FINAL MDG-F JOINT PROGRAMME NARRATIVE REPORT

Participating UN Organization(s)	Sector(s)/Area(s)/Theme(s)
Lead Agency UNICEF WHO, FAO, IOM, UNDP	Nutrition Food Security Advocacy Social Protection

Joint Programme Title	Joint Programme Number
Children Food Security and Nutrition in Angola	MDGF-1997-I-AGO (67239)

Joint Programme Cost		Joint Programme [Angola]
[Sharing - Not applicable]		
[Fund Contribution): 4	Million USD	**Region (s): EASRO**
Govt. Contribution:	USD	**Governorate(s):Angola**
		States :three provinces Bye, Mexico, Cunene
Agency Core contribution:		
Other:		**Municipalities: three**
TOTAL:	USD	

Final Joint Programme Evaluation	Joint Programme Timeline
Final Evaluation Done Yes ■ No ☐ **Evaluation Report Attached** ☐ Yes ■ No **Date of delivery of final report 26th June 2013**	**Original start date 1 January 2010** **Final end date 30 June 2013** **after extension of six months**

Participating Implementing Line Ministries and/or other organisations (CSO, etc)

Ministries of Health, Planning, Agriculture, Social Assistance and Reinsertion, family and social welfare. Provincial administration and government of Bie, Moxico and Cunene. Local NGOs, civil socity organizations and religious boy

Report Formatting Instructions:

- Number all sections and paragraphs as indicated below.
- Format the entire document using the following font: 12point _ Times New Roman.

I. PURPOSE

a. A Brief introduction on the socio economical context and the development problems addressed by the programme.

Angola is facing several serious nutrition problems that are resulting in adverse human development outcomes, including health and hindering economic growth. Although the Government of Angola (Goad) is committed to improving the health of its population, and accordingly, invests approximately 5% of GDP in the health sector, the area of nutrition has received little attention over the years. Angola has one of the highest under-five mortality rates (U5MR) in the world at 194 per 1,000 live births, and it is well-accepted that maternal and child under nutrition contribute to more than one third of child deaths.

Despite economic gains over the past decade, the Gini coefficient, an indicator of income equality, remains high at 58.6 and Angola ranks 146 out of 169 countries on the Human Development Index. Furthermore, more than 40% of the population lives below the poverty line. Subsistence agriculture remains the primary livelihood for the majority of the population with maize, sorghum, millet, bananas, sugarcane, coffee, and corn representing the most commonly grown crops. There are significant geographical disparities in access to health services only 40 % of the population, similarly in urban areas, 70% of the population has access to an improved drinking water source and 56% of the population has access to an improved sanitation facility; however, in rural areas these rates drop to 40% and 16%, respectively.

In addition to growing the risk of mortality among children due to above mention problem, high levels of chronic and acute malnutrition increase the exposure to, duration, and severity of various morbidities, which can put an excessive load on the health system. Under nutrition in the early years of a child's life can also cause permanent cognitive impairments, which will prevent Angola's economic productivity and development, primarily through compromising their school performance, and labor productivity as an adult.

The Implementation of the United Nations Joint Program (JP) on Children, Food Security and Nutrition in Angola initiated in 2010 for a period of three years, aimed to improve child hunger and under nutrition in three target provinces (Bie, Cunene and Moxico). Program also targeted on enhanced advocacy for child friendly policies while improving the assessment, monitoring and evaluation of food and nutrition of children in beneficiary areas. The program concentrated on strengthening local capacities national, provincial, municipal and community levels to develop, implement and monitor effective program interventions concerning the access to food of children. The interventions aimed under this program have been developed in support of the national priorities highlighted in the ECP regarding Children, Food Security and Nutrition, as well as the National Strategy to Reduce under-five mortality over the backdrop of the MDGs and the Millennium Declaration, especially MDG 1, as well as MDG 4. All three provinces selected for the program are vulnerable with regards to agriculture situation, food security scenario, difficult geographic terrain, access to health services and

many underlying socio economic indicators.

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

The impact of the drought on the food availability and security for the structurally vulnerable population groups went beyond food deficit, also distressing the agricultural production-base affecting the soils, water availability, reduced moisture in the fertile valleys, availability of agricultural inputs, etc. This further impacted the productivity; the seeds for the next agricultural campaign; and the producers' capacity to reimburse credit was affected negatively.

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

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

In response, FAO's interventions focused on food security and nutrition, while WHO and UNICEF efforts were concentrated on improving conditions at Inpatient Facility Centers and Out-Patient therapeutic feeding program, and on developing Community-based Management of Acute Malnutrition. The joint response appreciably contributed to expand the coverage of IPF, OTP and CMAM in the 4 most at-risk provinces of Bie, Huambo, Kuanza Sul and Zaire and progressively expanded to the provinces of Huila, Benguela, Cunene and Moxico, to some extent. Bie province affected by drought supported by joint MDG nutrition program produced evidence for other provinces to scale up the similar approach based on their experiences and lessons learnt.

b. List joint programme outcomes and associated outputs as per the final approved version of the joint programme Document.

