

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

Semester: 2-10

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	2-10
Programme Duration	
Official Starting Date	

Participating UN Organizations

Implementing Partners

Budget Summary

Total Approved Budget

Total	\$0.00
-------	--------

Total Amount of Transferred To Date

Total	\$0.00
-------	--------

Total Budget Committed To Date

Total	\$0.00
-------	--------

Total Budget Disbursed To Date

Total \$0.00

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 in 2010 for each programme as per following example:

Amount in thousands of US\$

Type	Donor	Total	For 2010	For 2011	For 2012
Parallel					
Cost Share					
Counterpart					

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.

Direct Beneficiaries

	Men	Men from Ethnic Groups	Women	Women from Ethnic Groups	Boys	Girls	National Institutions	Local Institutions
Targeted Number		296172		320853	0	0	4	3
Reached Number		0		0				
Targeted - Reached	0	296172	0	320853	0	0	4	3
% difference	0	0.0	0	0.0	0	0	0.0	0.0

Section II: JP Progress

1 Narrative on progress, obstacles and contingency Measures

Please provide a brief overall assessment (250 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

Progress in outcomes

The program launched with some delay in may 2010 by government of Angola.

Outcome 1. Efforts made to build the capacity of community and municipal authority to address child hunger and under nutrition. 146 health functionaries developed the capacity and initiated the action for the integrated management of severe acute malnutrition through community and facility based program using therapeutic food plumpy nuts, F75, and F100. About 77 health functionaries developed their capacity for the promotion of infant and young child feeding practices. oe nutrition consultant has been provided to govt to support the program. one batch of TOT organized on new who growth stadards. Different communication channels were used (radio, TV) to communicate the messages to community on under nutrition, significance of consuming adequately iodized salt, exclusive breast feeding for 6 months etc. in addition to this community health workers has reached to the different pockets to build the capacity of community on quality feeding through demonstration on cooking food for the population and for the children. Counseling sessions were organized for the mothers in the community on caring practices.

Progress in outputs

Overall progress on most of the outputs was satisfactory. Program was implemented based on the joint MDG F annual work plan of 2010. National IYCF strategy still needs to be developed but all key messages have been incorporated in all the training program and IEC material. National food security and Nutrition strategy disseminated in all the focused municipalities. Additional children with severe acute malnourished children have been contacted to provide care and treatment. Also nutrition surveillance system was intimated in few selected municipalities. Essential supplies were reached to the municipalities which include vitamin A capsules, Albandazole tablets, plumpynuts, slat testing kit, IEC material etc. community health workers training intiated on food and nutrition security with the support from health dept. 15 trainers trained on implntation of new WHO child growth standards in selected municipalities. nutrition survelliance integrated with the disease survelliance system of health sector.

Measures taken for the sustainability of the joint programme

The leadership and ownership was reinforced as there was a change in the leadership at the government level in October month with the joining of new National Nutrition director. Also consultative meeting was organized in November with vice Minister to orient her about the joint MDG F program. Regular joint field visit made by the partners and UN agencies to monitor the program. The local administration services (MINARS) are actively participating in the programme, by designing the trainings together and involving their staff in the planning and implementation in order to increase their capacities to integrate food and nutrition related aspects into their working agendas. The government supported the municipal health system with 318 million dollars

Are there difficulties in the implementation?

Coordination with Government

Coordination within the Government (s)

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

What are the causes of these difficulties?

Other. Please specify

Changes in the government ministries and the National Nutrition Director. Lack of institutional memory at the government level. These factors caused difficulties in intersectorial coordination and delayed the implementation of activities in the field.

The first seeds kits have not been distributed yet, due to the programme's implementation delay, due to this delay the rainy season was already advanced too much to start agricultural activities in order to improve local food production

Briefly describe the current difficulties the Joint Programme is facing

Limited technical capacity of the local institutes and local NGOs .

baseline survey is being delay due to limitations of getting a good technically competent agency or consultant to conduct baseline survey.

Briefly describe the current external difficulties that delay implementation

Focal point National Nutrition Director is occupied with many other activities currently listed by the government as their priority area also committed to so many meetings and unable to give due attention and time to joint MDG F program

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

Frequent meeting with National Nutrition Director.

