

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

Semester: 1-12

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	1-12
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	\$723,088.00
IOM	\$511,004.00
UNDP	\$168,580.00
UNICEF	\$1,456,080.00
WHO	\$320,400.00
Total	\$3,179,152.00

Total Budget Committed To Date

FAO	\$679,881.00
IOM	\$511,905.00
UNDP	\$101,720.00
UNICEF	\$1,456,080.00
WHO	\$320,400.00
Total	\$3,069,986.00

Total Budget Disbursed To Date

FAO	\$679,881.00
IOM	\$511,905.00
UNDP	\$95,000.00
UNICEF	\$1,167,754.00
WHO	\$320,400.00
Total	\$2,774,940.00

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	296,172	148,086	Communities	Access to Health Services
Women	320,853	160,426	Communities	Access to Health Services
Children under 5	865,908	532,259	Communities	Vaccinations
Local NGOs and churches	36	32	Civil Society Organisations	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)

1. National Social Assistance Policy development process initiated , completed Analysis the risks and social vulnerability, analysis of the legislation on social protection in Angola; comparative analysis of the best examples on social protection (Examples of the most important CPLP countries, SADC and Latin America. The social Assistance Policy (contributions and proposals) have been submitted to the Ministry of Social Welfare and Reintegration for discussions.
2. Rapid assessment done in 10 drought affected provinces to do the assessment of the nutrition situation of Children, response plan developed, implementation initiated under the joint MDG nutrition program Committee.
3. Mobilized government resources for the procurement of therapeutic products for the treatment of children with severe acute malnutrition under the National Nutrition strategy.

Progress in outcomes

All three provinces covered for building the capacity of 85 medical staff doctors and nursing staff on integrated management of severe acute malnutrition. Also simultaneously work on building the capacity of family continues on key caring practices and dietary diversification. Despite the improvement plan and regular follow up not much progress found in implementation of the program due to upcoming elections, polio campaign followed by country wide tetanus Campaign. This year 10 provinces are affected by drought, a rapid assessment carried out by all partners , response plan developed and action initiated to address nutrition crisis in vulnerable children. Mobilized funds from key partners and Ministry of health to scale up the integrated management of severe acute malnutrition.

Progress in outputs

Improvement plan developed, shared with provincial government and speed up many activities as per the plan. In Cunene 148 health staff trained on outpatient management of children with severe acute malnutrition, In Moxico a local NGO contracted out for the same activity, 62 nursing staff trained on outpatient care and promotion of breast feeding. A total of 16 advocacy events planned in all the three provinces with local churches, NGOs, civil society organization on key nutrition issues. Baseline survey findings shared with all key ministries partners received input and finalized. Training module developed, retested and finalized for implementation on outpatient care of children with severe acute malnutrition. Epidemiological Surveillance System that include nutrition revised to provide regular, timely and quality report

Measures taken for the sustainability of the joint programme

Initiated the dialogue with the government to take up the program after 2012-2013. all key interventions are part of national nutrition strategy document, funding provision has been made in the strategy document. Government of Angola is very sensitive to the needs of the children also paying more attention to nutrition program . Also under the 11 commitment of the Children of Angola and their biannual plan all interventions are well placed along with budget. 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. Working more to strengthen the coordination.

Are there difficulties in the implementation?

Coordination within the Government (s)

Administrative / Financial

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

Joint Programme design

What are the causes of these difficulties?

External to the Joint Programme

Briefly describe the current difficulties the Joint Programme is facing

National priority on Polio Campaign, followed by Tetanus campaign lead to lethargy among health workers for regular program.

Even after several sensitization sessions with partners, it seems that partners aren't quite clear of the main objectives of the MDGF program and hence their collaboration is limited. staff are engaged on their regularly activities and add on other exercise turns out to be a hard as the JP requires a lot of coordination and close supervising so on.

Briefly describe the current external difficulties that delay implementation

lessons learnt from last 2 years guided us, no delay caused by external difficulties.

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

The challenges encountered earlier set ground to avoid repetition of mistakes and mitigate or overcome difficulties. All agencies and key partners trying their best to strengthen the coordination at all levels. UNICEF as lead agency providing technical guidance, organizing coordination meetings to bring all partners together and to accelerate the program implementation.

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

Regular coordination meetings with all key stake holders at all levels. During last six months five technical meetings held at National level. Regular sharing of reports, field trip reports, documents and information continue.

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

15

Field trip reports of joint field visits and joint mission

mission planned and organized with MINAGRI, MINSA, nutrition section and provincial team.

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?

Vice Minister of Ministry of health .
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

Program implementation has improved in last six months and now accelerated more as food and nutrition security is given the priority both by the National and provincial government.

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 create awareness among all key partners and stake holders at differential level on the issues related to children , vulnerable groups, food and security component. Special focus is given to vulnerable families , pregnant and lactating women, children under five years that too on most significant critical nutrition interventions.

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
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	31 churches
Social networks/coalitions	4
Local citizen groups	nil
Private sector	nil
Academic institutions	National Paediatric association
Media groups and journalist	3
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 capacity to reduce child hunger and undernutrition	0	Approved and enforced national policies and strategies in the areas of nutrition (YCF national strategy), food security and social protection. % improve in local foods 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
Enhancing advocacy for child protection from adverse effects of food insecurity Ā aiming to increase the commitment of the GoA in reforming policies and strategies to protect the most vulnerable children.	0	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

0

% of U5 reached twice a year with vitamin A & Albendazole during each year. N° of severely malnourished children reached. % of households consuming adequately iodized salt. High impact coverage achievements (EPI, ANC, VAS / deworming, ITN, IPT, IFA, key family practices (EBF, CF, hygiene and sanitation...)). % 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

The detail progress of all indicators given in the monitoring and evaluation template attached with the report

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

under the beneficiary details there is no provision of the data for the children under five years.

