



**Insert the page with the signatures of the Government Counterparts and  
the Participating UN Agencies**

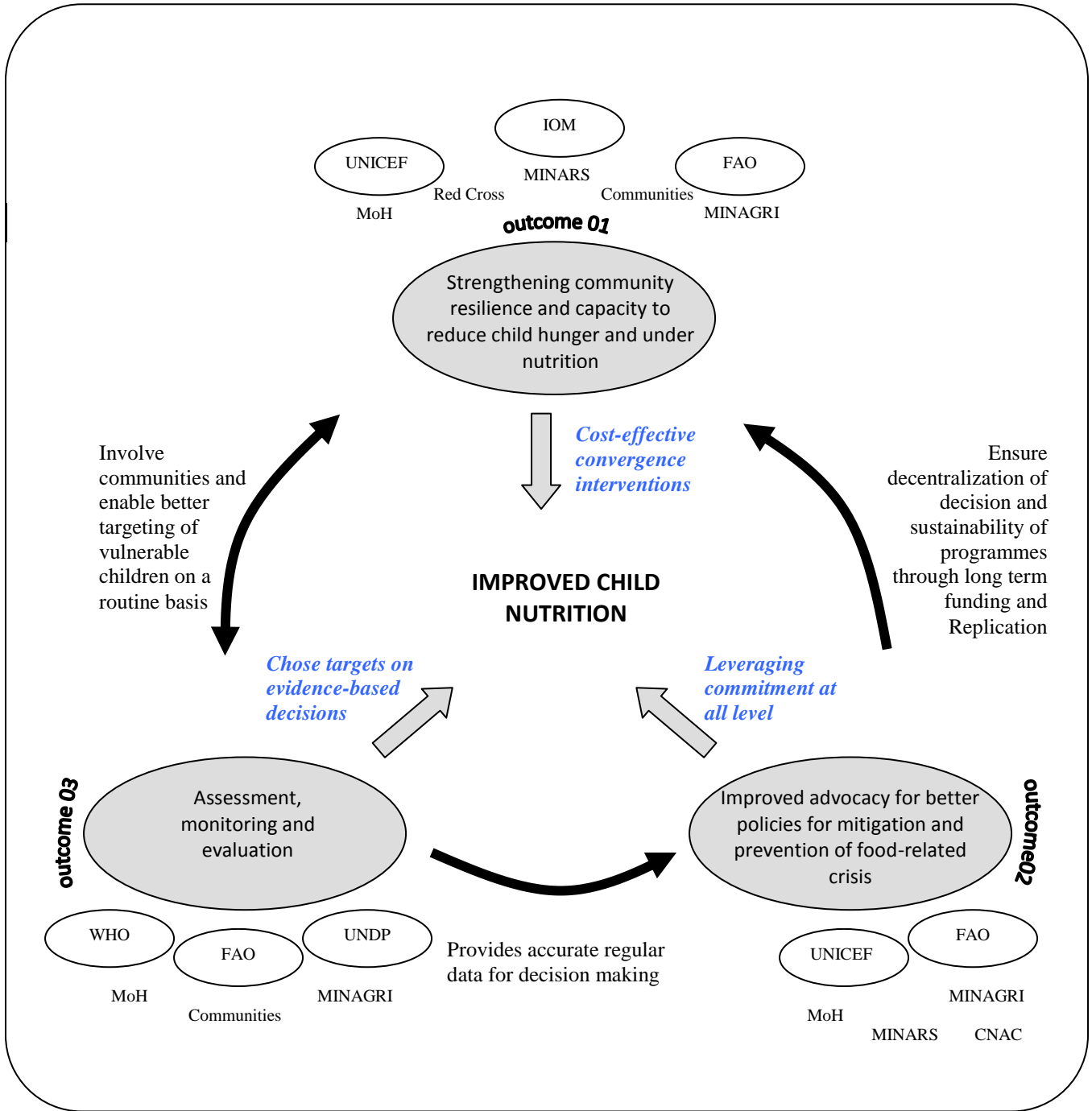


food security, promotion of key family practices); (iv) Improvement in the local agricultural production and promotion of use of local foods to enrich the family diet (diet diversification); (v) Building national and local capacities to perform regular and required vulnerability assessment and mapping (VAM); (vi) Enhancing advocacy for child friendly policies – through increased commitment and ownership by the provincial and municipal governmental representatives in implementing policies and strategies to protect children and pregnant women; (vii) Strengthening disease and nutritional surveillance systems as well as routine local information systems to help decision-making in the health sector; and (viii) Strengthening local coordination of child interventions under the leadership of the local authorities.

The Joint Program (JP) complements the framework of the UNDAF and will contribute to “*improve the health, nutritional and education status of poor and vulnerable groups by 2010*” (UNDAF outcome). It incorporates an integrated response both at the national level through reviving / revising / enforcing relevant nutrition policies and strategies. Specific nationwide multiple interventions events that have shown to be effective in terms of achieving high coverage of children with specific cost-effective interventions will be supported. At the beneficiary level, the program will improve the access to lifesaving child survival interventions including essential nutrition actions in an integrated fashion with the improvement of food availability and use (improved family diet) through relevant social assistance nets and increased production of local foods in the selected high risk areas in the country.

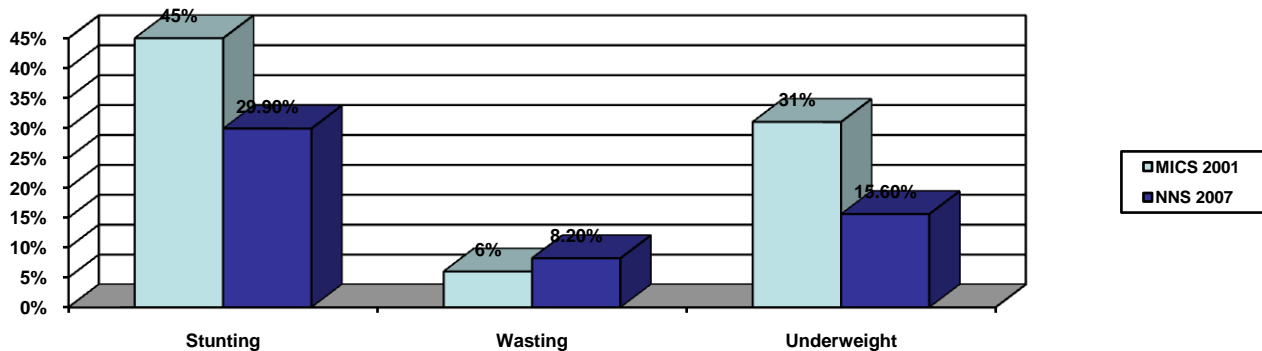
The overall JP management will be ensured through a national management committee closely linked with the Inter-Ministerial National Council for Children (CNAC) and the future National Council for Food Security and Nutrition (CONSAN). At the provincial level, similar committees will be put in place to ensure day-to-day management of the JP in concert with the provincial CNAC coordination mechanisms. Systematic monitoring, data collection and analysis, regular and timely reporting, will help to build institutional capacity and a strong basis for nationwide replication in the future.

The JP is innovative as it brings together different actors with complementary knowledge and capacities, integrates additional nutrition and food security component into a recognized successful approach (revitalization) and capitalizes on the current politico-economic situation in Angola to leverage government funding to make the projects sustainable. This leveraging of government funds can happen as the result of demonstrated impact and successful programme implementation, and strong involvement of local capacities. Existing decentralized structures from relevant sectors together with other local implementing partners - under the coordination of local government authorities (provincial governor office and municipal administration) - will be engaged in joint assessment, planning, implementation and monitoring of interventions, according to their respective areas of expertise, to ensure effective convergence and understanding of the interventions focused on the most vulnerable, and will build models for expansion in the rest of the country. Each Agency’s comparative advantage and strength will be used to target the children affected by malnutrition through a comprehensive approach breaking from individual project-based system and involving for the first time all stakeholders from government, whether central or decentralized level. The programme build on existing collaboration and confidence gained with various entities in the government. This JP will provide a direct sustainable impact on national progress towards MDG 1, 4 and 5, and thus leverage government funds to expand their reach and make them sustainable.



### 3- Situation Analysis

Years of war in Angola have translated into low social indicators, Angola ranking 161<sup>st</sup> out of 177 countries (2006, HDI). With a GDP per capita of US \$2,547 PPP in 2006 (129<sup>th</sup> out of 177 countries) the country shows a paradoxical situation of rich economic potential and low human development. Despite recent progress, over 12 million of Angola’s 19.7 million populations remain vulnerable to food crises, with approximately 75% of these being children and women of reproductive age.



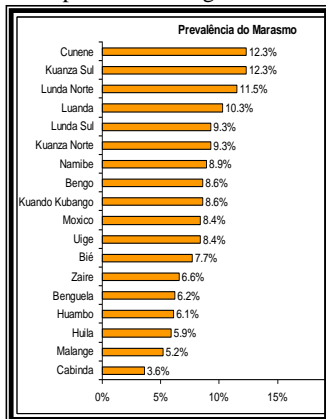
Graphic 1: Malnutrition trends in Angola

In Angola, one of the major constraints for planning is the lack of data (epidemiological and on processes). Appropriate data necessary to obtain a comprehensive view on the situation of children nutrition and food security in the country are scarce and sector-specific information systems still need to be improved.

Nevertheless, UNICEF and MOH recently completed a national nutrition survey which shows high malnutrition rates (< - 2 Z scores) with 8.2% wasting, 29.2% stunting and 15.6% underweight. Compared to previous rates (2001), while stunting and underweight are going down – they remain at worryingly high levels and wasting is actually going up, as can be seen on graph 01.

Presently, 17 of Angola’s 18 provinces show wasting rates ranging from 5.3% to 12.3% (graphic 2). Although data is not disaggregated in the most recent survey, previous reports demonstrated that

Graphic 2: Wasting rates – distribution by province, Dec. 2007)



nationally there is no significant nutritional difference between the genders. The trend observed in stunting rates may reasonably be linked with the fact that since the end of the long civil war, Angola is experiencing high economic growth which affects positively the availability and access to essential foods for the majority of the population, therefore increasing the available minimum intake of food by children in families, and contributing to reduce the stunting figure as shown in the 2007 National Nutrition Survey. Food security is nevertheless not guaranteed, especially in provinces with poor agricultural traditions, provinces affected by war (displacement and mining), provinces affected by natural disasters, provinces isolated from

main urban areas.

The existing network of child health delivery services remain weak, leaving children vulnerable to severe diseases (Malaria, ARI, diarrhea, malnutrition and vaccine preventable diseases). The impact of the diseases is worsened by weak access to child survival services; poor family awareness of child feeding practices (exclusive breast feeding, complementary feeding and diet diversification); a poor hygienic environment and insufficient access to safe drinking water (leading to severe cholera epidemics). While significant progress against child mortality has been made, the existing network of child survival delivery services remains unable to alleviate the high disease burden on children without strong involvement of communities.