Joint Program Outcome 1. : Strengthen community resilience and management capacities to reduce family and child hunger and under-nutrition, the JP will achieve results both at the national level in terms.

Output 1.1: Approved and enforced national policies and strategies in the areas of nutrition IYCF national strategy, food security and social protection.
Output 1.2: Nationwide Children U5 reached twice a year with Vitamin A and albendazol
Output 1.3: Additional 700,000 populations have access to full high-impact interventions in Bié, Moxico & Cunene
Output 1.4: Additional 12,000 of severely malnourished children treated through the strengthening of the network of therapeutic feeding units and the expansion of the community-based treatment of severe malnutrition in the beneficiary provinces;
Output 1.5: Improved consumption of iodized salt in households (at least 90% households) in the selected provinces;
Output 1.6: Vulnerability Assessment and Mapping (VAM) strengthened in the selected provinces
Output 1.7: At least 60% of vulnerable households assisted in Bié and Moxico
Output 1.8: Improvement of local food production
Output 1.9: Family diet diversified from the increase in local foods production

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

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

c. Explain the overall contribution of the joint programme to National Plan and Priorities

The CFSN JP has supported government of Angola and contributed for the prevention and reduction of malnutrition among children and enhance advocacy for child friendly policies.

The fifth and sixth Forum for Children was held in 2011 and 2012 and saw the participation of the main ministries, the Vice-governors of all 18 provinces, representatives of civil society and children. It was an opportunity to review the 11 Commitments for the children of Angola and to plan for the next two years.

A major milestone in 2011 was that WHO and UNICEF's evidence-based advocacy and technical support to the Ministry of Health and other ministries led to the development of the National Infant and Young Child Nutrition Strategy, which include evidenced based critical nutrition interventions for children. This document has been endorsed and the Government has initiated allocation of funds to the provinces for critical key interventions to prevent and reduce malnutrition among children. The National strategy for Infant and Young Child Nutrition was developed in partnership with MOH, MINAGRI, MINPLAN, WHO and other UN agencies.

More than 5 million children under five nationwide were reached with a package of lifesaving interventions, (integrating immunization, deworming and vitamin A) either during Child Health Days (through the Viva a Vida campaign) or through the revitalization of health services in 2011, 2012 and 2013.
UNICEF provided technical and supply support to a countrywide campaign that delivered vitamin A supplementation and deworming for children less than five years. Coverage of vitamin A supplementation increased from 75% in 2010 to 85% in 2011, and deworming from 82% to 88%.

An alliance to promote family competencies, launched by UNICEF's Executive Director in January 2011 and implemented in Luanda and Bié (MDG focus province) in partnership with churches and faith-based organizations, to strengthen awareness and promote key practices for child survival, development and protection. Support to community-based approaches contributed towards an improvement in infant and young child feeding practices, an issue that was included in the Family Competencies Communication Strategy and other communication materials.

Documentation on Acceleration of Child Survival and Development efforts in sixteen municipalities of five provinces, included three MDG provinces Bié, Cunene and Moxico shows increased access to quality essential interventions at home, family and community level, with likely impacts in terms of a reduction of morbidity and mortality among children under five years and women.

UNICEF continued to provide support to national and provincial governments towards achieving the goal of universal salt iodization. Main ports and salt production sites benefited from monitoring and quality checks and 10 critical provinces were reached with community awareness activities, salt mapping and market surveys, resulting in more than 60% of the salt being adequately iodized.

Nutritional Surveillance was reinforced and the three provinces are producing monthly nutritional report with technical support from the WHO Focal Point based in each Province and sharing with national nutrition section, and partners.

One of major challenges in 2012 was the drought-induced nutrition crisis that affected 10 of 18 provinces including 3 focused MDG provinces, causing food insecurity for almost 2 million Angolans and placing around 500,000 children at risk of severe acute malnutrition. Under the platform of joint MDG nutrition program UNICEF,WHO and FAO in coordination with partners (MOH, MINAGRI, local and international NGOS, civil society organizations and religious body) supported the crisis response, by setting up program for integrated

management of acute malnutrition , providing lifesaving supplies, rapid capacity building and logistics as well as advocacy for more robust action. As a result, as of June 2013, 26 additional inpatient facility centers, 416 additional outpatient therapeutic treatment programs were established for the management of severe acute malnutrition. For community based management of acute malnutrition 2,016 volunteer Community Health Workers (CHW) were trained who have screened close to 450,000 children. Around 72,747 children diagnosed with acute malnutrition were treated in either community-based treatment program or facility based nutrition treatment centres.

With regard to food security, the program allowed and significantly, enhanced productive capacity, storage and processes the most vulnerable communities, which increase the quality of the diet and particularly children and the elderly.

This impact was so high that the government of Bie, e.g. requested a specific partnership with FAO with co-funding from the government to extend the experience in all municipalities of the province.