Joint field Visit to reviw the program.

consultant was recruited to provide technical support to the new head of nutrition to support the monitoring and follow up of the implementation of the program

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

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

Indicators	Base line	Current Value	Means of verification	Collection methods
Number of managerial practices (financial, procurement, etc) implemented jointly by the UN implementing agencies for MDF-F JPs	0	0	not applicable	NA

Number of joint analytical work (studies, diagnostic) undertaken jointly by UN implementing agencies for MDG-F JPs	0	1	TOR developed for the baseline by UNDP with the input from agencies, hiring process has been initiated	
Number of joint missions undertaken jointly by UN implementing agencies for MDG-F JPs	0	6	Mission reports	Manual and by emails

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?

Ministry of health Vice Minister and from uN agencies RC

Number of meetings with PMC chair

two

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: service provision
Communication activities like supporting promotion o universal alt iodization, supporting world breast feeding week etc
 Management: other, specify
Communication activities like supporting promotion o universal alt iodization, supporting world breast feeding week etc

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?

UN Agency

Current situation

Limited numbers of civil society organizations involved in planning, management of the program. Also Angola has the great challenge of the availability of limited local NGOs with good technical capacity to monitor the field activities and support in the capacity building interventions both for the community and service providers. Due to limited human resources the pace of the program is not satisfactory

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

To inform, sensitize and commit the political and policy makers to invest for children, women and vulnerable populations so as to address equity gap and mitigate excess mortality in these groups. The objective also include sensitize the key stakeholders to be the owners of the program and accelerate the way to reach the disadvantaged population, health professionals, local partners, NGOs, religious groups and civil society organizations.

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	4 churches
Social networks/coalitions	3
Local citizen groups	1
Private sector	28 salt traders
Academic institutions	1
Media groups and journalist	4
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?

Use of local communication mediums such radio, theatre groups, newspapers

in all three provinces use of local communication channels such as radio spots, local TV channels have been used in addition to pamphlets, posters and other IC material for reaching to the community and service providers and disseminating key messages. In addition to this a wide net work of all salt manufacturers and salt traders were oriented and involved for their partnership and joining hands together for universal salt iodization

Open forum meetings

in all three provinces use of local communication channels such as radio spots, local TV channels have been used in addition to pamphlets, posters and other IC material for reaching to the community and service providers and disseminating key messages. In addition to this a wide net work of all salt manufacturers and salt traders were oriented and involved for their partnership and joining hands together for universal salt iodization

Capacity building/trainings

in all three provinces use of local communication channels such as radio spots, local TV channels have been used in addition to pamphlets, posters and other IC material for reaching to the community and service providers and disseminating key messages. In addition to this a wide net work of all salt manufacturers and salt traders were oriented and involved for their partnership and joining hands together for universal salt iodization

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 capacity to reduce child hunger and undernutrition	0	Local foods production improved in the selected provinces; Improved advocacy for nutrition to protect the child from adverse effects of rising food prices. At least 400 vulnerable households assisted in Bié and Moxico Key infantfeeding practices improved in at least 60% of families in the selected provinces	

Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

JP Outcome	Beneficiaries	JP Indicator	Value
Enhancing advocacy for child protection from adverse effects of food insecurity – aiming to increase the commitment of the GoA in reforming policies and strategies to protect the most vulnerable children.	0	Availability of a national advocacy and communication plan for nutrition. No of families receiving specific food supplementation. Family diet diversified from the increase in local foods production. Data resulting from routine local / national information systems, national surveys and surveillance mechanisms effectively processed and used for planning and decision-making	

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 0

At least 400,000 children under-five supplemented with VitA and 360,000 children 1-5 yrs dewormed twice a year in selected provinces; 12,000 children to be reached. -Additional 700,000 population have access to full high-impact interventions in Bié, Moxico & Cunene. At least 90% of household at the national level consuming iodized salt in the selected provinces

Additional Narrative Comments

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

The selected interventions are owned by the government of Angola and are well implemented at local level to achieve the goals and targets.

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

The reporting formats require revision and also there should be a provision of mid term correction in the expected outputs and indicators targeted. Reporting format should be reviewed as there is the limitation from the local level to generate good quality data and information .