Additionally, micronutrient deficiencies remain a public health problem. Available data indicates that 64.3% of children have a retinol serum level under the WHO threshold and that 29.7% of surveyed children were suffering from a moderate form of iron deficiency anemia (National anemia and vitamin A deficiency survey – 2001). While the focus of sustained campaigns over the last three years, the achievement in vitamin A supplementation to children 6-59 months are still not yet fully sustainable, keeping vitamin A deficiency amongst the major public health problems in Angola. Similarly, the Universal Salt Iodization (USI) is not yet a reality in Angola, increasing risks of brain damages to children. In Bié, one of the high vulnerable provinces of the country, the nutritional status of children and the general population is also threatened by an endemic pellagra (niacin deficiency in the normal diet) which has been registered recurrently during recent years among the population

In the health sector, there are limitations in terms of human resources (insufficient in number and/or inappropriate distribution and quality), limited essential supplies to enhance service provision and limited capacities to better organize the service delivery, even where the human resources is sufficient (poor assessment of needs, poor planning, implementation and monitoring), leading to weak child survival indicators. This same situation is faced by the agricultural sector with limitations in terms of human resources, limited essential supplies to ensure high quality services and better organization aimed at the most vulnerable small agricultural families, insufficient production of local foods with immediate negative effect on the family diet.

The multiple effects of an increase in food prices and the multiple hazards that affect nutritional status of Angolan children (low food security, non-optimal feeding habits, poverty) require an integrated response to alleviate both the immediate consequences and reduce structural child malnutrition, in order to progress toward achievement of the MDGs. Not everything is to be built since the MDG fund programme can build on an existing joint approach: the integrated revitalization of health services in 5 provinces, 3 of which are selected for this programme:

**Cunene** province was hit in 2007 by draughts and 2008 and 2009 by floods and a recent USAID-led mission in this province has indicated serious food security concerns. According to USAID it appears that rural households without sufficient livestock will almost certainly face significant food insecurity during the coming year.

**Moxico** is the provinces where the nutrition status as shown in graphic 2 above appears to be amongst the most critical (8.4% wasting). Most communities are rural and isolated from health posts. Moxico province is vulnerable in terms of food security, as it was hit in 2007, 2008 and 2009 by the floods.

**Bié** province so far shows similar profiles as Cunene and Moxico in terms of vulnerability. The most recent assessment shows figures of global food insecurity (mild to severe) ranging from 87 to 94% of the total population and while almost half (49% to 54%) remain with poor access to food. This province has

also registered during recent years an endemic pellagra (niacin deficiency in the family diet) showing how far the nutrition status of children is critical in the province.

The commitment of the Government of Angola to achieve the MDGs is increasingly visible through the development of several child friendly policies and mechanisms. Among these is a) the National Council for Children, responsible for the implementation of the 11 Commitments for Angolan Children; b) the Strategic Plan for Child and Maternal Mortality Reduction a key component of which is the revitalization of health services, and c) the National Strategy for HIV control, which addresses Infant Feeding and d) the National Strategy for Food Security and Nutrition. Other important policies, such as, the National Nutrition Policy, the National Infant and Young Child Feeding strategy, and the National Strategy for School Feeding are being developed to alleviate hunger and child malnutrition.

Reducing under-nutrition is one of the MDG (Goal 1 aims to eradicate extreme poverty and hunger), and is also a key factor underpinning several others. Some cost-effective interventions for improving nutrition could be expanded in Angola to boost the reduction of under nutrition. In 2004 the Ministry of Health launched an approach to improve the access to child survival interventions with joint support from UNICEF, WHO and UNFPA. The approach<sup>(Annex1)</sup> is a comprehensive process aiming to “revitalize” the municipal health service through a systematic re-organization of geographical responsibility of each health unit (health area approach) and the use of both fix and outreach approaches to improve service access and utilization.

The GoA is also implementing a number of actions directed at increasing the internal agriculture production stressing the active participation of smallholders and women in particular. In line with this it has also decentralized the national management of agriculture into two institutions. The previous agricultural department MINADER was reorganized into two departments Ministry of Agriculture (MINAGRI) and the State Secretary for Rural Development (SEDER), to strengthen and intensify interventions in the rural area with focus on social approaches.

The Minister of social affairs (MINARS) is developing specific approaches to improve child living conditions at a community level (assistance to vulnerable families, creation of community-based pre-school structures, supporting community-based participation mechanisms, providing leading guidance for the achievement of the Children National Council (CNAC) Commitments and management of the National Child Institute (INAC).

The government has actively endorsed budgetary decentralization and heightened social mobilization capacity to support community resilience programming, opening the way for effective community participation on decision-making, planning, implementation and monitoring. In each municipality hosts a consultative council (Conselho de Auscultação e Concertação Social – CACS), composed of community representatives, traditional leaders, church leaders and representative of civil society which is responsible of the follow up of the planning and implementation of key social activities. This existing mechanism will be revived to enable effective involvement of the communities in the various levels of the implementation of the JP.



#### 4. Strategies, including lessons learned and the proposed joint programme

The programme is built on a three pronged-strategy, aiming at:

- Strengthening community resilience and municipal and community management capacities to alleviate child hunger and under-nutrition
- 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.
- Improving surveillance, coordination, assessment and monitoring and evaluation of the food and nutrition of children in beneficiary areas

The first strategy aims at focusing on most vulnerable provinces, aiming especially at improving food security and nutrition for children in the southern and eastern provinces of the country shown to be the most vulnerable (VAM/WFP, 2005, UNICEF vulnerability and food security study), where economic self-reliance among the population has to be facilitated. As described above **Cunene, Bié and Moxico** present similar characteristics of weak indicators, remoteness from services, vulnerability to agricultural disasters, presence of UN Agencies and existing revitalization programme for health and nutrition services. The most recent assessment (UNICEF, 2008) shows figures of global food insecurity (moderate to severe) ranging from 87 to 94% of the total population and while almost half (49% to 54%) remain with poor access to food. In Bié, also there has been a recurrent endemic pellagra (Niacin deficiency in the family diet, report from Mike Golden)

The selection of the beneficiary areas for the Joint Program was based on the following criteria:

- Level of vulnerability of provinces to ensure that the JP effects reach the most vulnerable
- Effective presence of the UN in the field to mentor and follow up activities
- Geographical convergence between the UN agencies to achieve a better impact
- Existing revitalization programme ensuring sound basis for programme implementation.

Cunene, Bié and Moxico appear to be amongst the most vulnerable in the country and further, the UN agencies already have effective presence in these provinces. One of the provinces (Bié) is also part of the previous Spanish cooperation support in Angola.

The second strategy of the JP builds on the strengthening of existing joint Agencies interventions, and creation of joint approach where these approaches do not exist, especially at community level. The JP will count on each participating UN Agency's comparative advantage in supporting the Government of Angola as the coordinator and lead partner in the activities. The interventions will unfold at both national and municipal levels, involving communities not just as passive beneficiaries, but rather as development actors.

The third strategy aims at ensuring a strong participation from communities to leverage government funds and policies. Gender-sensitive approach acknowledging the key role of women in children's nutrition pattern in Angola and the risk for women suffering from anemia to perpetuate the vicious cycle of malnutrition will be privileged when dealing with communities. This essential aspect will be at the core of the communication, social mobilization, but also identification of vulnerable families and gender-focused surveillance and research.

The overall coordination with government entities will – in addition to the MDG coordination mechanisms - be ensured through existing mechanisms such as the Inter-Ministerial National Council for Children (CNAC), and its provincial committees and will help to build a strong basis for replication nationwide.

## **Lessons learned**

Since the end of the civil war in Angola, the Government is embarked in the development and implementation of approaches aiming to achieve a more sustainable development in the country. The UN family has been providing a very strong and important support to these approaches, moving from pilot interventions to a more large scope implementation.

A first lesson learnt in the post-emergency experience lies in the success of low cost, integrated interventions that shall mainstream the JP. Since 2006, the GoA has been strengthening the delivery of high-impact child survival interventions through the “revitalization” of the municipal health and nutrition services. This approach aims to decentralize and support effective planning, implementing and monitoring of integrated child survival activities including the essential nutrition actions. Pilot implementation with support from UNICEF, WHO, WB and UNFPA has shown the relevancy of the approach and the decentralized planning, implementation and monitoring of interventions applied appear to be very effective in a relatively short period of time.

The second lesson learned regards the cooperation between the International Community and the Government of Angola: joint programs have highlighted the necessity of having build long-term confidence through multiple programmes with the different government agencies. Agencies applying for the current proposal have been leaders in this approach, with UNICEF & WHO advocating for and implementing the above-described ACSD package, FAO working on a cross-sectoral special Program for Food Security (PESA) and IOM having delivered comprehensive social services to specific categories of vulnerable populations (such as returnees and former combatants in the past).

The third lesson builds on past experiences in the area of food security and nutrition that have repeatedly shown the importance of applying a multi-sector joint approach and routine activities, capable of addressing in a sustainable way various factors influencing health, nutritional and food security status of children. Temporary rapid solutions like campaigns and food distribution have severely damaged the routine system and therefore re-establishment and reinforcement of routine are a priority. This multi sectoral approach to routine support benefits especially from the strength of integrated programming between the UN and government agencies in increasing the capacity of service delivery channels (i.e. not collaborate only on policy at central level, but also micro-planning, monitoring, capacity building of human resources at field level and logistical build up)

## The proposed Joint Program Strategy<sup>1</sup>

The Joint Program (JP) main strategy is composed of 3 pillars:

The prerequisite consists in bringing together different actors with complementary knowledge and capacities and proven experience of joint programmes (see box 01 for detailed comparative advantages). The added value of working jointly include shared partnerships, using approved networks, methodologies and contacts, especially at local level but also within central ministries, ensure similarity of messages and joint intervention at community level. Programme can also be built on several previously isolated initiatives or expand on existing joint approaches (notably revitalization). Expertise of each Agency can benefit from strategies used by others and operational costs are reduced.

### FIRST PILLAR: NATIONAL POLICY FRAMEWORK

The first pillar consists in reviving / revising / enforcing key nutrition policies and strategies to build favorable environment for children and assisting the Government to sustain nationwide high coverage of specific cost-effective interventions already endorsed by the government. The JP will basically focus on the formulation and approval of national nutrition policies and strategies such as the Infant and Young Child Feeding Strategy, the Nutrition Policy and the Legislation on Breast Milk Substitutes, The Right to Adequate Food, while also working to enforce the approved the national guidelines on Infant nutrition in HIV context, the national guidelines on essential nutrition actions, the National Food security and Nutrition Strategy and the National Legislation on Salt. The JP considers providing a specific support to the nationwide mass integrated intervention approach led by government of demonstrated effectiveness.