JP CFSN contributed significantly for capacity building of National and local government counterparts (e.g. through development and implementation of provincial micro plan, revitalization of health facilities, decentralized municipal structure) and other agencies (local NGOs and CSOS) working in the food and nutrition sector by ensuring their participation in program activities such as joint assessment, planning, implementation and monitoring of interventions focused on the most vulnerable and build models for the expansion in the rest of the country.

d. Describe and assess how the programme development partners have jointly contributed to achieve development results

Since the beginning of the project joint annual work plan developed at provincial level with the participation of all relevant government counterparts and agencies along with timeline for the implementation of the key interventions and activities. This joint effort led to effective implementation to achieve development results planned for each year. Joint technical core group meetings were organized throughout the project period to have better coordination and implementation of annual work plan.

To achieve development results especially during the drought response all partners were mobilized according to their areas of expertise to ensure effective convergence and understanding of the interventions focused on the most affected population target group that is children under five to save their lives. Each agency's comparative advantage and strength were used to target the children affected by acute malnutrition through a comprehensive integrated response and approach breaking from individual project based system. Not everything is to be built as MDG fund program platform was available an existing joint approach was used to scale up the response during nutrition emergency time.

II. ASSESSMENT OF JOINT PROGRAMME RESULTS

a. Report on the key outcomes achieved and explain any variance in achieved versus planned results. The narrative should be results oriented to present results and illustrate impacts of the pilot at policy level

To achieve its first outcome strengthen community resilience and management capacities to reduce family and child hunger and under nutrition , the joint program made significant efforts to achieve results both at National level and provincial level. At National level National infant and young child nutrition strategy was developed approved and enforced for implementation. All critical evidence based nutrition interventions for children and women positioned under the strategy document which include promotion of infant and young child feeding practices, micronutrient supplementation for children and women (vitamin A, iron folic acid, zinc and iodized salt), expansion of the child survival package of services, integrated management of acute malnutrition, food diversification and setting up nutrition surveillances system.

Under the Accelerated Child Survival and Development programme which is an integration of interventions in health, nutrition, water and sanitation, and HIV/AIDS and aims to contribute to evidence-based national policy and provincial and municipal budgeted plans and improved capacities in key family care practices in the 16 ACSD municipalities. . Nutritional surveillance system was reinforced and monthly nutritional surveillance reports are produced and sharing with Partners. The nutrition component of the programme directly contributes towards MTSP focus area 1, and has inputs into all other focus areas through provision of services, advocacy for Government interventions and the development of strategic partnerships as well as directly contributing to MDG 1, and 4.

The community based model for the management of the acute malnutrition through community health activists in difficult to reach area demonstrated significant results in Bie, Cunene and Moxico province, set up an example for all other neighbouring provinces and resulted into scaling up the same model in Huambo, Kwanza sul and Zaire from the provincial resources.

With regards to the result local food production improved in the selected provinces , efforts made to build the local capacity , however due to drought continuing in 12 provinces of Angola including three MDG focused provinces not adequate results could be achieved.
The local food production was restored under the joint program and, the impact is currently being monitored jointly by GSA and FAO in the province of Bie.

Similarly despite the nutrition awareness activities organized at all levels there was no result achieved in improved diversified diets due to limited access to limited food items remains a challenge for 2 years.

With regards to third outcome of the program UNDP contributed to the achieved key outcomes by increasing available data through the conducting of the Baseline Study, leading jointly with UNICEF on the preparation of communication and advocacy by preparing joint materials on the outcomes and results of the JP to be distributed to policy makers upon closing of the program. The Final Evaluation of the Joint Program was coordinated and completed by UNDP.

Overall following key outputs were achieved

- National Food security and nutrition strategy disseminated and enforced
- More than 400,000 Children U5 supplemented with Vitamin A and 360,000 children one to five years received albandazole twice a year through multiple interventions, mainly through Viva a Vida national campaign.
- More than 4,80,000 children under five screened in 10 provinces and 72,747 children with acute malnutrition received treatment From June 2012- May 2013

- About 60 % of the household at the national level consuming adequately iodized salt.
- Capacities to implement Vulnerability assessment and mapping strengthened in the selected provinces.
- Under the child protection package in Bié, 300 social workers were trained on the diffusion of knowledge on strategies to protect the vulnerable children and women. In Moxico, 53 social workers benefitted from training of trainers methodology on the same topics. Direct beneficiaries include in respective provinces social assistants from DIPARS, as well as other delegates from Director Provincial health , Director Provincial de Agriculture, and municipal Administrators
- Respectively 600 and 300 community agents were educated in Bié and Moxico provinces on fundamental knowledge and good practices in nutrition, health, sanitation, pregnancy and early childhood cares, for beneficiaries such as local church leaders, traditional authorities. Additionally, 400 kits containing seeds and horticultural tools were distributed to most vulnerable families in 20 communities of Bié and Moxico.
- The program provided technical assistance, seeds and tools also trained teachers, students and community members about the school gardens, food diversification and cooking skills. Created and operated 30 farmer field schools (FFS) and 10 school gardens (SG), to promote production, usage of local food and dietary diversification.
- Twelve training session carried out on crop rotation, selection of seed, handling of fertilizer, compost preparation, pests and diseases management and agro-reforestation.
- 25 people from Government officers belonging to from EDAs (Agricultural Development Station) and Community Members received training on processing and conservation of local products, looking at reducing the post-harvest losses and increase the supply of vegetables and fruit during periods of increased food shortages;
- Vulnerability Assessment and Mapping (MAV), completed in 3 municipalities of MDG provinces.
- Capacities to produce nutritional surveillance reports strengthened in the three selected provinces.
- Baseline study completed and disseminated the findings with all key stake holders.

b. In what way do you feel that the capacities developed during the implementation of the joint programme have contributed to the achievement of the outcomes?

