



# ANGOLA Humanitarian Situation Report



## SITUATION IN NUMBERS

### Highlights

- An estimated 1.42 million people (756,000 children) are affected by the drought, including 800,000 people food insecure in the provinces of Cunene, Namibe and Huila.
- 17,762 children under five with severe acute malnutrition (SAM) have been treated through therapeutic treatment programmes assisted by UNICEF in 2016.
- UNICEF has provided 52,500 people with access to safe water through the rehabilitation of 105 water pumps in 2016.
- UNICEF supported the Ministry of Health in a vaccination campaign against measles in the three target provinces reaching 242,972 children.
- The Ministry of Health declared an end to the Yellow Fever outbreak since no new cases were reported since June 2016. UNICEF secured an additional 3.4 million doses of Yellow Fever vaccine through an agreement with the Russian Federation for prevention. More than 18 million people (6 months and older) have been vaccinated for Yellow Fever.
- A number of suspected cholera cases were reported from Zaire province, a region bordering DRC along the Congo River, which are being investigated.

**18 million**

People vaccinated for Yellow Fever

**1.42 million**

People affected by drought

**756,000**

Children affected by drought

**95,877**

Children with SAM in the 7 most drought affected provinces

**44,511**

Children with SAM in the 3 most drought affected provinces

**17,762**

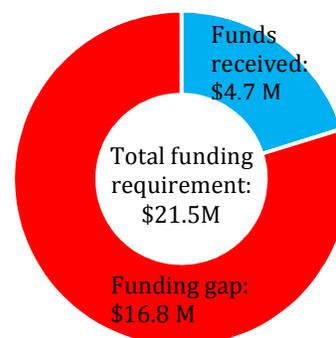
Children U5 with SAM treated through therapeutic treatment programmes assisted by UNICEF

### Situation Overview & Humanitarian Needs

Severe droughts are affecting seven provinces (Cunene, Huila, Namibe, Benguela, Cuando Cubango, Cuanza Sul and Huambo). Most affected are the three border provinces of Cunene, Namibe and Huila where UNICEF is focusing its interventions. This year El Nino effects have resulted in food production losses of nearly 90% and have left 800,000 people food insecure. Severe acute malnutrition (SAM) rates have doubled from 2.8% SAM cases in June 2015 to between 5%-7% currently, while global acute malnutrition (GAM) rates currently range between 15%-21%.

People are using unclean water for drinking, washing and cooking; including sharing untreated contaminated water with animals, giving rise to diarrhoea and other diseases. Approximately 30% of existing boreholes in the most affected provinces are non-functional. The drought has increased migration, including the movement of entire communities, some of whom are crossing international borders. The drought has increased protection risks and violations of children such as rape, transactional sex and exploitative child labour, among others.

### Funding Status



■ Funds Received ■ Funding Gap

In the province of Zaire a number of suspected cholera cases have been reported in December. The Ministry of Health has stepped up surveillance of the cases and is closely coordinating with the provincial health authorities. A Yellow Fever outbreak was declared in January 2016, until today 4,436 suspected cases, 884 confirmed cases and 381 deaths were registered. Yellow Fever has been laboratory confirmed in 16 out of 18 provinces in the country. The last confirmed cases were recorded on 23 June 2016 in Cunene and Cuanza Norte provinces. The Ministry of Health therefore declared an end to the Yellow Fever outbreak on 23 December 2016 and assured continuous surveillance and provision of vaccines for the remaining unvaccinated population.

## Humanitarian leadership and coordination

The Government of Angola is leading the national response to the 2016 Yellow Fever outbreak. The Yellow Fever vaccination and social mobilization campaign is being coordinated through the Government, led by the Ministry of Health and the Provincial Health Directives, with support from WHO, UNICEF, Médecins Sans Frontières, CDC and Cuban Cooperation through an Incident management system (IMS) hosted by WHO.