The following outputs are expected under this pillar

- **Approved and enforced national policies and strategies** in the areas of nutrition IYCF national strategy (UNICEF/FAO, working with MOH, MINAGRI, MINARS on organizing a national meeting to validate the draft of the document and national dissemination of the approved document and lobby and advocacy to ensure that the recent National Food Security and Nutrition Strategy is disseminated and is enforced). UNICEF and WHO will provide necessary technical input to ensure that the national infant and young child strategy, the national code on breast milk substitutes and the national nutrition policy are clearly formulated and approved by the GoA. In meantime, relevant awareness packages will be supported at the national and local level to ensure large dissemination of agreed policies and strategies (infant nutrition in HIV context, legislation on salt, national food security and nutrition strategy) through the second pillar of activities (see below).
- **Children U5 reached twice a year with VitA and albendazol** (UNICEF supporting MOH in the organization of the national Child Health Days ( multiple intervention program) with micro-planning, social mobilization, implementation, supervision and evaluation activities
- **Coordination is ensured.** UNDP and participating agencies maintain regular coordination on all aspects of the programme. All the involved UN agencies will ensure that relevant sector-related coordination mechanisms (IOM for MINARS, FAO for Agriculture, and UNICEF & WHO for Health) are effective and complete each other at all levels (national, provincial, municipal and community levels).
- **Scale-up plans** are designed with provincial authorities and government at central level

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<sup>1</sup> A more comprehensive list of outputs is listed on point 5 of this proposal

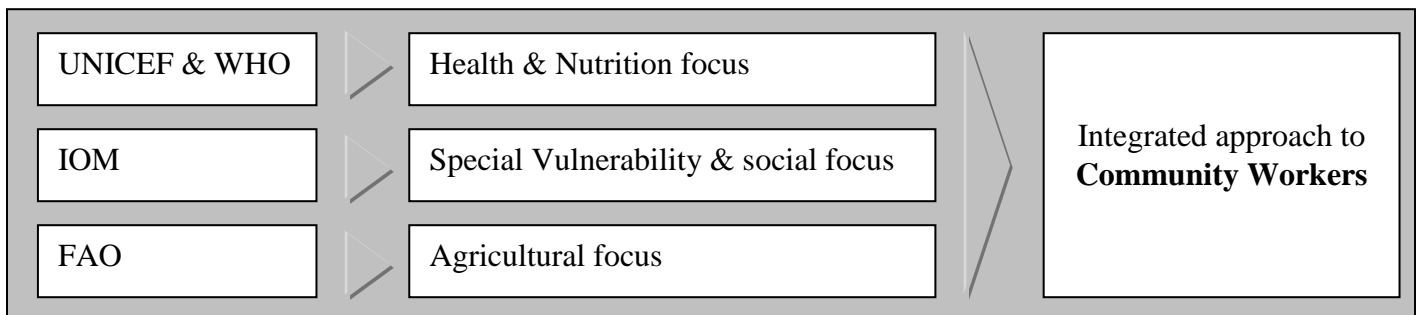
## SECOND PILLAR: INTEGRATED ROLL OUT IN 3 PROVINCES

The second pillar of the JP strategy is the geographical convergence of essential sectoral interventions to ensure that the target populations receive enhanced child survival, food security and social assistance, linked with national policies and strategies development. Capacity building of both local practitioners and communities is central, as will integration of activities between sectors.

The following outputs are expected under this pillar

- **Additional 700,000 population<sup>2</sup> have access to full high-impact interventions and Additional 12,000 severely malnourished children treated in the selected provinces** (in-patient & out-patient) in Bié, Moxico & Cunene (UNICEF, IOM / MOH through DPS Moxico, Cunene and Bié), organizing provincial meetings to introduce the revitalization process in each of the selected provinces, supporting Health mapping and negotiation to define geographical areas of responsibility for each health unit, Training of health staff to micro plan health and nutrition activities (including community based treatment of severe malnutrition) to ensure better availability and access to high impact interventions in mapped health areas and supporting Provincial awareness campaigns on infant feeding practices, hygiene and sanitation practices (IOM and MINFAMU supporting social mobilization)

A joint approach with complementary messages



- **At least 90% of household at the national level consuming iodized salt.** UNICEF, WHO / MOH through DPS Moxico Cunene and Bié will support the enforcement of salt legislation ( quality control of salt in local markets), Design and implementation of a social marketing campaign for iodized salt consumption at a national level and Contribute to the national urinary iodine survey to assess the exposure of the population to the IDD risk. Importance of micronutrients will jointly be raised
- **Improvement of local food production** (FAO, IOM & MINAGRI setting up Farmer field schools programs that will host capacity building of extension workers and local population on food security issues as well as training on agricultural techniques to diversify the production ( increase cultivated land occupied, promotion of urban and peri-urban agriculture, production of homey, vegetables and aquaculture, develop Community based support and provision of basic knowledge to 1,200 community health workers within the communities targeted by the high impact child survival package as to strengthen the network for promotion of key family behaviors that can impact on the health and nutrition status, and disease prevention, distribute seed kits to 400 food insecure families identified through the vulnerability assessment and mapping approach supported by FAO
- **Family diet diversified from the increase in local foods production** (UNICEF, FAO & MINAGRI developing awareness activities to promote diet diversification using local foods available, home and

<sup>2</sup> Entire population in selected areas

school gardens combined with participatory nutrition education sessions and cooking demonstrations at household and community levels and supporting school feeding program with local food production

### **THIRD PILLAR: COMMUNICATION, ADVOCACY & M/E**

Monitoring, communications and advocacy:

A joint monitoring, advocacy and communication strategy is necessary to achieve the JP expected outcomes. Under the leading role of the UN joint communication group, a joint advocacy and communication plan will be designed and shared with all implementing partners at the national level and in the focus provinces. The implementation of the plan will follow the normal flow of the implementation of the JP, and specific awareness events will be organized at very critical moment of the JP (launching event, continuous awareness activities to keep stakeholders and beneficiaries informed about the progress, constraints and ways forward, quarterly awareness events in each province to keep focus on key JP issues).

The different outputs expected under this pillar are:

- **Improved advocacy for child protection from adverse effects of rising food prices and nutrition hazards** – aiming to increase the commitment of the GoA in reforming policies and strategies to protect the most vulnerable children and pregnant women (UNICEF / FAO: Designing advocacy tools for nutrition ( national and provincial nutrition profiles based on the most recent nutrition survey data, Organizing advocacy events to disseminate policies and legislation supporting the high impact interventions in each selected provinces, Supporting existing communities dedicated to child nutrition and food security at national and provincial levels)
- **improved assessment, monitoring and evaluation of the food and nutrition status of children in beneficiary areas** (WHO & FAO facilitating the compilation and processing of existing data to improve the situation analysis in each focus province, the revision of the existing HIS to provide regular and timely, quality reports to guide policy and decision making, the assessment and re-organization of existing sector specific local surveillance systems for better performance, the training of surveillance officer to better use local information systems, the launch the nutritional surveillance system in each of the provinces, the establishment of a steering committee for food security within the national food security Unit for the effective coordination of food security interventions at a central level and the organization of joint planning sessions, joint reporting meetings, and partnership building meetings at provincial and national level to ensure program follow up and monitoring

## Box 01: UN comparative advantages

Although focus of this programme is joint approach and acting as one, each participating Agency was selected because of key comparative advantage and acknowledged added value to the process



UNICEF has technical expertise, experience, influence and networks of working in child nutrition in Angola, since the early 1980s at several levels, from policy support to capacity building and service delivery. In addition to technical experts in child nutrition who are staff members, UNICEF can draw upon a regional office and HQ with significant expertise, and a number of institutional partnerships. Ongoing child nutrition programmes include community management of acute malnutrition, micronutrient supplementation, a country wide nutritional survey, IDD elimination, support to the MoH on infant and young child feeding practices, support to the BFHI, and integration of nutrition into the revitalization programme of the MoH. UNICEF also brings experience from other countries of integrating child nutrition into child mortality reduction strategies. UNICEF also has an extensive field network with 5 sub offices strategically placed, a recognized operational capacity in supply / logistics / M&E / Communication and has large scale ongoing programmes in the three focus provinces. It can also bring its field experience to the third province. UNICEF together with WHO and UNFPA is already working on a large scale revitalization of health and nutrition services in five provinces of Angola (two of which are also included in this proposal) covering 26% of the population of the country



WHO operates in close collaboration with other UN agencies (UNICEF, UNFPA) to jointly support the government in achieving child survival interventions. With FAO, the collaboration is effective in the area of food and nutrition policy formulation and with IOM in the area of community-based interventions. Comparative advantages of WHO are basically on the development of policies, strategies, standards and norms of child survival interventions, while also extending to cover the mentoring of the governmental counterparts, therefore strengthening capacities to create ways for sustainability of interventions. Monitoring the child survival situation is also another area where WHO provides significant support to the government through the support to the epidemiological surveillance system in the entire country.



FAO has an historical, extensive and collaborative work relationship with different line ministries including MINAGRI and its relevant support services (GSA, DNDR, IDA, IDF, IIA, ISV...), Fisheries, Health, Education, State Secretariat of Rural Development, as well as with UN sister Agencies (WFP, UNDP, UNICEF, OIM, WHO) in areas related to Food Security and Nutrition. FAO has recently supported the government of Angola in carrying out a broad Agricultural Sector Review with the financial support of UNDP and WB, which was validated during a national workshop in 2005. This document is still being viewed by the government as the main reference document guiding the reform process within the MINAGRI. FAO has also supported the government and facilitated the process of formulation of the National Strategy for Food Security and Nutrition and its Action Plan. In the framework of the joint program FAO can provide technical assistance and expertise in different topics including the promotion of School Gardens, the Farmer Field School approach methodology and technical support for starting up the implementation of the National Action Plan for Food Security and Nutrition in the context of the ENSAN (National Strategy for Food Security and Nutrition)



IOM works since 2003 in Moxico and Bié province on the cross-sectoral reintegration of vulnerable returnees, including on building up agricultural skills and sharing health and social messages and has therefore the technical expertise to implement such a programme. IOM has established a strategic partnership with MINARS mainly on the reintegration of returnees, including capacity building on nutrition and HIV, that will be key to the sustainability of the programme. In this regard, IOM organized and facilitated several capacity building seminars for MINARS staff and has established a good working relationships with partners in targeted provinces, which will prove catalytic to complement work done by UNICEF, WHO and FAO with ministry of Health and Agriculture. IOM also has an effective presence (functioning office structure) in Moxico and Bié and works with different NGOs in Cunene province since 2007. A more effective and strong collaboration with FAO was experienced through the project on "Increase knowledge on nutrition and HIV/AIDS in areas of return and migration corridors and its impact on agriculture production and food security (Huambo, Bié, Moxico and Cunene Provinces) and UNICEF on parallel programmes.