Right from the development of the project document and the end of the project interventions National, provincial and municipal partners from various Ministries were involved and efforts made for their active participation and involvement, this entire process helped them in development of their capacity for project planning, implementation and monitoring and supervision. This was reflected during the joint MDG nutrition workshop in which they committed to continue the project activities from their own resources by putting these activities under their routine annual work plan prepared by them using experience of the joint MDG program approach. The lessons they learnt on regular ongoing gap assessment, Mid-

term evaluation of the program, understanding their limitation of the technical capacity, helped them to improve further in the year 2012 and 2013 and have contributed to the achievement of the project outcome.

In both provinces, the project allowed to develop a strategic partnership between IOM-FAO and MINARS-MINAGRI. In the long term, there is good reason to expect that the capacities developed during the joint implementation will transform into developmental outcomes.

Limited Government capacity in Nutrition Sector in particular technical capacity for case management of children with severe acute malnutrition with medical complications, monitoring and supervision of malnutrition management program remains a challenge at provincial and municipal levels. Many capacity building activities are in pipeline strengthening the capacity of Human Resources at all levels.

Many intensive efforts made for developing the National protocol on management of acute malnutrition which include hospital based management protocol, outpatient therapeutic program protocol, community based management protocol for community health activities, job aids, tools, registers, case sheet, monitoring and supervision checklist helped the health workers in building their capacity by implementing these protocol and using them regularly as key reference material.

A comprehensive communication and social mobilization strategy was developed which include advocacy, social Mobilization and behavior Change Communication. Advocacy is directed at different levels of **decision makers** - people who have the power to create policies, programmes and structures and to allocate resources. It is a continuous and adaptive process of gathering, organizing and transforming information into arguments. These arguments are then communicated to decision makers, to influence their choices to raising resources (human and financial), or demonstrate political or social leadership and commitment to an emergency response. Social mobilization process is bringing together relevant inter-sectoral partners to determine needs and raise awareness for a particular objective in an emergency response. It involved the identification of organizations, institutions, groups, networks and communities who can contribute their efforts and resources. Behavior change communication attempts to bridge the gap between information, a person's knowledge, attitudes and subsequent behavior. This approach currently addressing the knowledge, attitudes, practices and skills of individuals, families and communities as they relate to specific programme goals.

c. **Report on how outputs have contributed to the achievement of the outcomes based on performance indicators and explain any variance in actual versus planned contributions of these outputs. Highlight any institutional and/ or behavioural changes, including capacity development, amongst beneficiaries/right holders**.

Joint Program Outcome 1. : Strengthen community resilience and management capacities to reduce family and child hunger and under-nutrition, the JP will achieve results both at the national level in terms.

To achieve this outcome , various outputs ; like National food and nutrition security strategy disseminated and enforced, in addition to this National infant and young child nutrition strategy was developed, endorsed and under implementation process. MOH mobilized

resources for the scaling up the interventions for the management of acute malnutrition both at community level and health facility level. In support of community-based nutrition management, UNICEF collaborated with the Ministry of Health to plan and prepare for a massive acute malnutrition screening of children in the 10 most affected provinces in December 2012. Children screened through the nutrition programme were also provided with Vitamin A and deworming tablets. Of the total 3 million children under 5 in the most affected provinces, an estimated 500,000 are affected by acute malnutrition. UNICEF also supported the Government in developing community-based management of acute malnutrition protocols, guidelines and tools. All UNICEF emergency nutritional supplies received were sent to the provinces based on the existing distribution plans and needs. Integrated management of SAM has been scaled up in all high risk municipalities equipped with IPF facilities, and 50 % of the health centers and health posts have functional outpatient therapeutic program for management of SAM and MAM.

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.

In mid-August, UNICEF supported a child protection rapid assessment in one of the most affected provinces, aimed at monitoring the impact of food insecurity on children's rights. This exercise contributed to building capacity among governmental partners at the national and local level, especially on vulnerability assessment, and facilitated child protection mainstreaming in the Government emergency response. Finally, UNICEF supported the training of provincial WASH technicians in three of the most affected provinces and carried out a rapid assessment of water availability in the three provinces.

A comprehensive social mobilization and communication strategy has been finalized, and a first draft of key messages (on nutrition treatment, WASH, and child protection) and training materials have been tested and implemented. Psychosocial components were strengthened in the manual for community-based and hospital-based care of malnutrition. Around 100.000 families and trained agents (CHAs, NGOs, health staff, etc.) received lifesaving information on malnutrition to enable higher screening adherence rates, improved dietary practices and compliance with referral to SAM in-patient treatment through posters, booklets, leaflets, advocacy pamphlets, rolls-up, as well as radio spots on nutrition health practices in national and local languages.

