, implementation of the program activities has increased both related to MOH and MINAGRI. Since the beginning of the nutrition crisis and the kickoff of the response in June 2012, UNICEF continues its advocacy efforts to ensure that nutrition is higher on the political agenda and reflected in strategic national plans as well as response is scaled up in additional provinces. UNICEF support significantly contributed to expand coverage of IFC, OPT and CMAM in the 4 most at-risk provinces (Bie, Huambo, Kuanza Sul and Zaire) and promote the progressive expansion in other provinces. So far 48 IPF, 254 OTP and 2016 CHAs implementing CMAM are operational and have contributed to the treatment of 1382 children under-5 with SAM, 4891 children under-5 with MAM and the screening of other 56,471 children under-5. Steps have been taken to expand coverage, mainly through facility based treatment, in Huila and Benguela provinces also. However, serious concerns remain on the quality of treatment of malnutrition, with average 18 % case fatality rates in IPFs of 10 provinces.

4 Communication and Advocacy

Has the JP articulated an advocacy & communication strategy that helps advance its policy objectives and development outcomes?

Yes true
No false

Please provide a brief explanation of the objectives, key elements and target audience of this strategy

UNICEF CO will endeavor more effort for high level advocacy at national level but most importantly at provincial level where increasingly there are windows of opportunities for government's funds leverage, for partnerships with the GoA and Civil Society Organizations (Church alliances, Red Cross, NGOs, etc.). Because external resources (cash, in kind, technical) are unlikely to expand, UNICEF intends to work more closely with exiting partners (international and national). In addition, there exist real opportunities and possibilities for UNICEF to provide technical assistance and support that make quick difference.

The communication strategy will represent a conceptual framework and an operation tool to help mothers to adhere to the CMAM (Community Based Approach) treatment protocol and adopt lifesaving feeding practices. Advocacy is directed at different levels of decision makers - people who have the power to create policies, programmes and structures and to allocate resources. By persuading decision makers to decide in favor of a cause, advocacy seeks to develop, change or modify an existing law, policy and/or administrative practice that would enhance the emergency response. It is a continuous and adaptive process of gathering, organising and transforming information into arguments. These arguments are then communicated to decision makers, to influence their choices to raising resources (human and financial), or demonstrate political or social leadership and commitment to an emergency response. A goal of advocacy is to influence leaders and decision makers at different levels to make it easier for affected communities, families and individuals to make healthy choices for their own physical and social well-being, and ultimately to protect the rights of children. The purpose of social mobilisation is to bring together relevant inter-sectorial partners to determine needs and raise awareness for a particular objective. It involves the identification of organisations, institutions, groups, networks and communities who can contribute their efforts and resources in the current food and nutrition insecurity. BCC will be implemented mainly focusing on inter-personal and local mass media communication, which are meant to produce a higher and more direct impact on families and mothers living in the affected provinces.

What concrete gains are the advocacy and communication efforts outlined in the JP and/or national strategy contributing towards achieving?

Increased awareness on MDG related issues amongst citizens and governments
Increased dialogue among citizens, civil society, local national government in relation to development policy and practice
New/adopted policy and legislation that advance MDGs and related goals
Establishment and/or liaison with social networks to advance MDGs and related goals
Key moments/events of social mobilization that highlight issues
Media outreach and advocacy

What is the number and type of partnerships that have been established amongst different sectors of society to promote the achievement of the MDGs and related goals?

Faith-based organizations	75 churches
Social networks/coalitions	4
Local citizen groups	0
Private sector	1

Academic institutions 1
Media groups and journalist 6
Other

What outreach activities do the programme implement to ensure that local citizens have adequate access to information on the programme and opportunities to actively participate?

Focus groups discussions
Use of local communication mediums such radio, theatre groups, newspapers
Open forum meetings
Capacity building/trainings

Section III: Millenium Development Goals

Millenium Development Goals

Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

JP Outcome	Beneficiaries	JP Indicator	Value
Strengthening community resilience and municipal and community management capacities to alleviate child hunger and under-nutrition	617025	Approved and enforced national policies and strategies in the areas of nutrition (YCF national strategy), food security and social protection. Improvement of local food production. Number of provinces with local FFS programs on extension policies. Data resulting from routine local / national information systems, national surveys and surveillance mechanisms effectively processed and used for planning and decision-making.	

Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

JP Outcome	Beneficiaries	JP Indicator	Value
Improved advocacy for child protection from adverse effects of rising food prices – aiming to increase the commitment of the GoA in reforming policies and strategies to protect the most vulnerable children and pregnant women	617025	Vulnerability Assessment and Mapping (VAM) strengthened in the selected provinces . At least 60% of vulnerable households assisted in Bié and Moxico	

Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

JP Outcome	Beneficiaries	JP Indicator	Value

Strengthening community resilience and municipal and community management capacities to alleviate child hunger and under-nutrition

865908

% of U5 reached twice a year with vitamin A & Albendazole during each year.
 High-impact coverage achievements (EPI, ANC, VAS / deworming, ITN, IPT, IFA, key family practices (EBF, CF, hygiene and sanitation...)
 N° of severely malnourished children reached.
 % of households consuming adequately iodized salt.
 % improve in local foods production.
 % of families applying appropriate diet diversification from local produced foods.

Additional Narrative Comments

Please provide any relevant information and contributions of the programme to de MDGs, whether at national or local level

Although the Ministry of Social Welfare and reintegration – MINARS - informed UNICEF that food purchased by the government have been distributed to the provinces there continues to be very little information made available by the Government in relation to the provision of food aid to affected populations. In November 2012, UNICEF produced for MINARS a guidance note on how to target food aid to the most vulnerable population. However, there appears to be limited eagerness from MINARS side to have partners involved in the government food distribution process.

Strong advocacy and consultative discussions are on-going with the Government and stakeholders to strengthen the interventions and expand coverage to other affected areas, beyond the four high risk provinces.

The inter-ministerial coordination mechanism continues to function and involve the main stakeholders from both GoA and partners (social affairs, Agriculture, Health, Water, and Civil Protection). Though UN agencies, NGOs and donors are regularly invited to participate, however, there are some concerns regarding the lack of involvement of the Ministry of Agriculture and the decrease on the motivation and engagement of MINARS to call the meetings. Coordination between UN and MOH is on a daily basis and continues to be very good.

Please provide other comments you would like to communicate to the MDG-F Secretariat

Section IV: General Thematic Indicators

1 Integrated approaches for reducing child hunger and under-nutrition promoted

1.1 Number of individuals suffering from under-nutrition and/or food insecurity in the areas of intervention

Children under 2

Total No. NA
No. Urban
No. Rural
No. Girls
No. boys

Children from 2 to 5

Total No. NA
No. Urban
No. Rural
No. Girls
No. Boys

Children older than 5

Total NA
No. Urban
No. Rural
No. Girls
No. boys

Women

Total NA
No. Urban
No. Rural
No. Pregnant

1.2 Number of individuals supported by the joint programme who receive treatment against under-nutrition and/or services supporting their food security in the areas of intervention

Children under 2

Total NA

No. Urban

No. Rural

No. Girls

No. Boys

Children from 2 to 5

Total 115919 children U5

No. Urban

No. Rural

No. Girls

No. Boys

Children older than 5

Total NA

No. Urban

No. Rural

No. Girls

No. Boys

Women

Total 350000

No. Urban

No. Rural

No. pregnant

Men

Total 350000

No. Urban

No. Rural

1.3 Prevalence of underweight children under-five years of age

National % 15.6 %
 Targeted Area % 15-23%

Proportion of population below minimum level of dietary energy consumption

% National 49-54%
 % Targeted Area 54% and more in the current situation

Stunting prevalence

% National 29%
 % Targeted Area 29%

Anemia prevalence

% National 29.7% in children U5
 % Targeted Area

Comments

Reports from the in-patients facilities monthly activities as well as observations from field supervision visits show that a significant number of children (40%) continue to be found with edema (table below), underscoring the inadequate quality of food intake by these children. The nutrition situation in the country has not much improved yet; in spite of a regular rainy season there is not much improved access or availability of food at household level. The main affected provinces are Bie, Huambo, Huila, Benguela and Kwanza Sul:

1.4 Type of interventions and/or strategies scaled up with the support the joint programme and number of citizens affected