UNDP best comparative role in the JP will be to ensure effective coordination of the JP implementation through the indicated mechanisms (steering committee, management committee and other sector – related mechanism for monitoring and evaluating interventions).

The involved UN agencies will work together to support the geographical and programmatic convergence of interventions, and local personnel will be trained to support and monitor routine implementation of high quality services. Where present, NGOs, networks of community associations and community workers will be capacitated and mobilized to effectively provide community-based support to the planned interventions. Most of the supported interventions will be institutionalized at the municipal and the community levels, including through capacity-development, provision of necessary supplies for interventions. Joint advocacy activities to keep nutrition interventions high on the national and provincial government priorities will be delivered through elaboration and sharing of high quality advocacy tools, including national and provincial specific nutrition profiles. At the meantime, provincial joint awareness campaigns, involving mass-media channels and the existing community-based networks will be implemented to accompany the service delivery work in beneficiary areas.

UNICEF and WHO will play an important role on piloting and guiding field interventions and reporting in the area of child survival. FAO will cover the food security area with due technical support including necessary monitoring systems, while the IOM and UNICEF will take over the social component of the joint program, providing necessary technical insights and ensuring compliance to reporting requirements.

The overall management of the joint program will be ensured through a National Management Committee composed of representatives of each involved partners and led by a JP coordinator. The same structure will be put in place at the provincial level to ensure close management of the JP (see detailed description in the management chapter). Strong coordination links will be built between the management committee, the specialized commission of the Inter-Ministerial National Council for Children and the National Steering Committee already created. UNDP will provide its coordination experience

The implementation of the JP will start with a joint initial review of the situation in each province. All partners will attend a meeting at the provincial level to present the JP to the provincial authorities while together reviewing the planned activities in each province. An agreed timetable for the implementation will be designed and shared among all implementing partners as to guide the field implementation. Basis for regular management activities will be put in place (provincial management committee, provincial MDG-F coordinator, and guidance for regular management activities with relevant reporting level) in each of the beneficiary provinces. Regular specific field visits (isolated or joined) will be held by both the UN agency and the implementing partners to follow up specific interventions as planned in the annual timetable. Every 6 months, a joint field visit from the national management committee will be organized to participate to one of the provincial management meeting and permit a better comprehension of the progress achieved. The management committees at the provincial level will provide detailed information on the implementation of the JP on a monthly basis for use in the MDG-F reporting process. A joint communication approach will be considered: launching event, continuous awareness activities related to the JP.

## **Sustainability of results**

To achieve sustainability, the JP will ensure that interventions are inserted into the routine sectoral packages and that roll-out plans are prepared by the government, using experience of the integrated revitalization approach. The policies strengthening, capacity-building (regular on-going gap assessment to identify capacity limitation within the implementing partners and immediately responses using existing capacity-building tools), regular monitoring and evaluation of activities will also contribute to sustainability. The geographical and cross-sectoral convergence of interventions, demonstrating successful pilot projects and building on them while also ensuring effective coordination will enable the

integration of interventions into the “routine” packages of activities within respective sectors, thus leverage government funds (through each sector) to expand their reach and make them sustainable and provide a direct sustainable impact on national progress towards MDG 1, 4 and 5 in Angola.

## **5. Results Framework**

Within its first outcome aiming to 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 of (i) Approved and enforced national policies and strategies in the areas of nutrition IYCF national strategy), food security and social protection. This result will create a strong environment favorable to the achievement of the service delivery specific results, namely (ii) Nationwide high coverage of 400,000 children with vitamin A and 360,000 children 1-5 yrs dewormed twice a year ; (iii) At least 700,000 populations reached with high-impact child survival package of services through the expansion of the revitalization of the municipal health services; (iv) 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; (v) Improved consumption of iodized salt in households (at least 90% households) in the selected provinces; (vi) Disease and nutritional surveillance system effective in the JP focus provinces (vii) At least 400 vulnerable families assisted in Bié and Moxico provinces; (viii) Local food production improved with immediate positive impact on (ix) diversification of the family diet; and vulnerability Assessment and Mapping (VAM) strengthened in the selected provinces

It is important to note that these achievements will likely boost the adoption of key infant and young child feeding practices (exclusive breastfeeding, adequate complementary feeding, appropriate nutritional care of sick and severely malnourished children, and adequate intake of vitamin A, iron, and iodine) in the selected high risk provinces.

The second Joint Program outcome aims to enhanced 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. Specific results to be achieved within this outcome framework are (i) Improved advocacy for child protection from adverse effects of rising food prices – through an increase commitment of the GoA in reforming policies and strategies to protect the most vulnerable children and pregnant women (cash transfers approaches, specific food supplementation interventions in high risk areas).

The third Joint Program outcome is linked with improved assessment, monitoring and evaluation of the food and nutrition of children in beneficiary areas in each of the involved sectors. In order to reach this outcome, the following specific results are targeted: (i) Data resulting from routine local / national information systems, national surveys and surveillance mechanisms effectively processed and used for planning and decision – making; and (ii) Government led technical partners meetings for child survival effective (either through CNAC) and creating appropriate technical inputs and follow up of the implementation of interventions.



Table 1: Results framework

UNDAF outcome: Improve health, nutritional and education status of poor and vulnerable groups by 2010								
Joint Program outcome 1: - Strengthening community resilience and municipal and community management capacities to alleviate child hunger and under-nutrition								
Joint program Outputs	SMART outputs	UN Agency	Implementing partner	Indicative activities	Resource allocation & timeframe			
					2010	2011	2012	Total
<b>Output 1.1:</b> Approved and enforced national policies and strategies in the areas of nutrition IYCF national strategy), food security and social protection <u>Indicator 1.1.1:</u> National IYCF approved <u>Indicator 1.1.2:</u> National Food & Nutrition Security Strategy disseminated and enforced <u>Indicator 1.1.3:</u> National policies an strategies in social protection approved <u>Baseline for all indicators:</u> 0	IYCF national strategy approved	UNICEF	MOH	Support the design and approval of the IYFC national strategy	25,000	0	0	25,000
	IYCF National Strategy and National Food Security & Nutrition Strategy disseminated and enforced	UNICEF	MINARS	Organization of dissemination meetings at the national and provincial levels through the decentralized CNAC committees	10,000	20,000	10,000	40,000
<b>Output 1.2:</b> Children U5 reached twice a year with VitA and albendazol  <u>Indicator 1.2.1:</u> % of U5 reached twice a year with vita & Albendazol during each year  <u>Baseline 1.2.1:</u> Last campaign coverage in each selected province  <u>Target:</u> At least 80%	At least 400,000 children under-five supplemented with VitA and 360,000 children 1-5 yrs dewormed twice a year through multiple interventions campaigns in the selected provinces	UNICEF	MOH	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	40,000	40,000	40,000	120,000
				Operational cost of the multiple intervention mass campaigns (implementation, supervision, monitoring, reporting) in selected provinces	120,000	240,000	120,000	480,000
				Advocacy & social mobilization activities in selected provinces	90,000	90,000	90,000	270,000

Joint program Outputs	SMART outputs	UN Agency	Implementing partner	Indicative activities	Resource allocation & timeframe			
					2010	2011	2012	Total
<p><b>Output 1.3:</b> Additional 700,000 population have access to full high-impact interventions in Bié, Moxico &amp; Cunene</p> <p><b>Output 1.4:</b> Additional 12,000 severely malnourished children treated in the selected provinces (in-patient &amp; out-patient)</p> <p><b>Indicators 1.3.1:</b> High-impact coverage achievements (EPI, ANC, VAS / deworming, ITN, IPT, IFA, key family practices (EBF, CF, hygiene and sanitation...))  <b>Baseline 1.3.1:</b> 2008 routine coverage  KFP: unknown  <b>Target 1.3.1:</b> 80% sought for EPI, ANC, VAS/Alb. IFA, IPT, ITN and KFP 60%</p> <p><b>Indicator 1.4.1:</b> N° of severely malnourished children reached  <b>Baseline 1.4.1:</b> 1,000 children reached during 2008  <b>Target 1.4.1:</b> 12,000 children to be reached</p> <p><b>Indicator 1.4.2:</b> N° provinces with functional nutrition surveillance system  <b>Baseline 1.4.2:</b> 0  <b>Target:</b> 3</p>	<p>- Additional 700,000 population have access to full high-impact interventions in Bié, Moxico &amp; Cunene and,</p> <p>- At least 12,000 severely malnourished children are treated (in-patient &amp; out-patient schemes)</p>	UNICEF	MOH (DPS Moxico, DPS Bié & DPS Cunene)	Introduction meetings for the revitalization of the municipal health services in selected provinces	9,000	0	0	9,000
				Health mapping & negotiation to define geographical areas of responsibilities of each health units	27,500	0	0	27,500
				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	50,000	50,000	50,000	150,000
				Create / strengthen therapeutic feeding units (TFU) at each municipal health unit for in-patient treatment of severe complicated cases of malnutrition	45,000	0	0	45,000
				Introduce the c-IMCI approach to promote key family practices	15,000	15,000	0	30,000
				Provincial awareness campaigns on infant feeding practices, hygiene and sanitation practices	30,000	60,000	30,000	120,000

Joint program Outputs	SMART outputs	UN Agency	Implementing partner	Indicative activities	Resource allocation & timeframe			
					2010	2011	2012	Total
<b>Output 1.5:</b> At least 90% of household at the national level consuming iodized salt <b>Indicator 1.5.1:</b> % availability of iodized salt in the country <b>Baseline 1.5.1:</b> 70% <b>Target 1.5.1:</b> 100% <b>Indicator 1.5.2:</b> % of households consuming adequately iodized salt <b>Baseline 1.5.2:</b> 44% <b>Target 1.5.2:</b> 90%	At least 90% of household at the national level consuming iodized salt in the selected provinces	UNICEF	Ministry of Trade, MOH Ministry of Fisheries	Support the enforcement of the salt legislation (Quality control of salt in local markets)	25,000	25,000	0	50,000
			MOH	Design & implementation of a social marketing campaign for iodized salt consumption at the national level	25,000	75,000	0	100,000
			MOH	Contribute to the national urinary iodine survey to assess the exposure of the population to the IDD risk	50,000	0	0	50,000
<b>Output 1.6:</b> Vulnerability Assessment and Mapping (VAM) strengthened in the selected provinces <b>Indicator 1.6.1:</b> N° of provinces with a functioning VAM <b>Baseline 1.6.1:</b> 0 <b>Target:</b> 3	Capacities to implement VAM built in beneficiary provinces	FAO	MINAGRI	Training and mentoring on VAM	46,336	18,452	2,500	67,288
<b>Output 1.7:</b> At least 60% of vulnerable households assisted in Bié and Moxico  <b>Indicator 1.7.1:</b> % vulnerable families assisted  <b>Baseline 1.7.1:</b> Unknown <b>Target:</b> 60%	At least 400 vulnerable households assisted in Bié and Moxico  Key infant feeding practices improved in at least 60% of families in the selected provinces	IOM	MINARS	Training of 600 social workers / community assistants (MINARS) on understanding of food and nutrition, and awareness / prevention of HIV/AIDS (Moxico & Bie)	102,650	171,096	68,447	342,193
			MINARS, Angolan Red Cross	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)	46,410	100,590	0	147,000
			Angolan Red Cross, MINARS	Distribution of seed kits to 400 food-unsafe vulnerable families, through the PVM system supported by FAO in Bié and Moxico.	45,129	45,129	0	90,258