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

For UNDP there exists a gap in actual versus planned contributions to the outcomes due to the challenge of hiring the program Coordinator, which was the recommendation to improve coordination (under UNDP Output 3.1) after the Mid-Term Evaluation. The Ministry of Health had previously agreed for this position and appointment but unable to materialize due to the lack of local qualified candidates. Due to the extended delay, UNDP was unable to recruit the project coordinator and this thus left a gap in the planned activity for coordination output.

In Moxico, the conditions on the ground and institutional delays within the MINARS led to a late implementation of the IOM components with MINARS, which in turn led to overall outputs behind lower than expected.

The slight delay of implementation of food security actions in the first phase of the project was

completely overcome in the second phase with the upgrading of implementation strategies that provincial governments have integrated methodology into Farmer Field Schools (FFS), School garden (SG), and School Feeding (SF) in the Municipality Integrated Program of Rural Development and Fight Against Poverty (PMIDRCP) to the budget of each of the provinces

Local capacities to carry out rapid assessment and produce surveillance reports were strengthened.

d. Who are and how have the primary beneficiaries/right holders been engaged in the joint programme implementation? Please disaggregate by relevant category as appropriate for your specific joint programme (e.g. gender, age, etc)

The joint nutrition programme implementation aimed to ensure sustainable, equal and non-discriminatory access to nutrition program interventions for all vulnerable population in peri-urban and rural communities through human rights-based approach. Special efforts were made to reach most vulnerable population in difficult to reach area during nutrition emergency emerged in 2012 and 2013. Leaders and decision makers at different levels engaged and influenced to make it easier for affected communities, families and individuals to make healthy choices for their own physical and social well-being, and ultimately to protect the rights of children.

Through differential strategy reflected under the project document following people were involved at different level ;community health activists, community leaders, churches and other religious groups, health promotion officers from DPS in Bie , communities, families, mothers in all three provinces, relevant decision makers and stakeholders at national and provincial level.

About 200 vulnerable families have been the direct beneficiaries (60% women) of assistance in the form of agricultural kits. MINARS provincial authorities have been closely engaged and involved at all steps of the process, in the mapping of vulnerabilities, selection of communities, training venues and mobilization of beneficiaries. Targeted Community Children Centers harboring altogether 230 children under 2-5 years, while for School Garden 11,732 students between 10-15 years were the main beneficiaries from different schools.

e. Describe and assess how the joint programme and its development partners have addressed issues of social, cultural, political and economic inequalities during the implementation phase of the programme:

a. To what extent and in which capacities have socially excluded populations been involved throughout this programme?

UNICEF in the project ensured that specific nutrition needs of children under five living in difficult situation are addressed during implementation of the activities by promoting active participation of all groups in all stages of the project. This project include optimizing the opportunities of working with existing NGOs to support HIV and AIDS initiatives focusing on vulnerable groups such as women, children, Orphans and Other Vulnerable Children and community based care.

To address the acute malnutrition among children under five, most critical municipality and

the target group reached through a group of 550 community health activists and community based management program set up at commune level. These children have been uncovered by the current health facilities as they are very far off and they have no access to health services. In addition to this within the joint programme, 400 most vulnerable and secluded families received agricultural kits by IOM interventions. 200 agricultural kits distributed, to most vulnerable families in Moxico; distributed rustic chickens to people living with HIV / AIDS in Cunene by FAO.

b. Has the programme contributed to increasing the decision making power of excluded groups vis-a-vis policies that affect their lives? Has there been an increase in dialogue and participation of these groups with local and national governments in relation to these policies?

The mapping exercise that was conducted by DPARS technicians to identify most vulnerable families served to highlight the socio-economic vulnerabilities of marginalized populations that have generally little access to decision making and bargaining power.

c. Has the programme and it development partners strengthened the organization of citizen and civil society groups so that they are better placed to advocate for their rights? If so how? Please give concrete examples.

The methodology of the trainings done by IOM, UNICEF, WHO and FAO has put the emphasis on local ownership of the process, contents and diffusion mechanisms.
For setting up the community based management of acute malnutrition program a NGO consortium was made comprised of World vision, people in need, Africare, and AIDC. Also religious organizations and civil society group were involved; they have been trained to organize advocacy meetings of local community leaders so that they can mobilize children and families for their rights.
A similar strategy was developed together with national and international NGOs (CODESPA, ADRA and People In Need (PIN) in the context of food security.

d. To what extent has the programme (whether through local or national level interventions) contributed to improving the lives of socially excluded groups?

The Joint Programme had a significant impact in unreached community/ socially excluded group by ensuring equitable access for children to treatment facilities (both for severe acute malnutrition and moderate acute malnutrition) and services available at village level. An initiative was taken as to introduce Hydroponic intervention looking at maximizing use of water where this resource is available in little quantity during drought situation. The introduction of farmer Field Schools and School Gardens was very fundamental in improving lives of socially excluded group. Training on crop rotation, selection of seed, handling of fertilizer, compost preparation, pests and diseases management and agro-reforestation was also done for most needed population group.

e. Describe the extent of the contribution of the joint programme to the following categories of results:

a. Paris Declaration Principles

Leadership of national and local governmental institutions: Ministry of health, Nutrition section took the lead for nutrition interventions and for food security interventions Ministry of Agriculture and Ministry of social protection were key partners both at National and provincial level. The National chief/ director were responsible for the approval of the Annual Work Plans, joint implementation of activities and other operational procedure for program implementation. .