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.	break up not available
No. Urban	not available
No. Rural	not available
No. Girls	
No. boys	

Children from 2 to 5

Total No.	115919 from 0- 5yr of age
No. Urban	not available
No. Rural	not available
No. Girls	
No. Boys	

Children older than 5

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

Women

Total	350,000
No. Urban	not available
No. Rural	not available
No. Pregnant	9% of total population

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 about 5000 SAM
No. Urban not available
No. Rural not available
No. Girls not available
No. Boys not available

Children from 2 to 5

Total about 7000 SAM
No. Urban not available
No. Rural not available
No. Girls not available
No. Boys not available

Children older than 5

Total not applicable
No. Urban
No. Rural
No. Girls
No. Boys

Women

Total 350,000
No. Urban not available
No. Rural not available
No. pregnant 9% of the total population

Men

Total 350,000
No. Urban not available
No. Rural not available

1.3 Prevalence of underweight children under-five years of age

National % 16%
 Targeted Area % 15-23 %

Proportion of population below minimum level of dietary energy consumption

% National 49-54%
 % Targeted Area 54%

Stunting prevalence

% National 29%
 % Targeted Area 29%

Anemia prevalence

% National in children- 29.7% under 5 yrs of age
 % Targeted Area 29.7%

Comments

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 NA
 Local 80,000
 Urban X
 Rural 80,000
 Girls X
 Pregnant Women X
 Boys X

Food fortification

National 5,500,000
 Local X
 Urban X
 Rural X
 Girls X
 Pregnant Women X

Boys X

School feeding programmes

National NA

Local

Urban

Rural

Girls

Pregnant women

Boys

Behavioural change communication

National 975,000

Local X

Urban X

Rural X

Girls X

Pregnant women X

Boys X

Gender specific approaches

National NA

Local

Urban

Local

Girls

Pregnant Women

Boys

Interventions targeting population living with HIV

National 12,000

Local X

Urban X

Rural X

Girls X

Pregnant Women X

Boys X

Promotion of exclusive breastfeeding

National	975,000	
Local	X	
Urban	X	
Rural	X	
Girls	X	
Pregnant Women		X
Boys	X	

Therapeutic feeding programmes

National	NA	
Local	12,000	
Urban	X	
Rural	X	
Girls	X	
Pregnant Women		X
Boys	0-5 YRS OLD CHILDREN	

Vaccinations

National	975,000	
Local	X	
Urban	X	
Rural	X	
Girls	X	
Pregnant Women		X
Boys	X	

Other, specify

National	Vitamin A supplementation program with deworming	biannual for under five children
Local	x	
Urban	x	
Rural	x	
Girls	x	
Pregnant Women		x
Boys	x	

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	x
Local	x

Laws

National	x
Local	x

Plans

National	x
Local	x

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	x
Local	initiated
Total	x

Joint Programme Monitoring Report: Children, Food Security and Nutrition

b. Joint Programme M&E framework

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></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 All available data collated on IYCF to assess the situation and to identify the gaps before developing the national IYCF strategy document. consultative meetings held with director nutrition to develop the national Nutrition policy and to incorporate IYCF</p> <p>1.1.2 Copies of national food and Nutrition security strategy disseminated and enforced in all three provinces through wide circulation and sharing .</p>	<p>MINSA quarterly and annual report</p>	<p>Annual publications and archive</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	National policies and strategies in social protection approved			1.1.3 not initiated yet				
Output 1.2: Children U5 reached twice a year with Vitamin A and albendazole	Indicator 1.2.1: % of U5 reached twice a year with vitamin A & Albendazole during each year	Baseline 1.2.1: Last campaign coverage in each selected province	Target: At least 80% coverage achieved	1.2.1 Integrated with the August Polio NIDs, National campaign 88% children received one dose of vitamin A and 82 % children received albendazole. Second round continue of six month interval	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	Indicators 1.3.1: High-impact coverage achievements (EPI, ANC, VAS / deworming, ITN, IPT, IFA, key family practices (EBF, CF, hygiene and sanitation...))	Baseline1.3.1: 2008 routine coverage KFP: unknown	Target 1.3.1: 80% sought for EPI, ANC, VAS/Alb. IFA, IPT, ITN and KFP 60%	1.3.1 More than 80% of the population have the access to full high impact interventions in 9 selected municipalities of Bie, Moxico and Cunene for revitalization.	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)	Indicator 1.4.1: N° of severely malnourished children reached	Baseline 1.4.1: 1,000 children reached during 2008	Target 1.4.1: 12,000 children to be reached in three years time	1.4.1 - Total 4166 severely acute malnourished children have been treated in 2010 both at community and facility based care unit using therapeutic feeding protocol in Bie, Moxico				