Joint program Outputs	SMART outputs	UN Agency	Implementing partner	Indicative activities	Resource allocation & timeframe			
					2010	2011	2012	Total
<p><b>Output 1.8:</b> Improvement of local food production</p> <p>Indicator 1.8.1: At least 25% improvement in the production of local foods Baseline 1.8.1: Target:</p> <p>Indicator 1.8.2: Number of FFS operational in Moxico and Bié <u>Baseline 1.8.2:</u> <u>Target:</u></p> <p><u>Indicator 1.8.3:</u> Number of provinces with local FFS programs on extension policies <u>Baseline 1.8.3:</u> 1 <u>Target:</u> 2</p>	Local foods production improved in the selected provinces (capacities of local population increased on food security, increase in cultivated areas occupied by local principal foods, urban and peri-urban agriculture promoted, production of honey, vegetables and fish)	FAO	MINAGRI	Farmer fields schools. <ul style="list-style-type: none"> <li>Capacity-building of extension workers and a local population on food security issues</li> <li>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).</li> </ul>	160,000	150,000	37,416	347,416
<p><b>Output 1.9:</b> Family diet diversified from the increase in local foods production</p> <p><u>Indicator 1.9.1:</u> % of families applying appropriate infant feeding practices and diet diversification from local produced foods <u>Baseline 1.9.1:</u> Unknown <u>Target:</u> 60%</p> <p><u>Indicator 1.9.2:</u> number of schools with school gardens and using local food production in the School Feeding Program <u>Baseline 1.9.2:</u> 0 <u>Target:</u> 10 in each province</p>	Improved diversified diets through the improvement of availability of local foods in 60% of vulnerable households in beneficiary provinces	UNICEF	KRISKARI	Awareness activities to promote diet diversification using local foods available	72,000	167,580	0	239,580
		FAO	MINAGRI	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	120,315	114,685	25,000	260,000

Joint program Outputs	SMART outputs	UN Agency	Implementing partner	Indicative activities	Resource allocation & timeframe			
					2010	2011	2012	Total
<b>Joint Program outcome 2:</b> - 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.								
<p><b>Output 2.1:</b> Improved advocacy for child protection from adverse effects of rising food prices – aiming to increase the commitment of the GoA in reforming policies and strategies to protect the most vulnerable children and pregnant women</p> <p><u>Indicator 2.1.1:</u> Availability of a national advocacy and communication plan for nutrition <u>Baseline 2.1.1:</u> 0</p> <p><u>Indicator 2.1.2:</u> N° of families receiving cash transfers <u>Baseline 2.1.2:</u> 0</p> <p><u>Indicator 2.1.3:</u> N° of families receiving specific food supplementation <u>Baseline 2.1.3:</u> Unknown</p>	Improved advocacy for nutrition to protect the child from adverse effects of rising food prices – leading to increased commitment of the GoA in reforming policies and strategies to protect the most vulnerable in Angola	UNICEF	All UN & implementing partners	Design advocacy tools for nutrition (national and provincial nutrition profiles based on the most recent nutrition survey data)	10,000	0	0	10,000
		UNICEF	All UN & implementing partners	Organize advocacy events to dissemination of policies and legislation supporting the high-impact interventions in each selected provinces	15,000	15,000	15,000	45,000
		FAO	All UN & implementing partners	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.	40,171	43,130	8,000	91,301

Joint program Outputs	SMART outputs	UN Agency	Implementing partner	Indicative activities	Resource allocation & timeframe			
					2010	2011	2012	Total
<b>Joint Program outcome 3:</b> - Improving surveillance, coordination, assessment and monitoring and evaluation of the food and nutrition of children in beneficiary areas								
<p><b>Output 3.1:</b> Data resulting from routine local / national information systems, national surveys and surveillance mechanisms effectively processed and used for planning and decision-making</p> <p><b>Indicator 3.1.1:</b> N° provinces with relevant sector-specific database to orient decision-making</p> <p><b>Baseline3.1.1:</b> Scarcity of relevant information</p> <p><b>Target:</b> 3</p> <p><b>Indicator 3.1.2:</b> N° of provinces with routine sector specific information system functional</p> <p><b>Baseline 3.1.2:</b> Unknown</p> <p><b>Target:</b> 3</p> <p><b>Indicator 3.1.3:</b> N° of provinces with functional nutrition surveillance system</p> <p><b>Baseline 3.1.3:</b> 0</p> <p><b>Target:</b> 3</p> <p><b>Indicator 3.1.4:</b> N° of provinces with functional government-led specific – child survival coordination mechanisms</p> <p><b>Baseline3.1.4:</b>0</p> <p><b>Target 3.1.4:</b> 3</p>	Data resulting from national surveys & surveillance systems compiled, processed and analysed for planning & decision-making	WHO	All UN & implementing partners	Compilation and processing of existing data to provide insight to the situation analysis in the selected provinces	14,400	24,000	9,600	48,000
	Routine local / national information systems reviewed to ensure regular data collection, analysis and use to orient decision-making	WHO	All UN & implementing partners	Revision of the existing Health Information System (HIS) to provide regular and timely and quality report	20,000	0	0	20,000
	Nutrition surveillance system in each province	Coordination of child survival effectively led by the GoA to create an appropriate forum for technical inputs and follow up of the implementation of interventions	All UN & implementing partners	Assessment and reorganization of existing local information systems (health, agriculture, social) for better performance	15,000	15,000	15,000	45,000
			All UN & implementing partners	Training of users of local information systems	72,000	120,000	48,000	240,000
			MOH (DPS Moxico, Bié, Cunene)	Launch the nutrition surveillance system in each of the selected provinces	20,000	20,000	20,000	60,000
			UNDP	All UN & implementing partners	Coordination, launching workshop, communication and advocacy	77,944	69,336	89,720
	FAO	Concerned Government institutions & all UN agencies	Steering committee for food security within the National Food Security Unit is functional – effective coordination of food security interventions at the central level	10,794,	19,206	7,779	37,779	

<b>FUNDS CATEGORIES</b>	<b>UNICEF</b>	<b>FAO</b>	<b>UNDP</b>	<b>WHO</b>	<b>IOM</b>
1.1 Supplies, commodities, equipment and transport	620,000	155,000	4,740	112,500	164,338
1.2 Personnel (staff, consultants, travel and training)	150,000	351,200	198,905	25,000	163,920
1.3 Training of counterparts	535,576	170,000	0	200,000	117,600
1.4 Contracts	500,000	30,000	17,850	50,000	106,000
1.5 Other Direct Costs	40,000	45,000	0	33,367	0
<b>Total Direct Costs</b>	<b>1,845,576</b>	<b>751,200</b>	<b>221,495</b>	<b>420,867</b>	<b>551,858</b>
2.0 UN Agency Indirect Cost (7%)	92,279	52,584	15,505	21,043	27,593
<b>Grand Total</b>	<b>1,937,855</b>	<b>803,784</b>	<b>237,000</b>	<b>441,910</b>	<b>579,451</b>

**Budget per Agency per year**

<b>Agency</b>	<b>Year</b>			<b>Total</b>
	<b>2010</b>	<b>2011</b>	<b>2012</b>	
<b>UNDP</b>	77,944	69,336	89,720	237,000
<b>IOM</b>	194,189	316,815	68,447	579,451
<b>FAO</b>	377,616	345,473	80,695	803,784
<b>WHO</b>	141,400	179,000	121,510	441,910
<b>UNICEF</b>	658,500	797,580	481,775	1,937,855
<b>Total</b>	<b>1,449,649</b>	<b>1,708,204</b>	<b>842,147</b>	<b>4,000,000</b>

## **6. Management and Coordination Arrangements**

Angola is already receiving funds from MDG-F for the environment window. A national Steering Committee (NSC), including the Government (Ministry of Planning), the UN (UN Resident Coordinator) and the Government of Spain, is already in place. This JP/CFNS will also use the same national coordination mechanism and avoid duplication.

Very close links will be sought with the existing subcommittee within the National Commission for Child (CNAC) in charge of food security and Nutrition, which has within its core members the concerned UN agencies and all the implementing partners representatives, will be used to ensure regular management of this JP. Specific meeting will be hold on a monthly basis and when necessary (extraordinary meeting to review specific issues related to the management of the program). In the selected provinces, a similar management exercise will be effective through the existing CNAC mechanisms. In order to address the specific constraints linked with difficult access to some of the selected provinces, mainly Moxico and Bié, the JP members agreed to consider putting in place in each province a specific technical assistance to provide regular follow up and monitoring of interventions. This technical assistance will be hosted by the UN agency bearing the major interventions in the province or which has in place a field office offering needed working conditions (Moxico: either UNICEF or IOM, Cunene: UNICEF and Bié: FAO) and will provide a reguar insight on the implementation of the JP program in their respective provinces.

Regular joint management meetings involving all key actors will be held at the provincial level to help review and update financing needs for interventions, identify gaps and jointly look for new resources of funding to cover the gaps.

## **7. Fund Management Arrangements**

According to the MDG-F orientations, the Angolan JP on Children Nutrition and Food Security will apply the “pass-through” management option.

The transfer of cash to the implementing partners will follow the regular UN HACT processes, each UN agency being in-charge of ensuring that the needed funds are transferred to the implementing partners timely and according to the work plan.

## **8. Accountability, Monitoring, Evaluation and Reporting**

First of all, in each beneficiary province, sector-specific baseline data will be compiled and analyzed to produce a comprehensive and relevant baseline data for the JP. This activity will be under the responsibility of relevant implementing partner with the direct support from the relevant UN agencies (for example for the health sector, the Ministry of Health and its provincial direction will work jointly with UNICEF and WHO). These baseline data will provide good reference to evaluate the achievements of the JP over years.

Once the baseline data is properly setup, each province will ensure that sector-specific monthly, quarterly and 6-month review and monitoring sessions are implemented under the active support of the implementing partners to follow up progress, identify bottlenecks and formulate corrective solutions to be implemented during the forthcoming months. Linked to this process, similar frequent meeting will be



held with all involved sectors to compile and analysis data provided by the previous sector-specific exercise.

