

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

Semester: 1-11

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	1-11
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	\$377,616.00
IOM	\$194,189.00	
UNDP	\$77,844.00	
UNICEF	\$658,500.00	
WHO	\$141,400.00	
Total	\$1,449,549.00	

Total Budget Committed To Date

	FAO	\$326,364.00
IOM	\$247,676.00	
UNDP	\$77,844.00	
UNICEF	\$521,802.00	
WHO	\$141,400.00	
Total	\$1,315,086.00	

Total Budget Disbursed To Date

	FAO	\$326,364.00
IOM	\$247,676.00	
UNDP	\$77,844.00	
UNICEF	\$521,802.00	
WHO	\$141,400.00	
Total	\$1,315,086.00	

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	NIL				
Cost Share	NIL				
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

Indirect Beneficiaries

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

Overall good progress made. Government of Angola organized the 5th forum to review the progress of 11th commitments for the children, significant input given by MDG team to position the critical nutrition interventions in the National IYCN strategy document and biannual work plan. Special efforts made to leverage government funds for the procurement of therapeutic products for the treatment of severe acute malnutrition.

Progress in outputs

Additional 85 health functionaries trained on critical child nutrition interventions. Updated knowledge on malnutrition situation at the municipality level. Availability of the weekly information about malnutrition situation on the Municipality level to guideline decisions Local MINARS and health workers took strong ownership in conducting training sessions whereby their awareness on nutrition and HIV was improved and officials better capacitated to address food security among vulnerable households. 25% of overall target groups consisting of social and health workers as well as community assistants reached under the awareness raising and capacity building trainings on food and nutrition, and awareness / prevention of HIV/AIDS in Moxico and the work is underway to ensure target is met during project period. The baseline survey is being implemented in close coordination with the VAM survey, using more efficiently human and financial resources. In addition, a memorandum of understanding has been established with an institute of social educators to involve youth people on this process. Capacity building, both at the national and municipal level activities are also included to strengthen national capacities on monitoring issues.

Measures taken for the sustainability of the joint programme

Continued efforts on capacity building at National and provincial levels on planning, monitoring and supervising and at Municipality level special focus given on building their technical capacity to planning, implementation and monitoring their activities.

Are there difficulties in the implementation?

Coordination with Government

What are the causes of these difficulties?

Other. Please specify

1. *Overhead activities (Polio eradication Initiative)*
2. *Prioritization of time for Fifth forum of government officials and UN agencies*

Briefly describe the current difficulties the Joint Programme is facing

Coordination, lack of leadership and owning the program at provincial and Municipal level

Briefly describe the current external difficulties that delay implementation

Polio Eradication Initiative (many NIDs) with involvement of all the Municipal team

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

Unicef as the lead agency providing technical input , organizing monthly coordination meetings, meeting regularly with national counterparts to brief them about the program. in last six months three meetings have been organized.

In Bie, progress has been slower in some activities but the plan of action has been developed and activities will take place in the third quarter of 2011.

In Kunene Management of severe acute malnutrition program was very slow so several meetings and visits orgnized to discuss the issues and implemtned suggestive corrective actions.

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 true
No false

What types of coordination mechanisms

Regular coordination meetings among the stakeholders both at national and field levels.

Organizing regular coordination meetings with UN agencies, with Focal point of government on MDG joint Nutrition program.

During last six months four meetings held at National level.

Regular sharing of mails and information.

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 MDF-F JPs	0	Baseline survey (UNDP) + VAM (FAO)	report	
Number of joint analytical work (studies, diagnostic) undertaken jointly by UN implementing agencies for MDG-F JPs	0	Baseline survey (UNDP) + VAM (FAO)	baseline survey Report	field survey by investigators
Number of joint missions undertaken jointly by UN implementing agencies for MDG-F JPs	0	2	Field travel reports	field experiences of kunene and moxico recorded

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, Resident Coordinator

Number of meetings with PMC chair

One with Cheif of Nutrition section to share 2010 report, discuss funding request for MDG joint fund program and AWP 2011.
Second with Vice Minister and other partners and UN agency members on program discussion 2011.

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
For supporting program implementation at municipal level , in high impact critical child nutrition interventions , like promotion of infant and young child feeding practices and universal salt iodization.
Management: service provision
For supporting program implementation at municipal level , in high impact critical child nutrition interventions , like promotion of infant and young child feeding practices and universal salt iodization.

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
UN Agency

Current situation

Limited capacity of civil society organizations. therefore selected good NGOs are involved in planning implementing with govt and monitoring of the program.

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 1
Local citizen groups 1
Private sector many salt traders
Academic institutions 1 national paediatric society
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?

Household surveys
Use of local communication mediums such radio, theatre groups, newspapers
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 capacity to reduce child hunger and undernutrition		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 Bie□ and Moxico, Key infantfeeding practices improved in at least 60% of families in the selected provinces	

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
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.		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 Bi, 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

information on the beneficiaries benifitted by each of JP indicator cannot fit ithe window given, this is also included against each indicators progress,under report of monitoring and evluation framework.