Homestead food production and diversification

National
 Local 80,000
 Urban
 Rural in selected schools
 Girls
 Pregnant Women
 Boys

Food fortification

National Salt Iodization
 Local Salt Iodization

Urban
 Rural
 Girls
 Pregnant Women
 Boys

School feeding programmes

National	x	
Local	x	
Urban	x	
Rural	x	
Girls	x	
Pregnant women		x
Boys	x	

Behavioural change communication

National	9,75,000
Local	in selcted municipalities
Urban	
Rural	
Girls	
Pregnant women	
Boys	

Gender specific approaches

National
 Local
 Urban
 Local
 Girls
 Pregnant Women
 Boys

Interventions targeting population living with HIV

National
 Local
 Urban
 Rural
 Girls

Pregnant Women
Boys

Promotion of exclusive breastfeeding

National 9,75,000

Local

Urban

Rural

Girls

Pregnant Women

Boys

Therapeutic feeding programmes

National 48 IPF, 254 OTP

Local 18 IPF, 120 OTPs

Urban

Rural

Girls

Pregnant Women

Boys

Vaccinations

National 9,75,000

Local

Urban

Rural

Girls

Pregnant Women

Boys

Other, specify

National

Local

Urban

Rural

Girls

Pregnant Women

Boys

2 Advocacy and mainstreaming of access to food and child nutrition into relevant policies

2.1 Number of laws, policies and plans related to food security and child nutrition developed or revised with the support of the programme

Policies

National as given in last reports
Local

Laws

National salt iodization law continue
Local

Plans

National National Infant and young child strategy plan integrated into National health plan
Local

3 Assessment, monitoring and evaluation

3.1 Number of information systems supported by the joint programme that provide disaggregated data on food security and nutrition

National
Local in three provinces
Total

Joint Programme Monitoring Report: Children, Food Security and Nutrition

b. Joint Programme M&E framework – July to December 2012

This template is the same as the one you will find in the JP documents. We have added 3 columns to provide spaces for baselines of the indicators as well as targets. All the values for indicators in this template are cumulative. This means the past values obtained accumulate (add up over time) as the joint programme gets implemented. We are expecting you to include not only the indicators but the value of these indicators. If you do not provide them, please explain the reason and how you are going to obtain this information for the next reporting period.

Expected Results (Outcomes & outputs) From Results Framework (Table 1)	Indicators From Results Framework (Table 1)	Baseline Baselines are a measure of the indicator at the start of the joint programme	Overall JP Expected target The desired level of improvement to be reached at the end of the joint programme	Achievement of Target to date The actual level of performance reached at the end of the reporting period	Means of verification From identified data and information sources	Collection methods (with indicative time frame & frequency) How is it to be obtained?	Responsibilities Specific responsibilities of participating UN organizations (including in case of shared results)	Risks & assumptions Summary of assumptions and risks for each result
<p>Strengthening community resilience and municipal and community management capacities to alleviate child hunger and under-nutrition</p> <p>Output 1.1: Approved and enforced national policies and strategies in the areas of nutrition (YCF national strategy), food security and</p>	<p><u>Indicator 1.1.1:</u> National IYCF approved</p> <p><u>Indicator 1.1.2:</u> National Food & Nutrition Security Strategy disseminated and enforced</p> <p><u>Indicator 1.1.3:</u> National policies and strategies in</p>	<p><u>Baseline for all indicators:</u> 0</p>	<p>IYCF national strategy approved;</p> <p>IYCF National Strategy and National Food Security & Nutrition Strategy disseminated and enforced</p>	<p>1.1.1. under the approved IYCF strategy mobilized funds of Ministry of health for buying the therapeutic products for management of severe acute malnutrition.</p> <p>1.1.2 MINAGRI has initiated the interventions listed under food security and nutrition strategy</p> <p>1.1.3 Social assistance strategy document developed to initiate the process of social; protection policy with all essential critical</p>	<p>MINSAs quarterly and annual report</p>	<p>Annual publications and report of the National Vth forum of 11 commitments for the children of Angola</p>	<p>Support the documentation and wider dissemination to all partners and stakeholders</p>	<p>Political stability nationally and regionally; Institutional and human capacity to implement and report; Ownership and leadership; Community participation and sustained utilization of services</p>