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 under five years of age

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%

Stunting prevalence

% National 29 %
 % Targeted Area 29 %

Anemia prevalence

% National 29.7% in children below five years
 % Targeted Area

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

Food fortification

National salt iodization
 Local salt iodization at provincial level
 Urban x
 Rural x
 Girls x
 Pregnant Women x

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 slected municiplaities family competnecy package implemented	
Urban	x	
Rural	x	
Girls	x	
Pregnant women		x
Boys	x	

Gender specific approaches

National	x	
Local	x	
Urban	x	
Local	x	
Girls	x	
Pregnant Women		x
Boys	x	

Interventions targeting population living with HIV

National	12,000
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 34 TFC across the country

Local 12 centers in three provinces , 14,000 children

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 this year social assistance strategy developed under social protection
Local

Laws

National advocacy continue for enforcing the law on use of adequately iodized salt
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 in selected municipalities
Total

Joint Programme Monitoring Report: Children, Food Security and Nutrition

b. Joint Programme M&E framework – JANUARY to JUNE 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	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 No campaign was planned this year by Government of Angola so vitamin A supplementation was done along with routine immunization system. Less than 60 % 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	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 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)	Indicator 1.4.1: Nº of severely malnourished children reached Indicator 1.4.2:	Baseline 1.4.1: 1,000 children reached during 2008	Target 1.4.1: 12,000 children to be reached in three year's time	1.4.1 A total of 2040 children with severe acute malnutrition treated from January to June 2012 , both at inpatient facility unit and outpatient units in Bie, Moxico and Cunene				

	Nº provinces with functional nutrition surveillance system	<u>Baseline 1.4.2:</u> 0 <u>Target:</u> 3		1.4.2 Three				
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 Technical and advocacy events took place both at National and provincial level , organized by national Technical institute on salt iodization. About 60% 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	<u>Indicator 1.6.1:</u> Nº of provinces with a functioning VAM	<u>Baseline 1.6.1:</u> 7	<u>Target:</u> 3	1.6.1 Training on VAM methodology recently initiated 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	<u>Indicator 1.7.1:</u> % vulnerable families assisted	<u>Baseline 1.7.1:</u> Unknown	<u>Target:</u> 60%	1.7.1 In Bié 180 and in Moxico 150 Community trainers and agents trained (<i>teachers, catechists, church ladies society representing family and women promotion, agriculture and Technical health agents</i>) on good practices on Health, food and Nutrition Security Training of technicians 10 per municipalities planned : 20 in Bié	Study or survey reports, MINARS report	Vulnerability and child poverty studies	Support to final collation, documentation and dissemination	Same as above

				completed to perform the mapping of vulnerable households. 600 community workers trained in basic health promoting behaviours coexistence within families				
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 30% 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	<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

	food production in the School Feeding Program							
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> Nº of families receiving cash transfers <u>Indicator 2.1.3:</u> Nº 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: 3 provinces and municipality authorities</u>	2.1.1 – Linked to advocacy visits and mission 2.1.2 - NA 2.1.3 : Distribution of seeds to families selected in municipalities and municipal headquarters (200 families in Bié, 200 in Moxico)	Economic and financial reports; Mission reports	Advocacy report and national rolling plan	Support to final collation, documentation and dissemination	Same as above
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>Baseline 3.1.1:</u> Scarcity of relevant information <u>Baseline 3.1.2:</u> Unknown	<u>Target: 3</u> <u>Target: 3</u>	3.1.1 Three 3.1.2 - Three	Annual HMIS and monthly surveillance reports	HMIS report	Support to final collation, documentation and dissemination	Same as above

	<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>3.1.3 – Three</p> <p>3.1.4 – nil</p>				
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Joint Programme Results Framework with financial information January to June 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 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	25,000	12,000	48%
	Organization of dissemination meetings at the national and provincial levels through the decentralized CNAC committees		X		UNICEF	National/local	40,000	30,000	10,000	33%
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	80,000	55,011	69 %

	Operational cost of the multiple intervention mass campaigns (implementation, supervision, monitoring, reporting) in selected provinces		X		UNICEF	National/local	480,000	360,000	220,509	61%
	Advocacy & social mobilization activities in selected provinces		X		UNICEF	National/local	270,000	180,000	85,905	48%
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	100,000	100,000	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	30,000	30,000	15,000	50%
	Provincial awareness campaigns on infant feeding practices, hygiene and sanitation practices		X		UNICEF	National/local	120,000	90,000	88,827	99%
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	11,912	24%

salt	Design & implementation of a social marketing campaign for iodized salt consumption at the national level		X		UNICEF	National/local	100,000	100,000	19,870	20 %
	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	336,713	98%
	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	107,566	96,921	65 %
	Distribution of seed kits to 400 food-insecure vulnerable families, through the PVM system supported by FAO in Bié and Moxico.		X		IOM	National/local	90,258	102,703	102,538	114%

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	328,465	95. %
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	103,490	43%
	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	251,700	97 %
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	30,000	20,000	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	48,400	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	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	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	101,719.74	95,000	56%

	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	723,089	679,881	679,881	94%
IOM	579,451	511,004	565,465	536,173	105%
UNDP	237,000	168,580	101,720	95,000	56%
UNICEF	1,937,855	1,456,080	1,456,080	1,167,754	80%
WHO	441,910	320,400	441,910	441,910	100%
TOTAL	4,000,000	3,274,600	2,872,335	2,886,166	89%