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 foramt 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	NA
No. Girls	NA
No. boys	NA

Children from 2 to 5

Total No.	115919 from 0 to 5 yrs
No. Urban	NA
No. Rural	NA
No. Girls	NA
No. Boys	NA

Children older than 5

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

Women

Total	350,000
No. Urban	NOT AVAILABLE
No. Rural	NA
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	5000 severely acute malnourished children
No. Urban	NA
No. Rural	NA
No. Girls	NA
No. Boys	NA

Children from 2 to 5

Total	7000 severely acute malnourished children
No. Urban	NA
No. Rural	NA
No. Girls	NA
No. Boys	NA

Children older than 5

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

Women

Total	350,000
No. Urban	NA
No. Rural	NA
No. pregnant	NA

Men

Total	350,000
No. Urban	NA
No. Rural	NA

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 29.7%in children below 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 X
 Girls X
 Pregnant Women X
 Boys X

Food fortification

National X
 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 9,75,000

Local

Urban

Rural

Girls

Pregnant women

Boys

Gender specific approaches

National NA

Local

Urban

Local

Girls

Pregnant Women

Boys

Interventions targeting population living with HIV

National 12,000

Local

Urban

Rural

Girls

Pregnant Women

Boys

Promotion of exclusive breastfeeding

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

Therapeutic feeding programmes

National 34 CENTERS FUNCTIONAL
 Local 12,000 children
 Urban X
 Rural X
 Girls X
 Pregnant Women X
 Boys X

Vaccinations

National 9,75,000
 Local
 Urban
 Rural
 Girls
 Pregnant Women
 Boys

Other, specify

National Vitamin A supplementation program , biannual Campaign for children 6 months to 59 months
 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 National Strategy for infant and young child Nutrition developed this year
 Local

Laws

National support continue for use of iodized salt legislative law
 Local

Plans

National
 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 initiated in selcted municipio
 Total

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
Strengthening community resilience and municipal and community management capacities to alleviate child hunger and under-nutrition Output 1.1: Approved and enforced national policies and strategies in the areas of nutrition IYCF national strategy), food	<u>Indicator 1.1.1:</u> National IYCF approved <u>Indicator 1.1.2:</u> National Food & Nutrition Security Strategy disseminated and enforced <u>Indicator 1.1.3:</u> National policies and strategies in social protection	<u>Baseline for all indicators:</u> 0	IYCF national strategy approved; IYCF National Strategy and National Food Security & Nutrition Strategy disseminated and enforced	1.1.1. Organized national consultative meeting in May with all stake holders for consensus building on first draft of the National Infant and young child nutrition strategy developed in April , received inputs, finalized the strategy and presented at 5 th National forum for the children of Angola. 1.1.2 Linkages developed in the National IYCN strategy document for enforcing and complementing the National food and nutrition security strategy. 1.1.3 linkages developed in National IYCN strategy	MINSA quarterly and annual report	Annual publications and report of the National Vth forum of 11 commitments for the children of Angola	Support the documentation and wider dissemination to all partners and stakeholders	Political stability nationally and regionally; Institutional and human capacity to implement and report; Ownership and leadership; Community participation and sustained utilization of services

security and social protection	approved			with social protection policy.				
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 Integrated with the intensification of immunization activities about 80 % children received one dose of vitamin A in 2011 (Jan to June) and 85% children received albendazole in three selected provinces(Bie and Moxico).	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 Output 1.4: Additional 12,000 severely malnourished children treated in the selected provinces (in-patient & out-patient)	<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>Indicator 1.4.1:</u> N° of severely malnourished children reached <u>Indicator 1.4.2:</u> N° provinces with functional nutrition surveillance system	<u>Baseline 1.3.1:</u> 2008 routine coverage KFP: unknown <u>Baseline 1.4.1:</u> 1,000 children reached during 2008 <u>Baseline 1.4.2:</u> 0 <u>Target:</u> 3	<u>Target 1.3.1:</u> 80% sought for EPI, ANC, VAS/Alb. IFA, IPT, ITN and KFP 60% <u>Target 1.4.1:</u> 12,000 children to be reached in three years' time	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. 1.4.1 - Total 1883 severely acute malnourished children have been treated from January to June 2011 both at community and facility based care unit using therapeutic feeding protocol in Bie, Moxico and Cunene 1.4.2 nutrition surveillance system initiated in selected municipalities of three provinces	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 1.5: 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 60 % 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> N° of provinces with a functioning VAM	<u>Baseline 1.6.1:</u> 0	<u>Target:</u> 3	A survey exercise is under preparation but new strategy has delayed the establishment of local functioning VAM unit	Study or survey reports	VAM report	Support to final collation, documentation and dissemination	
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 - 150 social workers trained on nutrition and HIV in Moxico 300 community health workers in Moxico trained to promote and support key family practices within the communities beneficiaries of high-impact child survival packages Advanced discussion with local MINARS in Bie to initiate the above activities.	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 provinces with	<u>Baseline 1.8.1:</u> <u>Target:</u> <u>Baseline 1.8.2:</u> (0,50) <u>Baseline 1.8.3:</u> 1	<u>Target:</u> (20,100) <u>Target:</u> 2	1.8.1 Linked to food security and school gardening programme. 1.8.2. 30 FFS in Bié, 10 in Moxico are functional and in Cunene nil. 1.8.3 Bié, Huambo,	FAO and partners reports MINADERP reports	Food security study Field visits for monitoring Provincial Department of Agriculture	Support to final collation, documentation and dissemination DPA & IDA	Same as above Government officer exaggerate figures