UNICEF and WHO implemented the financial management modality of direct cash transfer to MOH, FAO to MINAGRI and IOM to MINARS. These ministries had the responsibility to manage the funds, with the support of the UN Agencies, following the annual plans previously approved. All the activities were planned in partnership with these ministries at provincial level, who were fully involved in the design and implementation of these activities.

- **Involvement of CSO and citizens**

  Local NGOs were involved and developed a partnership with them for expansion of project activities, capacity buildings of community health activists and scaling up community based interventions along with monitoring and supervision. The CSO were engaged for community level advocacy meetings and to create community awareness on key health and nutrition issues.

- **Alignment and harmonization**

  A program management committee was constituted at the beginning of the project for effective coordination, alignment and harmonization of key interventions. All UN agencies and relevant directors from different sectors related to project were active members of the committee which was chaired by vice minister Health. In addition to this there was an internal technical core group comprised of UN agencies led by UNICEF for technical coordination and harmonization. Partners have conducted joint monitoring missions to the field and joint meetings with local partners.

- **Innovative elements in mutual accountability (justify why these elements are innovative)**

  In mutual accountability a baseline study was conducted jointly by UNDP and FAO building on each one's strength and mobilizing resources to get good quality results.

  Another example of this is setting up first time in Angola community based management of acute malnutrition jointly by NGO consortium, UNICEF and MOH.

  Joint meetings held in all provinces particular in Bie between FAO ,Provincial Department of Agriculture, (DPA),Provincial Department of Agricultural Development (IDA), Provincial Department of Family and Women ,(MINFAMU) and other stakeholders for coordinating implementation of field activities. This actually worked out very well while FAO had its National Consultant based in Camacupa when he left and not replaced the delivery capacity and performance were hindered.

  The performance in terms of sustainability, was recently (July 2013) passed by Bie Government's decision to fund the extension of the package of FFS, SG and SF in the development of the municipality of Camacupa

This was relevant, because before the implementation of Joint Program there were no records of multi sectoral planning experience and setting of complex objectives to be achieved by each one of the actors involved.

b. Delivering as One

- **Role of Resident Coordinator Office and synergies with other MDG-F joint programmes**

  The RCO has been key in ensuring the implementation on the spirit of delivering as one. The office has intervened regularly with agencies and partners, for effective delivering as one and obtaining results as one UN. Decisions were made through collaboration, meetings were frequently held for joint decision making processes, and agencies collaborated in the field as well, it ensured outreach communications/advocacy related to the programme was issued in one voice. Externally, it has advocated as one with the national counterpart for ownership of program, during the baseline survey, Mid-term evaluation of the program as well as final evaluation process.

  In the CO, another JP was implemented, the Governance of Water and Sanitation in Angola's Poor Neighbourhoods. Both UNDP and UNICEF are part of both programmes and learning from each program experiences. This has helped to facilitate synergies between the two programmes, whenever applicable, as for example, during the drought situation the country faced in 2012-2013.

  It should noted that, an agreement specifically between FAO and IOM to ensure continued monitoring and evaluation of the actions undertaken by IOM under the distribution of agricultural inputs has been inserted in the framework of FAO in 2013 and is currently being implement

- **Innovative elements in harmonization of procedures and managerial practices (justify why these elements are innovative)**

  Joint coordination meeting, joint work plan and program management committee meeting were innovative elements in harmonization of procedure and managerial practices. During the midterm evaluation some gaps have been identified related to procedures and managerial practices, like supporting travel of government counterparts by some agencies and not by other agencies and also cash transfer , they were rectified with help of this system of management.

- **Joint United Nations formulation, planning and management**

  UN Partners have conducted joint monitoring missions to the field, joint meetings with local partners as and when required. The programme has almost avoided overlaps. The implementing strategy of the JP was clear and well structured, each agency has a clear role inside the program, complementing and adding their experience and expertise:

III. GOOD PRACTICES AND LESSONS LEARNED

a. Report key lessons learned and good practices that would facilitate future joint programme design and implementation

One of the key lesson learned that at the time of need if country has already good practices in use by some provinces it facilitate the future joint program design and implementation.

Examples are scaling up IPF and OTPs, Vitamin A supplementation program, nutrition surveillance etc. In agriculture ministry many good practices were introduced under the joint program which are useful for replication and continuing the implementation they include; Introduction of non-traditional crops into FFS, Introduction of seed quality, Spacing cropping, Use of fertilisers, handling and maintenance of water pumps, Food processing and conservation.

Key lessons learned include that equal coordination should be the part of each agency; this commitment should have come from the beginning. Good practices would include finding strategic overlap in activities, assisting other agencies in implementation especially building upon the strength of one agency has staff on the ground in that province, and keeping up strong communication skills throughout the implementation and organization of the joint programme so that coordination is efficient.