social protection	social protection approved			issues.				
Output 1.2: Children U5 reached twice a year with Vitamin A and albendazole	<u>Indicator 1.2.1:</u> % of U5 reached twice a year with vitamin A & Albendazole during each year	<u>Baseline 1.2.1:</u> Last campaign coverage in each selected province	<u>Target:</u> At least 80% coverage achieved	1.2.1 No campaign was planned this year by Government of Angola so vitamin A supplementation was done along with routine immunization system. Less than 70 % children received vitamin A in last six months in Bie, Moxico and Cunene.	National health immunization report.	ICC	Support to final collation, documentation and dissemination	Timely availability of essential inputs and vaccine supplies; timely redistribution of funds to provinces by the govt
Output 1.3: Additional 700,000 population have access to full high-impact interventions in Bié, Moxico & Cunene	<u>Indicators 1.3.1:</u> High-impact coverage achievements (EPI, ANC, VAS / deworming, ITN, IPT, IFA, key family practices (EBF, CF, hygiene and sanitation...))	<u>Baseline1.3.1:</u> 2008 routine coverage KFP: unknown	<u>Target 1.3.1:</u> 80% sought for EPI, ANC, VAS/Alb. IFA, IPT, ITN and KFP 60%	1.3.1 More than 70 % of the population continue to have the access to full high impact interventions in 9 selected municipalities of Bie, Moxico and Cunene.	Municipal, provincial and national coverage quarterly reports, plus national malaria programme reports	ICC and CCM presentations; National HMIS and surveillance data reports	Support to final collation, documentation and dissemination	Institutional and human capacity to implement and report; Ownership and leadership; Community participation and sustained utilization of services
Output 1.4: Additional 12,000 severely malnourished children treated in the selected provinces (in-patient & out-patient)	<u>Indicator 1.4.1:</u> Nº of severely malnourished children reached	<u>Baseline 1.4.1:</u> 1,000 children reached during 2008	<u>Target 1.4.1:</u> 12,000 children to be reached in three year's time	1.4.1 A total of 3258 children with severe acute malnutrition treated from July to December 2012 , both at inpatient facility unit and outpatient units in Bie, Moxico and Cunene, exceeding the targeted children as due to drought				

	Indicator 1.4.2: Nº provinces with functional nutrition surveillance system	Baseline 1.4.2: 0 Target: 3		prevalence of acute malnutrition increased and more number of children admitted to CMAM program 1.4.2 nine				
Output 1.5: At least 90% of household at the national level consuming iodized salt	Indicator 1.5.1: % availability of iodized salt in the country Indicator 1.5.2: % of households consuming adequately iodized salt	Baseline 1.5.1: 70% Baseline 1.5.2: 44%	Target 1.5.1: 100% Target 1.5.2: 90%	1.5.2 Technical and advocacy events took place both at National and provincial level , organized by national Technical institute on salt iodization. 70 % of the household consuming adequately iodized salt.	MINSA report plus IDD HH coverage surveys, CNTIS report	ICC and related review workshops	Support to final collation, documentation and dissemination	Same as above
Output 1.6: Vulnerability Assessment and Mapping (VAM) strengthened in the selected provinces	Indicator 1.6.1: Nº of provinces with a functioning VAM	Baseline 1.6.1: 7	Target: 3	1.6.1 Training on VAM methodology was recently completed in Kwanza Sul, Benguela , Luanda and Lunda Norte	Baseline study final report	VAM report	Support to final collection, documentation and dissemination	Data quality likely may influence the final results
Output 1.7: At least 60% of vulnerable households assisted in Bié and Moxico	Indicator 1.7.1: % vulnerable families assisted	Baseline 1.7.1: Unknown	Target: 60%	1.7.1 Training of 600 social workers/ community assistants on food and nutrition and HIV awareness completed in Moxico and Bie Training of 1,200 community health workers in Bie and	Study or survey reports, MINARS report	Vulnerability and child poverty studies	Support to final collation, documentation and dissemination	Same as above