MINAGRI provides an “annual crop report” at national and provincial level. This report is prepared with EDAs participation. This information could be useful for the collection of data. A vulnerability survey was conducted by the Food Security Cabinet (GSA) in some Angolan Provinces, including the provinces selected by the Joint Program (Moxico, Bié, and Cunene). Useful small-rapid questionnaires will be used to evaluate the progress and the impact of program activities in crop production, diversification and some food security indicators.

Reports issued through these mechanisms will be shared, reviewed and analyzed at the national level through the CNAC relevant sub-committee, the MDG-F management committee and other decision-making structures to keep high awareness and advocacy on the JP progress, achievements and challenges and enable rapid decision-making in case needed. A regular communication round table will be held at the provincial and national levels to keep the large public informed and seek for high acceptance and adherence to the interventions in the beneficiary areas and later to the entire country.

Sector-specific surveys and surveillance systems will be implemented to provide complementary information on progress and achievements of the JP. These surveys will also be implemented by relevant sectors with support from the concerned UN agencies according to the timetable setup by the MDG-F monitoring and evaluation framework.

Each sector-specific structure at the national and provincial level will be responsible to ensuring that planned monthly, quarterly, 6-month and annual monitoring or review sessions are met according to the JP planning. Reports issued from these sector-specific reviews will be compiled and analysis through the MDG-F management mechanisms to ensure compliance with the M&E requirements and to provide necessary follow up of the progress and achievements of the JP in the selected provinces. Reports produced by the MDG-F management committee will be share and discussed during UNDAF and other relevant reviews at the national level for information and action if required.

**Table 2: Joint Programme Monitoring Framework (JPMF)**

Expected results (outcomes & outputs)	Indicators (with baseline, indicative target & timeframe)	Means of verification	Collection methods (with indicative timeframe & frequency)	Responsibilities	Risks & Assumptions
Approved and enforced national policies and strategies in the areas of nutrition IYCF national strategy, food and nutrition security	<ul style="list-style-type: none"> <li>- National IYCF approved</li> <li>- National Food &amp; Nutrition Security Strategy enforced</li> </ul>	Reports	Annual reports	Ministerial department responsible for the sector	Heavy approval processes at the national level
At least 400,000 children 6-59 months supplemented with VitA and 360,000 children 1-5 yrs dewormed twice a year through multiple interventions campaigns in the selected provinces	<ul style="list-style-type: none"> <li>- N° children 6-59 months reached with at least one dose of VAS in the selected provinces</li> <li>- N° children 1-5 yrs dewormed in the selected provinces</li> </ul>	Multiple interventions mass campaigns reports Monitoring reports	Event-related reports 6-month monitoring sessions	Ministry of Health Provincial Health Direction	Other sources of funding for the CHD not provided timely
Additional 700,000 population have access to full high-impact interventions in Bié, Moxico & Cunene and,  At least 12,000 severely malnourished children treated (in-patient & out-patient schemes)	<ul style="list-style-type: none"> <li>- N° population covered by high-impact interventions in selected provinces</li> <li>- % EPI, ANC, VAS / deworming, ITN, IPT, IFA, key family practices achieved</li> <li>- N° severely malnourished children treated (in-patient &amp; out-patient schemes)</li> </ul>	Monitoring reports	6-month monitoring sessions	Ministry of Health Provincial Health Direction	<ul style="list-style-type: none"> <li>- Required critical HR capacities (quality and number) not available in some of the beneficiary areas</li> <li>- Limited access to the field</li> </ul>
At least 90% of household at the national level consuming iodized salt in the selected provinces	<ul style="list-style-type: none"> <li>- % iodized salt available in local markets</li> <li>- % households with good knowledge on IDD consequences and how to prevent them</li> <li>- % households consuming adequately iodized salt</li> </ul>	<ul style="list-style-type: none"> <li>- Monitoring reports</li> <li>- Rapid KAP survey reports</li> </ul>	<ul style="list-style-type: none"> <li>- quarterly market-based monitoring report</li> <li>- quarterly School-based monitoring</li> <li>- household survey at the end of the JP</li> </ul>	National USI Committee & Provincial USI committees	Poor enforcement of the legislation approved recently by the Government

Expected results (outcomes & outputs)	Indicators (with baseline, indicative target & timeframe)	Means of verification	Collection methods (with indicative timeframe & frequency)	Responsibilities	Risks & Assumptions
Vulnerability Assessment and Mapping (VAM) effective in the selected provinces	N° provinces with functioning VAM system	Monitoring reports	regular reporting	GSA, provincial food security committees	Weak intersectoral coordination
At least 400 vulnerable households assisted in Bié and Moxico and key infant feeding practices improved in at least 60% of families in the selected provinces	% vulnerable households reached % of families applying appropriate infant feeding practices	- Monitoring reports - Rapid KAP survey reports	- 6-month monitoring sessions - Rapid KAP survey (end of the JP)	Ministry of Social Affairs – Provincial Directions	- Very low processes to approve the national policies & strategies - Conflicting agenda
Number of FFS operational in Moxico and Bié  Number of provinces with local FFS programs on extension policies	- N° FFS operational - N° of provinces with local FFS programs on extension policies	- Monitoring reports	- 6-month monitoring sessions	Ministry of Agriculture – Provincial directions	Needed critical HR from the Ministry of Agriculture at the provincial level to support the interventions in the field not available – Poor access to the field
Improved diversified diets through the improvement of availability of local foods in 60% of vulnerable households in beneficiary provinces	% of families applying appropriate diet diversification from local produced foods	Surveys	Baseline & final surveys	Ministry of Health, Ministry of Agriculture	- Competitive needs within families diverting excess food production to cover other needs - Cultural limitations
Improved advocacy for nutrition to protect the child from adverse effects of rising food prices – leading to increased commitment of the GoA in reforming policies and strategies to protect the most vulnerable in Angola	- Availability of a national advocacy and communication plan for nutrition - N° of families receiving cash transfers - N° of families receiving specific food supplementation	Reports, surveys	- 6-month monitoring sessions - Annual reports	Ministry of Social Affairs	- Low approval of national orientating policies - Conflicting agenda at the national level
Routine local / national information systems reviewed to ensure regular data collection, analysis and use to orient decision-making	- N° provinces with relevant sector-specific database to orient decision-making - N° of provinces with routine sector specific information system functional - N° of provinces with functional nutrition surveillance system	reports	6-month monitoring sessions	Sector-specific ministries and provincial directions	- HR limitations - Very low reforms of the routine information systems in some of the sectors

## Legal Context or Basis of Relationship

**Table 3: Basis of Relationship (illustrative examples)**

Participating UN organization	Agreement
UNICEF	The Joint Program shall be implemented in conformity with the Basic Co-operation Agreement (BCA) signed by the Government and UNICEF on 24 <sup>th</sup> January 1994, which provides the basis of the relationship between the Government and UNICEF. The Country Programme Action Plans (CPAP) are to be interpreted as the existing agreements and implemented in conformity with the BCA
UNDP	This Joint Programme shall be the instrument referred to as such in article 1 of the Standard Basic Assistance Agreement between the Government of Angola and the United Nations Development Programme, signed by the parties on 18 February 1977. The host country's implementing agency shall, for the purpose of the Standard Basic Assistance Agreement, refer to the Government co-operating agency described in that Agreement.
WHO	The Joint Programme will be implemented in conformity with the Agreement between WHO and Republic of Angola was signed on 21 May 1976.
FAO	FAO started working in Angola in 1978 with various technical cooperation programs aimed at supporting the GoA in strengthening the Agricultural Sector. In 1982, an FAO Representation was established in Angola following an agreement between GoA and FAO.
IOM	The Republic of Angola became member state of IOM through the signing of a Memorandum of Understanding (MoU) on 26 of November 1991. The Ministry of External Relations (MIREX) and IOM further signed an agreement on 7 <sup>th</sup> December 1977, thereby permitting IOM to operate in Angola with the same status as the UN specialized Agencies.

*The Implementing Partners/Executing Agency<sup>3</sup> agree to undertake all reasonable efforts to ensure that none of the funds received pursuant to this Joint Programme are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by Participating UN organizations do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). This provision must be included in all sub-contracts or sub-agreements entered into under this programme document.*

<sup>3</sup> Executing Agency in case of UNDP in countries with no signed Country Programme Action Plans

**Annex: Work plans and budgets**

Work Plan for: Children, Food Security and Nutrition in Angola

Period (Covered by the WP) <sup>4</sup>: \_Jan – Dec. 2010\_

UN organization specific annual targets	UN Agency	Key activities	2010				Implementing partner	Planned budget		
			T1	T2	T3	T4		Source of funds	Budget description	Amount
<b>JP outcome 1: Strengthen community resilience and management capacities to alleviate family and child hunger and under-nutrition</b>										
<b>JP output 1.1: Approved and enforced national policies and strategies in the areas of nutrition IYCF national strategy , food and nutrition security</b>										
Target 1.1.1: IYCF national strategy approved	UNICEF	National meeting to validate the draft of the document and national dissemination of the approved document				X	MOH	MDG-F	National workshop	25,000
Target 1.1.2: Food & Nutrition national strategy used to guide interventions	UNICEF	Lobby and advocacy to ensure that the recently approved NFNS is enforced		X	X		MINAGRI, MOH, MINARS	MDG-F	Advocacy meetings Regular mentoring	10,000
<b>JP output 1.2: At least 90% children 6-59 months supplemented with VitA and children 1-5 yrs dewormed twice a year through multiple interventions campaigns in the selected provinces</b>										
Target 1.2.1: At least 400,000 children 6-59 months reached with vitamin A, and 360,000 children 1-5 yrs dewormed during the multiple interventions campaigns in the selected provinces	UNICEF	Support to the organization of the multiple interventions campaigns in selected provinces – micro planning, social mobilization, implementation, supervision and evaluation activities)				X	MOH	MDG-F	National CHD	250,000

<sup>4</sup> Annual Work plans cover not more than a 12-month period. However, usually at the start-up of the programme, these may cover less than one year. In both cases, the corresponding period should be specified.