The lack of a JP project coordinator since the beginning of the JP took agencies to manage the JP more as their own programme rather than in more coordinated manner. Equally the constant political changes in the government at central and local levels did not facilitate the process of coordination. Similar problem was faced by WASH JP and what they learnt that after the hiring of a full time coordinator there was improved coordination and harmonization of the activities. However this could not happened in the current project due to many operational issues.

b. Report on any innovative development approaches as a result of joint programme implementation

Multisectoral planning and programming

School feeding initiative

Hydroponic agriculture

Introduction of non-traditional crops

Setting up community based management of acute malnutrition through community health activists

Local MINARS and health workers took strong ownership in conducting training sessions. Their awareness on nutrition and HIV was improved and officials were better capacitated to address food security among vulnerable households.

c. Indicate key constraints including delays (if any) during programme implementation

a. Internal to the joint programme

The JP design with no clear-cut accountability of different ministries specially the funding commitment and sharing of cost was a major constraint throughout the program implementation period. Internal coordination of the different agencies and of the partners in the beginning of the program which was improved to some extent after midterm evaluation of the program. In addition a constraint internal to the JP, specific to Angola, would be that the offices of the UN agencies are not all in the same building and at times it was complicated to bring together partners to make joint decisions.

b. External to the joint programme

National and provincial level competing priority influenced the implementation of the program. MOH occupied with repeated rounds of polio campaign throughout the year in 2010-2011, caused tiredness among the staff to pay due attention to other program activities. (National priority on Polio Campaign, followed by Tetanus campaign lead to

lethargy among health workers for regular program).

Another constraint was rotation / transfer of the staff from one section to another which had significant impact on program implementation as these human resources were trained under the program and replaced by untrained staff. A large number of untrained staff, limited resources at municipal level which include equipment, medicines, therapeutic products, communication material, case sheets, registers, job aids remain a big challenge.

Larger constraints were faced externally to the joint programme in regard to delays from partners including the Ministries. For example, the lack of clear communication between MINSA and UNDP in regard to the appointing of a candidate for the project coordinator position led to the dissolving of the position. It must be taken into account that there were additional constraints on the external side of the joint programme due to the drought crisis in Angola, high UN staff turnover, and many partners became difficult to reach due to frequent missions to the field priorities for emergency work.

c. Main mitigation actions implemented to overcome these constraints

In order to overcome constraints internally and externally UN as one tries it's best to communicate with partners to receive the information and answers needed. At times when it was not possible to mitigate the constraints, issues were brought to senior level for further advice and to find feasible solutions to the situation at hand.

Advocacy at different level continue to avoid the frequent transfer of trained and skilled staff. Advocacy with MOH led to key decision by the government for the decentralization of the financial resources, now there is a direct allocation of funds from central level to municipal level , this helps the municipal authority to plan and implement the program without much delay, and this is a main mitigation action implemented in 2012.

d. Describe and assess how the monitoring and evaluation function has contributed to the:

a. Improvement in programme management and the attainment of development results

Monthly review meetings are initiated in Bie to monitor the program in and interventions at provincial level, attended by municipal supervisors helped in improved program management and attainment of development results (scaling up of OTP and IPF). Regular monitoring joint filed visits also played significant role.

b. Improvement in transparency and mutual accountability

Not much improvement was seen in mutual accountability and transparency, despite the efforts made under the program as each partner and agencies have their own view point of view and operational mechanism.

c. Increasing national capacities and procedures in M&E and data

At National level capacity built of key staff members on data management and monitoring the program. Monitoring and supervision checklist developed and used by national nutrition section staff for OTP and IPF.

d. To what extent was the mid-term evaluation process useful to the joint programme?

The Mid-Term Evaluation process was useful for the joint programme as it helped the programme to assess what was working and what was not working. In addition to this

the report suggested possible remedies for solutions such as the hiring of the project coordinator to improve JP coordination overall.

Mid-term evaluation process was also useful for all UN agencies and partners for identifying the gaps and corrective actions required, to improve the quality of the interventions, timely completion of the activities and to improve coordination mechanism. As a follow up of the mid-term evaluation an integrated improvement plan developed and shared with provincial government for taking the lead in implementation of the unfinished activities. Improvement plan was also used by all the UN agencies as guiding document for further implementation and improvement.

e. Describe and assess how the communication and advocacy functions have contributed to the:

a. Improve the sustainability of the joint programme

Due to improved communication and advocacy functions after mid-term evaluation there was positive response from all stake holders which helped in improving the understanding of the program, scaling up interventions by MOH and MINAGRI and to endorse the sustainability of program interventions from their resources after the closure of the program.

The development of communication of advocacy materials helped to contribute towards sustainability of the joint programme by sharing knowledge and providing information on what activities were carried out during the three and a half years and what results were achieved. This contributes to sustainability as it can lead towards motivating Ministries and other important stakeholders to continue to reach new benchmarks and improve the national nutrition situation.

b. Improve the opportunities for scaling up or replication of the joint programme or any of its components.

Sharing of the best practices model of Bie with other provinces through various communication strategy and material improved the opportunities for replication of the model in Huambo and Kwanza sul during nutrition emergency in 2012 and 2013.