				Moxico provinces done Distribution of agricultural kits to 400 food insecure vulnerable families completed in Bie and Moxico provinces.				
Output 1.8: Improvement of local food production	<u>Indicator 1.8.1:</u> % improve in local foods production <u>Indicator 1.8.2:</u> Number of FFS operational in Moxico and Bié <u>Indicator 1.8.3:</u> Number of provinces with local FFS programs on extension policies	<u>Baseline 1.8.1:</u> <u>Target:</u> <u>Baseline 1.8.2:</u> <u>Baseline 1.8.3:</u> 3	<u>Target:</u> (20,100) <u>Target:</u> 2	1.8.1 40% increase of local food production 1.8.2. (0,50) 40 1.8.3 three	Baseline study final report Monthly and semester reports Monthly and semester reports	Food security study data Field visits Field visits	Support to final collection, documentation and dissemination Support to final documentation and dissemination Support to final documentation and dissemination	Same as above
Output 1.9: Family diet diversified from the increase in local foods production	<u>Indicator 1.9.1:</u> % of families applying appropriate diet diversification from local produced foods <u>Indicator 1.9.2:</u> number of schools with school gardens and using local food production in the School Feeding Program	<u>Baseline 1.9.1:</u> Unknown <u>Baseline 1.9.2:</u> 0	<u>Target:</u> 60% <u>Target:</u> 10 in each province	1.9.1 30 % of families applying appropriate diet diversification from local produced food. 1.9.2 in total 14 schools are equipped with school gardens and producing local food .	Study or survey reports Monthly and semester reports	Food security study Field visits	Support to final collation, documentation and dissemination Support to final documentation and dissemination	Study or survey reports Monthly and semester reports

<p>Output 2.1: Improved advocacy for child protection from adverse effects of rising food prices – aiming to increase the commitment of the GoA in reforming policies and strategies to protect the most vulnerable children and pregnant women</p>	<p><u>Indicator 2.1.1:</u> Availability of a national advocacy and communication plan for nutrition</p> <p><u>Indicator 2.1.2:</u> Nº of families receiving cash transfers</p> <p><u>Indicator 2.1.3.:</u> Nº of families receiving specific food supplementation</p>	<p><u>Baseline 2.1.1:</u> 0</p> <p><u>Baseline 2.1.2:</u> 0</p> <p><u>Baseline 2.1.3:</u> Unknown</p>	<p><u>Target: 3 provinces and municipality authorities</u></p>	<p>2.1.1 – in 2012 all three provinces were affected by drought, in each provinces 2 high level joint advocacy mission held. In Bie mission was supported by regional office representative , WFP and EU.</p> <p>2.1.2 - NA as this activity was changed at the beginning of the program</p> <p>2.1.3 : Distribution of seeds to families selected in municipalities and municipal headquarters (400 families in Bié, 200 in Moxico and 200 in Cunene by MINAGRI)</p>	<p>Economic and financial reports; Mission reports</p>	<p>Advocacy report and national rolling plan</p>	<p>Support to final collation, documentation and dissemination</p>	<p>Same as above</p>
<p>Output 3.1: Data resulting from routine local / national information systems, national surveys and surveillance mechanisms effectively processed and used for planning and decision-making</p>	<p><u>Indicator 3.1.1:</u> Nº provinces with relevant sector-specific database to orient decision-making</p> <p><u>Indicator 3.1.2:</u> Nº of provinces with routine sector specific information system functional</p>	<p><u>Baseline3.1.1:</u> Scarcity of relevant information</p> <p><u>Baseline 3.1.2:</u> Unknown</p>	<p><u>Target: 3</u></p> <p><u>Target: 3</u></p>	<p>3.1.1 Rapid assessment was carried out in all three provinces, also data collated from various sources like hospital and health centers on relevant health and nutrition information and produced to MOH integrated with response plan of drought.</p>	<p>Annual HMIS and monthly surveillance reports</p>	<p>HMIS report</p>	<p>Support to final collation, documentation and dissemination</p>	<p>Same as above</p>