UN organization specific annual targets	UN Agency	Key activities	2010				Implementing partner	Planned budget		
			T1	T2	T3	T4		Source of funds	Budget description	Amount
<b>JP output 1.3 &amp; 1.4:</b> Additional 700,000 population have access to full high-impact interventions in Bié, Moxico & Cunene and, at least 12,000 severely malnourished children treated (in-patient & out-patient schemes)										
Targets 1.3.1 & 1.4.1  700,000 population covered by high-impact health & nutrition interventions , and 12,000 severely malnourished identified and treated	UNICEF	Provincial meeting to introduce the revitalization process in each of the selected provinces	X		X		MOH through DPS Moxico, Cunene, Bié IOM	MDG-F	1 meeting in each province	9,000
		Health mapping & negotiation to define geographical areas of responsibilities of each health units	X		X			MDG-F	1 meeting in each selected municipal	27,500
		Training of health staff to micro plan health & nutrition activities (including the community-based treatment of severe malnutrition)		X		X		MDG-F	1 training workshop in each selected municipal	95,000
		Introduce / review the c-IMCI component to promoting key family practices (basis of complementarity with IOM on the capacity-building of community health workers established)	X					MDG-F	1 meeting in each province	15,000
		Provincial awareness campaigns on infant feeding practices, hygiene and sanitation practices (also involving the community network put in place by IOM)	X	X	X	X		MDG-F	Mass awareness activities	30,000
<b>JP output 1.5:</b> At least 80% of household at the national level consuming iodized salt										
Target 1.5.1: 100% salt available in local markets is iodized	UNICEF	Support the enforcement of the salt legislation (Quality control of salt in local markets)	X	X	X	X	Ministries of Trade, Fisheries, Health	MDG-F	Field visits to local markets	25,000
Target 1.5.2: At least 90% of households with improved knowledge on IDD consequences and the importance of iodized salt consumption		Design & implementation of a social marketing campaign for iodized salt consumption at the national level	X	X	X	X	MOH	MDG-F	Consultant Field activities	25,000
Target 1.5.3: At least 90% households consume adequately iodized salt in selected provinces		Contribute to the national urinary iodine survey to assess the exposure of the population to the IDD risk	X				MOH	MDG-F	Consultant	50,000

UN organization specific annual targets	UN Agency	Key activities	2010				Implementing partner	Planned budget		
			T1	T2	T3	T4		Source of funds	Budget description	Amount
<b>JP output 1.6:</b> Early warning system & response to prevent food insecurity built at the national level and implemented in beneficiary provinces										
Target 1.6.2: Vulnerability Assessment and Mapping (VAM) strengthened in the selected provinces	FAO	Training and mentoring to improve the capacities of the National Vulnerability Assessment Committee	X	X	X	X	GSA	MDG-F	Field visits VAM	46,336
<b>JP output 1.7:</b> At least 60% of vulnerable households assisted in Bié and Moxico										
Target 1.7.1: At least 400 vulnerable households assisted in Bié and Moxico and at least 60% of families adopting key infant feeding practices	IOM	Training of social workers / community assistants (MINARS) on understanding of food and nutrition, and awareness / prevention of HIV/AIDS. 300 trained per selected province.	X	X	X	X	MINARS provincial services  National NGOs	MDG-F	Training sessions	102,650
		Training of 1.200 community health workers to promote and support the adoption of key family practices on nutrition status and disease prevention through debates, music, theatre	X	X	X	X		MDG-F	Training sessions  Monitoring of CHW work at the community level  Household visits by CHW	46,410
		Distribution of seed kits to 400 food unsecured vulnerable families under the mentoring of FAO	X	X	X	X		MDG-F	Distribution of seeds	45.129

UN organization specific annual targets	UN Agency	Key activities	2010				Implementing partner	Planned budget		
			T1	T2	T3	T4		Source of funds	Budget description	Amount
<b>JP output 1.8:</b> Local foods production improved in the selected provinces										
<p><u>Target 1.8.1:</u> At least 25% increase in local foods production</p> <p><u>Target 1.8.2:</u> Increase in cultivated areas occupied by local foods</p>	FAO	<p>Farmer fields schools.</p> <p>-Capacity-building of extension workers and a local population on food security issues</p> <p>-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).</p>	X	X	X	X	MINAGRI	MDG-F	<p>Training sessions</p> <p>Group awareness events</p> <p>Community-based awareness activities</p>	160,000
<b>JP output 1.9:</b> Improved diversified diets through the improvement of availability of local foods in 60% of vulnerable households in beneficiary provinces										
<p><u>Target 1.9.1:</u> 60% of families applying appropriate infant feeding practices and diet diversification from local produced foods in selected provinces</p>	UNICEF	Awareness activities to promote diet diversification using local foods available	X	X	X	X	KRISKARI (national NGO)	MDG-F	<p>Training of health and social workers</p> <p>Improve the family diet using local foods</p>	72,000
<p><u>Target 1.9.2:</u> 30 schools using local food production in the School Feeding Program (10 in each province)</p>	FAO	<p>Development of home and school gardens combined with participatory nutrition education sessions and cooking demonstrations at household and community level.</p> <p>Support to the implementation of School Feeding Program with local food production</p>	X	X	X	X	MINAGRI	MDG-F	<p>Home &amp; school gardens</p> <p>School feeding activities using local foods</p>	120,315



UN organization specific annual targets	UN Agency	Key activities	2010				Implementing partner	Planned budget		
			T1	T2	T3	T4		Source of funds	Budget description	Amount
<b>JP outcome 2:</b> Enhanced 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 women										
<b>JP output 2.1:</b> Improved advocacy for nutrition to protect the child from adverse effects of rising food prices – leading to increased commitment of the GoA in reforming policies and strategies to protect the most vulnerable in Angola										
Target 2.1.1: A national advocacy & communication plan for nutrition approved and implementation launched in selected provinces	UNICEF	Design advocacy tools for nutrition (national and provincial nutrition profiles based on the most recent nutrition survey data)	X	X	X	X	UN & all implementing partners	MDG-F	Consultant	10,000
Target 2.1.2: IYCF national strategy approved and disseminated	UNICEF	Organize advocacy events to dissemination of policies and legislation supporting the high-impact interventions in each selected provinces	X	X	X	X	UN & all implementing partners	MDG-F	Advocacy meeting / province to launch the JP	15,000
Target 2.1.3: Food Security & Nutrition National Strategy widely disseminated and enforced, including supplementation interventions to unsecured families effective	FAO	Support to existing committees dedicated to child nutrition and food security (national and provincial levels)	X	X	X	X	UN & all implementing partners	MDG-F	Support to provincial food security committees	40,171

UN organization specific annual targets	UN Agency	Key activities	2010				Implementing partner	Planned budget		
			T3	T4	T1	T2		Source of funds	Budget description	Amount
<b>Joint Program outcome 3:</b> Improved assessment, monitoring and evaluation of the food and nutrition of children in beneficiary areas										
<b>JP output 3.1:</b> Routine local / national information systems reviewed to ensure regular data collection, analysis and use to orient decision-making										
Target 3.1.1: 3 provinces with relevant sector-specific database to orient decision-making	WHO	Compilation & processing of existing data to improve the situation analysis in each province	X	X	X	X	UN & all implementing partners	MDG-F	Consultant, reporting, dissemination	14,400
Target 3.1.2: 3 provinces with routine sector specific information system functional		Revision of the existing HIS to provide regular and timely and quality report to guide decision-making and actions	X	X	X	X		MDG-F	Consultant, reporting, dissemination	20,000
Target 3.1.3: 3 provinces with functional nutrition surveillance system		Assessment and reorganization of existing sector-specific local disease and nutrition surveillance systems for better performance	X	X	X	X		MDG-F	Sector-specific data gap analysis, training, data collection, & analysis, reporting and dissemination	35,000
Target 3.1.4: 3 provinces with functional government-led specific – child survival coordination mechanisms		Training of health workers to better manage the health information system (understanding the HIS, data collection, analysis, reporting and decision-making to improve interventions)	X	X	X	X		MDG-F	Training sessions	72,000
	FAO	Steering committee for food security within the National Food Security Unit is functional – effective coordination of food security interventions at the central level	X	X	X	X	UN & all implementing partners	MDG-F	Provincial meetings	10,794
	UNDP / RCO	Coordination, launching workshop, communication and advocacy	X		X		UN & all implementing partners	MDG-F	<ul style="list-style-type: none"> <li>• Planning &amp; monitoring sessions / province</li> <li>• MDG-F coordinator</li> </ul>	77,944

**Budget per Agency – Year 2010**

<b>Agency</b>	<b>Year 2010</b>
<b>UNDP</b>	77,944
<b>IOM</b>	194,189
<b>FAO</b>	377,616
<b>WHO</b>	141,400
<b>UNICEF</b>	658500
<b>Total</b>	<b>1,449,848</b>

## Annex 1: Revitalization of municipal health services in Angola

Angola is composed of 18 provinces and 164 municipalities. The approach aims to reorganize the network of health service within each municipality in a more comprehensive and efficient network of health unit with each health unit responsible for a specific population within a known geographical area. The municipality is then divided in several health area responsible of providing the essential health and nutrition package to the population within the area, making it easier to locally plan, implement and monitor child survival cost-effective interventions, including the essential nutrition actions. The following box shows the process of revitalizing the municipal health and nutrition service as stated in the government orientations.

### PROCESS TO REVITALIZE THE MUNICIPAL HEALTH & NUTRITION SERVICES

- ✓ Advocacy and enrolling existing partners working in the area of child survival on board, then drawing with the provincial team the map of the revitalization within the province
- ✓ **Data collection and analysis in the selected municipals:** Collect and analyze data on the health facility network (existing health facilities, equipment & materials, HR, services delivered, including referral services, list of villages covered, distances from villages to the most nearer health facility, populations, existing community networks...) - Highly involve administrative authorities from selected municipals - Build a database for each municipal including initial data on performances in selected health areas
- ✓ **Delimitation of health areas:** Delimitate health areas (geographical area under the responsibility of a 1<sup>st</sup> level health center) based on the database elaborated in the previous step: and using pre-defined criteria to draw a theoretical health map for each selected municipal
- ✓ **Negotiation of the theoretical municipal health map:** Community rally to explain the “health area approach” and seek adhesion from beneficiary communities.
- ✓ **Elaboration of a medium term municipal health development plan:** Elaborate a medium term action plan to reduce U5 and maternal mortality in the municipal – based on the national strategic plan.
- ✓ **Micro planning of interventions:** At health areas to address the identified needs (training of health workers to cope with “package” of services, Basic equipment, materials, supplies and logistics linked with the package of services, Fix and outreach activities planning to cover all populations living within the health area, Community-based support to services delivered by the health unit – promoting family practices) - Chronogram of activities and budget (Investment costs / recurrent costs) - Monitoring of interventions (6-month basis) - Mobile activities by the municipal team to cover health areas not yet enrolled in the revitalization process
- ✓ **Capacity building:**
  - Municipal team (Estimation, provision and distribution of supplies and materials, Cold chain management, Supervision of interventions in health areas, Monitoring of performances in health areas, Compilation and reporting on performances within the municipal)
  - Health workers in health areas (using operational sheets EPI+, ANC+, CMAM, and IMCI+ to orient health workers)
- ✓ **Implementation of activities:** Fix and outreach activities in selected health areas and; Mobile activities (by the municipal team) to cover other health areas not yet enrolled in the revitalization process. Active case detection and out-patient treatment of severe acute non-complicated cases of malnutrition integrated into the child survival package of services in revitalized health areas
- ✓ **Documentation of the approach** (process and impact evaluation)
- ✓ **Expansion of the approach** (Within municipal to cover all existing health areas / within the province to cover all municipals).