The communication and advocacy material developed and shared with the stake holders is providing the information on available opportunities of scaling up or replication of joint programme components.

c. Providing information to beneficiaries/right holders

Brochures and leaflet developed for mothers to provide them key information on how to address acute malnutrition through community based interventions were useful in improving their knowledge and improved enrolment of the children in the program.

f. Please report on scalability of the joint programme and/or any of its components

a. To what extend has the joint programme assessed and systematized development results with the intention to use as evidence for replication or scaling up the joint programme or any of its components?

Under the component on management of severe acute malnutrition, the JP on nutrition demonstrated results with the intention to use as evidence for replication across the country. For which systematized approach was used which include updating the national protocol on management of severe acute malnutrition both at IPF and OTP, capacity building of National and provincial trainers, development of tools, job aids and registers and sharing them with all provinces for implementation. This approach helped in scaling up the program nation-wide.

b. Describe example, if any, of replication or scaling up that are being undertaken

Results demonstrated by the JP specifically in Bie provinces for scaling up the inpatient facilities centers from 3 to 6 (2010 to2012) and outpatient therapeutic feeding program from 5 to 111 centers (2011 to 2012) set up an example for the country and improved opportunities for replication of this intervention in other provinces. As on today in Angola significant acceleration of the IPF took place and number of IPF increased from 24 to 55 (2012 to 2013) and OTP numbers increased from 5 to 433 in the same period. Same applied for agriculture interventions also as described above.

A concrete example is that the government has sent a formal letter stating that it's intending to extend to the level of the whole Province, the experience under package of Farmer Field School, Garden School and School Feeding. FAO has been requested to provide assistance and technical support these activities within the Municipality Integrated Program of Rural Development and Fighting against Poverty (PMIDRCP) for the period 2013-2014

c. Describe the joint programme exit strategy and assess how it has improved the sustainability of the joint program

Most of the interventions of the JP included in the budget of the "11 commitment of the Children of Angola" and their biannual plan of 2013 through a vigorous process. Integration of joint program with the health revitalization program is an important component of the program. In addition to this all critical nutrition and food security intervention of the program has been positioned under National infant and young child nutrition strategy and National Food and nutrition security strategy document, ensuring budgetary provision and implementation of the interventions.

The process of decentralization of the health system is initiated in the country focusing on building the capacity of Municipal health team, direct allocation of funds at municipal level, an integrated approach to the health of mother and child will also reinforce the sustainability of the activities initiated by Joint program.

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

At the end of the program, we have note that, the level of investment for food security, family agriculture grew 10% in the budget of the Development Program for Fighting Against Poverty (PDLCP in three provinces, as result of the work done by UN agencies and their partners and of course of the multiplying effect of farmer field school, school and school garden feeding.

IV. FINANCIAL STATUS OF THE JOINT PROGRAMME

a. Provide a final financial status of the joint programme in the following categories:

Budget	UNICEF	FAO	UNDP	WHO	IOM	TOTAL
Total Approved Budget	1,937,855	803,784	237,000	441,910	579,451	4,000,000

Total Budget Transferred	1,937,855	803,784	237,000	441,910	579,451	4,000,000
Total Budget Committed	1,937,855	803,784	212,042	441,910	579,451	3,975,042
Total Budget Disbursed	1,937,855	803,784	212,042	441,910	579,451	3,975,042

b. **Explain any outstanding balance or variances with the original budget no outstanding balance**

V. OTHER COMMENTS AND/OR ADDITIONAL INFORMATION

UNDP is currently in the process of completing final activities in line with the communications and advocacy output. All activities currently under implementation and all contracts for payments concluded, 2013 prior to the closure of the joint programme. Yet, payments are still to be made. The products will be printed during the weeks to follow and distributed as soon as completed and ready.

VI. CERTIFICATION ON OPERATIONAL CLOSURE OF THE PROJECT

By signing, Participating United Nations Organizations (PUNO) certify that the project has been operationally completed.

PUNO	NAME	TITLE	SIGNATURE	DATE
UNICEF	Amelia Russo de Sá	Deputy Representative		
WHO	Hernando Agudelo	WHO Representative		
FAO	Mamoudou Diallo	FAO Representative		
IOM	Daniel Silva y Poveda	Officer in Charge		
UNDP	Samuel Harbor	Country Director		

VII. ANNEXES

1. List of all document/studies produced by the joint programme
   - Baseline survey report
2. List all communication products created by the joint programme
   - Folder, PROGRAMA CONJUNTO: Criança, Segurança Alimentar e Nutrição em Angola: Um modelo de intervenção multisectorial multi-agências bem-sucedido
   - Tri-fold brochure on the JP, PROGRAMA CONJUNTO: Criança, Segurança Alimentar e Nutrição em Angola
   - Short booklet describing the JP, PROGRAMA CONJUNTO: Criança, Segurança

Alimentar e Nutrição em Angola

- Activity Workbook for Children, “Alimentação Suavely: Crania Felix”

3. Minutes of the final review meeting of the Programme Management Committee and National Steering Committee
4. Final Evaluation Report
    - Awaited
5. M&E framework with update final values of indicators