	<p><u>Indicator 3.1.3:</u> Nº of provinces with functional nutrition surveillance system</p> <p><u>Indicator 3.1.4:</u> Nº of provinces with functional government-led specific – child survival coordination mechanisms</p>	<p><u>Baseline 3.1.3:</u> 0</p> <p><u>Baseline 3.1.4:</u> 0</p>	<p><u>Target:</u> 3</p> <p><u>Target 3.1.4:</u> 3</p>	<p>3.1.2 - all three provinces are producing nutrition sector specific report monthly and sharing with national nutrition section and UNICEF.</p> <p>3.1.3 – 3</p> <p>3.1.4 –3</p>				
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Joint Programme Results Framework with financial information July to December 2012

This table refers to the cumulative financial progress of the joint programme implementation at the end of the semester. The financial figures from the inception of the programme to date accumulated (including all cumulative yearly disbursements). It is meant to be an update of your Results Framework included in your original programme document. You should provide a table for each output.

Definitions on financial categories

- **Total amount planned for the JP:** Complete allocated budget for the entire duration of the JP.
- **Estimated total amount committed:** This category includes all amount committed and disbursed to date.
- **Estimated total amount disbursed:** this category includes only funds disbursed, that have been spent to date.
- **Estimated % delivery rate:** Funds disbursed over funds transferred to date

Joint Program outcome 1: -Strengthening community resilience and municipal and community management capacities to alleviate child hunger and under-nutrition										
Joint Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE PARTY	Estimated Implementation Progress			
		Y1	Y2	Y3			NATIONAL/ LOCAL	Total amount Planned for the JP	Estimated Total amount Committed	Estimated Total Amount Disbursed
Output 1.1: Approved and enforced national policies and strategies in the areas of nutrition (YFC national strategy), food security and social protection	Support the design and approval of the IYFC national strategy and dissemination		X		UNICEF	National/local	25,000	25,000	25,000	100%
	Organization of dissemination meetings at the national and provincial levels through the decentralized CNAC committees		X		UNICEF	National/local	40,000	40,000	15,000	37%
Output 1.2: Children U5 reached twice a year with Vitamin A and albendazol	Decentralized micro planning up to the municipality level for the multiple intervention mass campaigns twice a year in the selected provinces (24 municipal planning workshop)		X		UNICEF	National/local	120,000	120,000	70,000	58%

	Operational cost of the multiple intervention mass campaigns (implementation, supervision, monitoring, reporting) in selected provinces		X		UNICEF	National/local	480,000	480,000	320,000	76%
	Advocacy & social mobilization activities in selected provinces		X		UNICEF	National/local	270,000	270,000	160,000	59%
Output 1.3: Additional 700,000 population have access to full high-impact interventions in Bié, Moxico & Cunene	Introduction meetings for the revitalization of the municipal health services in selected province		X		UNICEF	National/local	9,000	9,000	9,000	100%
	Health mapping & negotiation to define geographical areas of responsibilities of each health units		X		UNICEF	National/local	27,500	27,500	27,400	99.6%
Output 1.4: Additional 12,000 severely malnourished children treated in the selected provinces (in-patient & out-patient)	Training of health staff to micro plan health & nutrition activities (including the community-based treatment of severe malnutrition) to ensure better availability and access to high-impact interventions in mapped health areas		X		UNICEF	National/local	150,000	150,000	100,000	67%
	Create / strengthen therapeutic feeding units (TFU) at each municipal health unit for in-patient treatment of severe complicated cases of malnutrition		X		UNICEF	National/local	45,000	45,000	45,000	100%
	Introduce the c-IMCI approach to promote key family practices		X		UNICEF	National/local	30,000	30,000	15,000	50%
	Provincial awareness campaigns on infant feeding practices, hygiene and sanitation practices		X		UNICEF	National/local	120,000	120,000	88,827	74%
Output 1.5: At least 90% of household at the national level consuming iodized	Support the enforcement of the salt legislation (Quality control of salt in local markets)		X		UNICEF	National/local	50,000	50,000	27,000	54%