## Annex 2: School Gardens to Promote Learning on Food Security and Nutrition



**Rationale:** Good nutrition and education are essential for the development of children and their future livelihoods. Investments in nutrition and in education are essential to break the cycle of poverty and malnutrition. Schools can make an important contribution to countries' efforts to overcome hunger and malnutrition by helping to improve the nutrition and education of children and their families in both rural and urban areas.

FAO encourages schools to create learning gardens of moderate size, which can be easily managed by students, teachers and parents, but which include a variety of nutritious vegetables and fruits, and occasionally small-scale livestock such as chickens or rabbits. Production methods are kept simple so that they can be easily replicated by students and parents at their homes.

Students learn to grow, tend, harvest and prepare nutritious seasonal produce, in the educational settings of the classroom, the garden, the kitchen, the school cafeteria and the home. To reinforce livelihood skills, older students may also learn to market garden produce. Links with home gardens reinforce the concept and open the way for the exchange of knowledge and experience between the school, parents and the community. Such food-based strategies have the merit of sustainability: they create long-term dietary habits and put food choices into the hands of the consumer. A strong education component ensures that the effects go beyond the immediate time and place, to children's families and future families.

**The MDG-f** will promote a "whole school" approach, in line with national education goals and inter-agency collaboration, linking food production with classroom learning about nutrition and health, and the establishment of a nutrition-friendly school environment, that provides access to nutritionally adequate and safe food in schools, clean water and sanitation, and other interventions to prevent malnutrition and boost the nutritional status of children and their families.

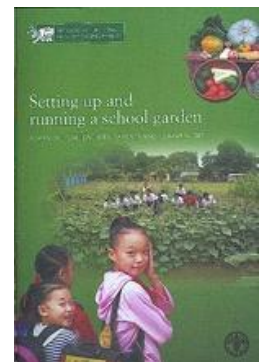
**Impact:** The goal of garden-based learning is to ensure that children develop into healthy and well educated citizens that can secure their future livelihoods, using the school as a network for spreading knowledge and skills on food production and good nutrition to children, parents and the community.

**Objectives:** To establish vegetable gardens, fruit trees and grow small livestock in schools for the purpose of (1) adding nutritional value (i.e. micronutrients) and variety to school meals; (2) improving children's and teachers' agriculture and nutrition knowledge and skills (3) promoting healthy eating and lifestyles and (4) extending livelihood skills.

**Outcomes:** The main outcomes are: (1) children are able to grow a variety of nutritious food at school; (2) they understand the importance of good nutrition for health and development; (3) they are able to access healthy food in schools (improved school meals, tuck shops) (4) they are able to practice good eating habits and healthy lifestyles (5) teachers and the school community have acquired basic agricultural and nutrition knowledge and skills and ensure local appropriation of knowledge and sustainability of the intervention.

### Outputs:

- 1) Situation analysis in selected schools in rural and urban areas (children's nutritional status, nutrition knowledge, eating habits and constraints; school meals and tuck shops; food grown and garden practices, constraints and best practices; purposes and use of the garden; school garden history and stakeholder views; curriculum review; inventory of existing education materials).
- 2) Based on the FAO manual "[Setting up and Running a School Garden](#)" and findings from the situation analysis, development of:



- an operational procedures manual for school gardens is developed (i.e. aims and principles; age range of children; how to involve parents and the community; what food to grow for eating and selling; inputs needed; how to grow, process, prepare and eat garden food).
- Food and nutrition education lessons are developed (food production, processing, business skills, food safety, food preparation and nutrition) in line with the national curriculum framework (based on FAO Teaching Toolkit with 50 lesson plans for teachers (*in press*)).
- National policy framework for garden-based learning is set up as part of “whole school” approach
- Continuous support and information for schools and teachers are ensured through agricultural extension services, websites, newsletters, inter-school collaboration and competition etc.
- i) Individual school action plans are developed and implemented
- ii) Baseline survey on children’s, teacher’s and parent’s food and nutrition knowledge and practices is carried out, to serve as reference for future assessment of programme impact.
- iii) Teachers and school communities are trained in sustainable agriculture and nutrition.
- iv) School gardens are set up as a platform for learning about food production and healthy eating.
- v) Food production and nutrition education lessons are taught in schools for one year.
- vi) The state of the school gardens, the knowledge, attitudes and skills of teachers, children and parents are assessed.
- vii) A workshop is held with all stakeholders, in particular national authorities, on lessons learned and good practices (after 2 ½ years).
- viii) Based on results from the impact assessment and conclusions of the workshop, a strategy is prepared for the follow-up and national expansion of the programme, and shared with all stakeholders in form of a report and second workshop.

**FAO Technical Assistance and Material Inputs:**

- One consultant – (nutrition) education/curriculum development (5 p/m: 5 missions of 3 week’s each, to provide inputs into situation analysis; development of procedural manual; develop outline for curriculum/lesson plans; baseline survey; preparation of teacher training materials; evaluation and analysis; final strategy and expansion). If appropriate skills and competences cannot be found in the country, FAO Technical Support Services will provide a list of international candidates from their rosters.
- One national consultant - horticulture/small-scale gardening (6 p/m)
- One national consultant – prepare nutrition education materials (12 p/m)
- Contracts/LOA with a university/research institution to undertake situation analysis and evaluation.
- FAO Technical Support Services (technical backstopping, supervision and support in Nutrition Education, Horticulture, etc.)
- Material inputs: seeds, tools, fencing equipment, water collection, food processing and demonstration equipment, etc.

**Relevant TCP Programme Documents in FAO FPMIS:**

- TCP/SAF/3101 – Sustainable food production and nutrition education in schools in support of the National School Nutrition Programme (South Africa).
- TCP/BHA/3102 – Improving food security and nutrition by integrating garden-based learning into the primary school curriculum in the Bahamas.
- TCP/BRA/3003 - School Gardens as a means for supporting community dynamics, environmental education and healthy and sustainable nutrition (Brazil). Terminated.
- TCP/DOM/3101 - Educación alimentaria y nutricional en las escuelas de educación primaria (Dominican Republic).
- TCP/ELS/3101 – Apoyo al desarrollo curricular de la educación básica para mejorar la educación en nutrición y seguridad alimentaria (El Salvador).
- TCP/HON/3101 – Educación alimentaria y nutricional en las escuelas primarias (Honduras).

### **Annex 3: Field Farmers Schools (FFS)**

The Field Farmers Schools movement started in Asia in the 1980s. It is a participatory capacity building methodology which is based on the concept of learning through discovering and applies the ecological principles. During a FFS, the participating farmers and facilitators exchange knowledge based on the experience and experimentation through simple and living related methods. Farming is used as the teaching-learning tool. A FFS's activities contain elements of observation, analysis and experimentation which are aimed at the development of basic knowledge and practical skills. The main objective is to improve the farmers' capacity to solve their own problems.

The FFS is a methodology aimed at groups of small producers, in which is assumed that the farmers have a large experience and knowledge of the field. The participants review complex problems like the way to reach the food security of the household and the community, the traditional production systems, the integrated management of plagues and diseases, fertility, the management of water and land resources according to their customary practices. Gender, nutrition, family health and prevention of HIV/AIDS are priority subjects included in the FFS learning process.

The FFS is often started by an extension worker from the government, the farmers' organizations or an NGO. In a second phase, farmers who participated in an FFS can become facilitators of new FFSs, thus achieving a geometric increase in the number of families with strengthened capacities. Each FFS manages a fund which is used to finance the capacity building and small productive investments.

The Farmers Field Schools (FFS) methodology was introduced in Angola by FAO in 2005. There are already above 150 FFSs in Huambo, Bié and Malange provinces. The PESA program (Programa Especial de Segurança Alimentar – *Special Program for Food Security*) which is implemented by FAO with MINAGRI and is funded by Spain up to 2011, has the FFS as one of its main components. This fact will facilitate a more expedite implementation of the actions foreseen in this MDG-Joint Program with its technical support and complementarity.

## Addendum 1:

### Duties and tasks of the Programme Management Committee (PMC):

- ✓ Ensuring operational coordination
- ✓ Appointing a Programme Manager or equivalent thereof
- ✓ Managing programme resources to achieve the outcomes and outputs defined in the programme
- ✓ Establishing adequate reporting mechanisms in the programme
- ✓ Integrating work plans, budgets, reports and other programme related documents; and ensures that budget overlaps or gaps are addressed
- ✓ Providing technical and substantive leadership regarding the activities envisaged in the Annual Work Plan
- ✓ Agreeing on re-allocations and budget revisions and make recommendations to the RC as appropriate
- ✓ Addressing management and implementation problems
- ✓ Identifying emerging lessons learned; and
- ✓ Establishing communication and public information plans.

## Addendum 2:

Each organization assumes complete programmatic and financial responsibility for the funds disbursed to it by the administrative agent and can decide on the execution process with its own partners and counterparts following the organization's own regulations.

Each Participating UN Organization establishes a separate ledger account for the receipt and administration of the funds disbursed to it by the Administrative Agent. Participating UN organizations are requested to provide certified financial reporting according to the budget template. Participating UN organizations are entitled to deduct their indirect costs on contributions received according to their own regulations and rules, taking into account the size and complexity of the particular programme.

Subsequent installments will be released in accordance with Annual Work Plans approved by the NSC. The release of funds is subject to meeting a minimum commitment threshold of 70% of the previous fund release to the Participant UN Organizations combined commitments (Commitments are defined as legally binding contracts signed, including multi-year commitments which may be disbursed in future years). If the 70% threshold is not met for the programme as a whole, funds will not be released to any organization, regardless of the individual organization's performance.

On the other hand, the following year's advance can be requested at any point after the combined commitment against the current advance has exceeded 70% and the work plan requirements have been met. If the overall commitment of the programme reaches 70% before the end of the twelve-month period, the participating UN organizations may upon endorsement by the NSC request the MDTF to release the next installment ahead of schedule. The RC will make the request to the MDTF Office on the NSC's behalf.



**Addendum 3:**

In-line with the MDG-F requirements, the MDTF office is responsible for the annual consolidated Joint Programme Progress Report, which will consist of three parts:

AA Management Brief: the Management brief consist of analysis of the certified financial report and the narrative report. The management brief will identify key management and administrative issues, if any, to be considered by the NSC.

Narrative Joint Programme Progress Report. This report is produced through an integrated Joint Programme reporting arrangement. The report should be reviewed and endorsed by the PMC before it is submitted to the MDTF Office on 31 March of each year.

Financial Progress Report. Each participant UN Organization will submit to the MDTF Office a financial report stating expenditures incurred by each programme during the reporting period. The dead-line for this report is 30 April.

Quarterly updates will be made available to the donor.

The Joint Programme will have a final evaluation and mid-term review. The mid-term review will be organized by the MDG-F Secretariat.

**Addendum 4:**

A joint communication plan will be elaborated by the UN Communication team and the budget of this component will be covered through individual agency contributions of not more than 2% of their respective allocations.