	<u>Indicator 1.4.2:</u> Nº provinces with functional nutrition surveillance system	<u>Baseline 1.4.2:</u> 0 <u>Target:</u> 3		and Cunene . 1.4.2 nutrition surveillance system initiated in selected municipalities of three provinces				
Output 1.5: At least 90% of household at the national level consuming iodized salt	<u>Indicator 1.5.1:</u> % availability of iodized salt in the country <u>Indicator 1.5.2:</u> % of households consuming adequately iodized salt	<u>Baseline 1.5.1:</u> 70% <u>Baseline 1.5.2:</u> 44%	<u>Target 1.5.1:</u> 100% <u>Target 1.5.2:</u> 90%	1.5.2 about 50 % of household consuming adequately iodized salt Special interventions implemented in two salt producing provinces to achieve universal salt iodization	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	<u>Indicator 1.6.1:</u> Nº of provinces with a functioning VAM	<u>Baseline 1.6.1:</u> 0	<u>Target:</u> 3	Joint VAM assessment by food security partners with government	Study or survey reports	VAM report	Support to final collation, documentation and dissemination	Same as above
Output 1.7: At least 60% of vulnerable households assisted in Bié and Moxico	<u>Indicator 1.7.1:</u> % vulnerable families assisted	<u>Baseline 1.7.1:</u> Unknown	<u>Target:</u> 60%	1.7.1 - 20% Vulnerable families assisted	Study or survey reports, MINARS report	Vulnerability and child poverty studies	Support to final collation, documentation and dissemination	Same as above
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	<u>Baseline 1.8.1:</u> <u>Target:</u> <u>Baseline 1.8.2:</u> (0,50)	<u>Target:</u> <u>Target:</u> (20,100)	1.8.1 Linked to food security and school gardening programme. 1.8.2. Provincial workshops conducted to prepare work plan and micro plan for each municipality; 1.8.3 Identification,	Study or survey reports	Food security study	Support to final collation, documentation and dissemination	Same as above

	provinces with local FFS programs on extension policies	<u>Baseline 1.8.3:</u> 1	<u>Target:</u> 2	selection and registration of villages, schools and Community Infantrary Centre; Procurement and purchasing of equipment and material; Establish synergies with FAO projects under implementation on JP area				
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 Linked to food security and school gardening programme. Provincial and Municipalities workshop organized on Food security policy 1.9.2 TOT completed on Framers Field School; Conducted demonstration Plots on Cassava	Study or survey reports	Food security study	Support to final collation, documentation and dissemination	Same as above
Output 2.1: Improved advocacy for child protection from adverse effects of rising food prices – aiming to increase the commitment of the GoA in	<u>Indicator 2.1.1:</u> Availability of a national advocacy and communication plan for nutrition <u>Indicator 2.1.2:</u> Nº of families receiving cash transfers	<u>Baseline 2.1.1:</u> 0 <u>Baseline 2.1.2:</u> 0	<u>Target:</u> 3 <u>provinces and municipality authorities</u>	2.1.1 Linked to advocacy visits and missions 2.1.2 - no progress	Economic and financial reports; Mission reports	Advocacy report and national rolling plan	Support to final collation, documentation and dissemination	Same as above

reforming policies and strategies to protect the most vulnerable children and pregnant women	<u>Indicator 2.1.3:</u> Nº of families receiving specific food supplementation	<u>Baseline 2.1.3:</u> Unknown		2.1.3 no progress				
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	<u>Indicator 3.1.1:</u> Nº provinces with relevant sector-specific database to orient decision-making <u>Indicator 3.1.2:</u> Nº of provinces with routine sector specific information system functional <u>Indicator 3.1.3:</u> Nº of provinces with functional nutrition surveillance system <u>Indicator 3.1.4:</u> Nº of provinces with functional government-led specific – child survival coordination mechanisms	<u>Baseline 3.1.1:</u> Scarcity of relevant information <u>Baseline 3.1.2:</u> Unknown <u>Baseline 3.1.3:</u> 0 <u>Baseline 3.1.4:</u> 0	<u>Target: 3</u> <u>Target: 3</u> <u>Target: 3</u> <u>Target 3.1.4:</u> 3	3.1.1 Linked to national HMIS and integrated disease surveillance revitalization 3.1.2 - process initiated 3.1.3 – in three initiated nutrition surveillance system 3.1.4 – three	Annual HMIS and monthly surveillance reports	HMIS report	Support to final collation, documentation and dissemination	Same as above