salt	Design & implementation of a social marketing campaign for iodized salt consumption at the national level		X		UNICEF	National/local	100,000	100,000	29,870	29.87%
	Contribute to the national urinary iodine survey to assess the exposure of the population to the IDD risk		X		UNICEF	National/local	50,000	50,000	20,000	40%
Output 1.6: Vulnerability Assessment and Mapping (VAM) strengthened in the selected provinces	Training and mentoring on VAM		X		FAO	National/local	67,288	67,288	67,288	100%
Output 1.7: At least 60% of vulnerable households assisted in Bié and Moxico	Training of 600 social workers / community assistants (MINARS) on understanding of food and nutrition, and awareness / prevention of HIV/AIDS (Moxico & Bie)		X		IOM	National/local	342,193	355,194	355,194	100%
	Capacity-building and provision of basic knowledge to 1,200 community health workers in Bié & Moxico to promote and support key family practices within the communities beneficiaries of high-impact child survival packages (complementing the UNICEF package of health and nutrition)		X		IOM	National/local	147,000	121,554	112,060	94%
	Distribution of seed kits to 400 food-unsecured vulnerable families, through the PVM system supported by FAO in Bié and Moxico.		X		IOM	National/local	90,258	102,703	102,703	100%

Output 1.8: Improvement of local food production	Farmer fields schools. <ul style="list-style-type: none"> Capacity-building of extension workers and a local population on food security issues Training on agricultural techniques to diversify the production (increase cultivated land occupied, promotion of urban and peri-urban agriculture, production of honey, vegetables and aquaculture) 		X		FAO	National/local	347,416	347,416	291,816	84. %
Output 1.9: Family diet diversified from the increase in local foods production	Awareness activities to promote diet diversification using local foods available		X		UNICEF	National/local	239,580	239,580	175,657	73%
	Development of home and school gardens combined with participatory nutrition education sessions and cooking demonstrations at household and community level. Support to the implementation of School Feeding Program with local food production		X		FAO	National/local	260,000	260,000	210,027	81 %
Output 2.1: Improved advocacy for child protection from adverse effects of rising food prices – aiming to increase the commitment of the GoA in reforming policies and strategies to protect the most	Design advocacy tools for nutrition (national and provincial nutrition profiles based on the most recent nutrition survey data)		X		UNICEF	All UN and implementing partners	10,000	10,000	10,000	100%
	Organize advocacy events to dissemination of policies and legislation supporting the high-impact interventions in each selected provinces		X		UNICEF	All UN and implementing partners	45,000	45,000	30,000	67%

vulnerable children and pregnant women	Disseminate the approved national food and nutrition strategy, ensure effective application and work with existing committees dedicated to child nutrition and food security (national, provincial and municipal level) in line with the national food and nutrition security strategy.		X		FAO	All UN and implementing partners	91,301	91,301	83,179	91 %
Output 3.1: Data resulting from routine local / national information systems, national surveys and surveillance mechanisms effectively processed and used for planning and decision-making	Compilation and processing of existing data to provide insight to the situation analysis in the selected provinces		X		WHO	All UN and implementing partners	48,000	48,000	48,000	100%
	Revision of the existing Health Information System (HIS) to provide regular and timely and quality report		X		WHO	All UN and implementing partners	43,124	43,124	43,124	100%
	Assessment and reorganization of existing local information systems (health, agriculture, social) for better performance		X		WHO	All UN and implementing partners	45,000	45,000	45,000	100%
	Training of users of local information systems		X		WHO	All UN and implementing partners	240,000	240,000	240,000	100%
	Launch the nutrition surveillance system in each of the selected provinces		X		WHO	All UN and implementing partners	60,000	60,000	60,000	100%
	Coordination, launching workshop, communication and advocacy – BASELINE SURVEY		X		UNDP	All UN and implementing partners	237,000	237,000	109,440	46%

	Steering committee for food security within the National Food Security Unit is functional – effective coordination of food security interventions at the central level		X		FAO	All UN and implementing partners	37,779	37,779	34,867	92%
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Budget Summary

UN AGENCY	Total Approved Budget \$`	Total Amount of Transferred to date \$	Total Budget Committed to date \$	Total Budget Disbursed To Date \$	Estimated % Delivery rate of budget
FAO	803,784	803,784	803,784	698,211	87%
IOM	579,451	579,451	579,451	569,957	98%
UNDP	237,000	168,580	109,440	109,440	46%
UNICEF	1,937,855	1937,855	1,811,119*	1,123,811	62%
WHO	441,910	441,910	436,124*	436124	100%

- Amount available for programming / transferred from head office after deducting operation cost .