	local FFS programs on extension policies			Malanje, Uige		Reports		
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. 1.9.2 Moxico 15 School Gardens, Bié 30 School Gardens, Kunene nil due to various field challenges.	Study or survey reports FAO` and Partners reports	Food security study Field visits for monitoring	Support to final collation, document ation and dissemina tion FAO and partners	Same as above In Ombandja schools don`t water spring at close by making it difficult to establish School Gardens
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	<u>Indicator 2.1.1:</u> Availability of a national advocacy and communication plan for nutrition <u>Indicator 2.1.2:</u> N° of families receiving cash transfers <u>Indicator 2.1.3:</u> N° of families receiving specific food supplementation	<u>Baseline 2.1.1:</u> 0 <u>Baseline 2.1.2:</u> 0 <u>Baseline 2.1.3:</u> Unknown	<u>Target:</u> 3 <u>provinces and municipality authorities</u>	2.1.1 Linked to advocacy visits and missions 2.1.2 - no progress 2.1.3 no progress	Economic and financial reports; Mission reports	Advocacy report and national rolling plan	Support to final collation, document ation and dissemina tion	Same as above

<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> N° provinces with relevant sector-specific database to orient decision-making <u>Indicator 3.1.2:</u> N° of provinces with routine sector specific information system functional <u>Indicator 3.1.3:</u> N° of provinces with functional nutrition surveillance system <u>Indicator 3.1.4:</u> N° of provinces with functional government-led specific – child survival coordination mechanisms</p>	<p><u>Baseline3.1.1:</u> Scarcity of relevant information <u>Baseline 3.1.2:</u> Unknown <u>Baseline 3.1.3:</u> 0 <u>Baseline3.1.4:</u>0</p>	<p><u>Target:</u> 3 <u>Target:</u> 3 <u>Target:</u> 3 <u>Target 3.1.4:</u> 3</p>	<p>3.1.1 Linked to national HMIS and integrated nutritional data in epidemiological data in weekly disease surveillance 3.1.2 - Developed Nutritional Surveillance guideline for Municipal team 3.1.3 – in three Municipal initiated nutrition surveillance system Trained 10 data managers on surveillance data 3.1.4 – three</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>
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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	29,927	29,927	75%
	Operational cost of the multiple intervention mass campaigns (implementation, supervision, monitoring, reporting) in selected provinces	X			UNICEF	National/local	120,000	108,470	108,470	90%
	Advocacy & social mobilization activities in selected provinces	X			UNICEF	National/local	90,000	75,905	75,905	84%
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	9000	9000	100%
	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	50,000	50,000	100%

	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	23,902	23,902	80%
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	11,912	11,912	48%
	Design & implementation of a social marketing campaign for iodized salt consumption at the national level	X			UNICEF	National/local	25,000	13,446	13,446	54%
	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	<u>46,336</u>	<u>46,336</u>	<u>100%</u>

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 & Bié)	X			IOM	National/local	102,650	139,580	139,580	136%
	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	68,000	68,000	147%
	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	89%
Output 1.8: Improvement of local food production	Farmer fields schools. 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	<u>160,000</u>	<u>160,000</u>	<u>100%</u>

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	72,000	44,840	44,840	62%
	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	120,315	<u>93,028</u>	<u>93,028</u>	<u>77.3%</u>
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	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	15,000	15,000	15,000	100%
	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	<u>22,500</u>	<u>22,500</u>	<u>56%</u>

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 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	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 %
	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	77,844	77,844	30,000	38 %
	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	<u>10,794</u>	<u>5000</u>	<u>5000</u>	<u>46 .3%</u>

Total Approved Budget	Total Amount of Transferred to date	Total Budget Committed to date	Total Budget Disbursed To Date	Per cent disbursement to date
FAO:\$803,784 IOM:\$579,451 UNDP: \$237,000 UNICEF:\$1,937,855 WHO: \$441,910 Total: \$4,000,000	FAO:\$ 377,617 IOM:\$ 194,189 UNDP: \$ 77,844 UNICEF:\$ 658,500 WHO: \$141,400 Total: \$ 1449,549	FAO:\$326,364 IOM:\$247,676 UNDP: \$77,844 UNICEF:\$521,802 WHO: \$ 141,400 Total: \$ 1315086	FAO:\$326,364 IOM:\$247,676 UNDP: \$30,000 UNICEF:\$521,802 WHO: \$ 141,400 Total: \$ 1315086	86% 128% 38.5% 79% 100%

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