Joint Programme Results Framework with financial information

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 (IYCF 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	12,000	12,000	100%
	Organization of dissemination meetings at the national and provincial levels through the decentralized CNAC committees	X			UNICEF	National/local	10,000	10,000	10,000	100%

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	40,000	26000	26000	65%
	Operational cost of the multiple intervention mass campaigns (implementation, supervision, monitoring, reporting) in selected provinces	X			UNICEF	National/local	120,000	100,000	100,000	83%
	Advocacy & social mobilization activities in selected provinces	X			UNICEF	National/local	90,000	64000	64,000	71%
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	8000	8000	88%
	Health mapping & negotiation to define geographical areas of responsibilities of each health units	X			UNICEF	National/local	27,500	27400	27400	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	50,000	43100	43100	86.2%

	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	15,000	15000	15,000	100%
	Provincial awareness campaigns on infant feeding practices, hygiene and sanitation practices	X			UNICEF	National/local	30,000	22370	22370	74.5%
Output 1.5: At least 90% of household at the national level consuming iodized salt	Support the enforcement of the salt legislation (Quality control of salt in local markets)	X			UNICEF	National/local	25,000	3000	3000	12%
	Design & implementation of a social marketing campaign for iodized salt consumption at the national level	X			UNICEF	National/local	25,000	12250	12250	49%
	Contribute to the national urinary iodine survey to assess the exposure of the population to the IDD risk	X			UNICEF	National/local	50,000	20000	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	46,336	46,336	46,336	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	102,650	92,650	92,650	90.3%
	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	46,410	36,715	36,715	79%
	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	45,129	40,095	40,095	88.9%

<p>Output 1.8: Improvement of local food production</p>	<p>Farmer fields schools.</p> <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	160,000	100,000	100,000	83%
<p>Output 1.9: Family diet diversified from the increase in local foods production</p>	<p>Awareness activities to promote diet diversification using local foods available</p>	X			UNICEF	National/local	72,000	26000	26,000	36%
	<p>Development of home and school gardens combined with participatory nutrition education sessions and cooking demonstrations at household and community level.</p> <p>Support to the implementation of School Feeding Program with local food production</p>	X			FAO	National/local	120,315	67028	67,028	55.8%

Joint Program outcome 2: -Enhancing advocacy for child protection from adverse effects of food insecurity – aiming to increase the commitment of the GoA in reforming policies and strategies to protect the most vulnerable children.

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	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	10000	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	15,000	13470	13,470	89.8%
	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	40,171	10,000	10,000	25%

Joint Program outcome 3: -Improving surveillance, coordination, assessment and monitoring and evaluation of the food and nutrition of children in beneficiary areas

Output 3.1: Data resulting from routine local / national information systems, national surveys and surveillance mechanisms	Compilation and processing of existing data to provide insight to the situation analysis in the selected provinces	x			WHO	All UN and implementing partners	14,400	14,400	14,400	100 %
	Revision of the existing Health Information System (HIS) to provide regular and timely and quality report	X			WHO	All UN and implementing partners	20,000	20,000	20,000	100 %

effectively processed and used for planning and decision-making	Assessment and reorganization of existing local information systems (health, agriculture, social) for better performance	X			WHO	All UN and implementing partners	15,000	15,000	20,000	100 %
	Training of users of local information systems	X			WHO	All UN and implementing partners	72,000	72,000	72,000	100%
	Launch the nutrition surveillance system in each of the selected provinces	X			WHO	All UN and implementing partners	20,000	20,000	20,000	100%
	Coordination, launching workshop, communication and advocacy – BASELINE SURVEY	X			UNDP	All UN and implementing partners	77,944	10,120	10,120	13%
	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	10,794	5000	5000	46.3%

Budget summary

Total Approved Budget	Total Amount of Transferred to date	Total Budget Committed to date	Total Budget Disbursed To Date
FAO:\$803,784	FAO:\$ 377,617	FAO:\$228,364	FAO:\$228,364
IOM:\$579,451	IOM:\$ 194,189	IOM:\$169,460	IOM:\$169,460
UNDP: \$237,000	UNDP: \$ 77,844	UNDP: \$10,120	UNDP: \$10,120
UNICEF:\$1,937,855	UNICEF:\$ 658,500	UNICEF:\$457,590	UNICEF:\$457,590
WHO: \$441,910	WHO: \$141,400	WHO: \$ 141,400	WHO: \$ 141,400
Total: \$4,000,000	Total: \$ 1449,549	Total: \$ 1006,934	Total: \$ 1006,934