The national emergency and disaster management group, under the leadership of the national civil protection department, continues to coordinate partners support and long term emergency response planning. A Drought Emergency Team has been created to support the Government's coordination of humanitarian partners from the UN and NGOs. The UN's Disaster Management Team also supports the Government's response to urgent lifesaving needs, while provincial coordination mechanisms were established for Cunene and Huila and Namibe in order to ensure joint coordinated emergency response in the most affected areas. The provincial coordination mechanisms include UN agencies, government institutions, national and international NGOs and the Red Cross. An interagency El Nino humanitarian response plan has been developed with interventions requiring \$40 million in 2016 in the following sectors: Food/Agriculture; Water, Sanitation and Hygiene (WASH), Health and Nutrition. To date, the interagency response plan has only received 16% of the funds required in 2016, including 1.4 million Euros from ECHO through WVI.

## Humanitarian Strategy

UNICEF's humanitarian strategy includes responses to the drought, preparing for possible flooding during rainy season, and response to the Yellow Fever outbreak. UNICEF's primary partner in humanitarian response in the country is the Government of Angola; and in the absence of a cluster system, UNICEF has relied on sector response and coordination working groups such as: Health and Nutrition (vaccinations, management of severe acute malnourished cases through community-based management of acute malnutrition (CMAM) centres, social mobilization and HIV testing); Child Protection, Education and WASH.

UNICEF's strategy incorporates assessments, analyses, planning, monitoring, reporting and coordination (including through chairing the UN Disaster Management Team). UNICEF also co-leads with Government Ministries the WASH, Health and Nutrition sector partnerships. UNICEF's humanitarian strategy includes coordination, technical assistance, the provision of life-saving supplies, logistics, communication for development and social mobilization, as well as advocacy with policy makers and administrators.

## Summary Analysis of Programme response

### **UNICEF's Response to the Yellow Fever Outbreak**

The last phase of the Yellow Fever vaccination campaign started on 10 October targeting 12 priority districts in 10 provinces. UNICEF supported the social mobilization for the campaign in partnership with the Red Cross Angola, reaching more than 320,000 people. The campaign resulted in a 96% vaccination coverage rate, reaching 2 million out of 2.1 million people targeted in densely populated urban or remote border areas with high risk of local transmission. Since the beginning of the outbreak over 18 million people (6 months and older) have been vaccinated; the last confirmed cases recorded on 23 June 2016 in Cunene and Cuanza Norte. The Ministry of Health declared an end to the Yellow Fever outbreak on 23 December 2016 and assured continuous surveillance and provision of vaccines for the remaining unvaccinated population. UNICEF secured additional 3.4 million doses of vaccines for prevention through an agreement with the Russian Federation in December 2016. The next vaccination campaign is scheduled for end of January 2017.

## Water, Sanitation and Hygiene (WASH)

UNICEF's Community-Led Total Sanitation intervention has reached 56,456 people including 30,240 children, enabling them to build, maintain and appropriately use designed toilets, and providing emergency water and sanitation items to

families with malnourished children. Items included buckets/water containers, water purification tablets and family hygiene and dignity kits, benefiting 70,770 people. 108,790 people have been reached with hygiene and sanitation messages since the beginning of the emergency response, primarily through community leaders, and also through community workers (ADECOS). Approximately 52,500 people have been provided with safe water and are now more resilient to dry conditions, through the rehabilitation of 105 water pumps. UNICEF continues to assist the provincial governments in Namibe, Cunene and Huila with the distribution of WASH supplies to people who are severely affected by water shortages and are in poor sanitation conditions.

## Nutrition and Health

Nutritional supplies and equipment (i.e. weight-for-height chart, basic medicine, arm bands to measure mid upper arm circumference, etc.) have been delivered to health facilities in the most affected areas. A training programme on Management of Acute Malnutrition has been expanded to 721 health technicians that completed the training in the three affected provinces of Namibe, Cunene and Huila. Monitoring of children presenting at health facilities continues and in 2016, over 17,000 children under five with SAM were admitted and successfully treated and discharged from therapeutic treatment programmes with UNICEF support.

UNICEF continues to provide logistics support at the municipal level to ensure that therapeutic foods (RUTF, F-75, F-100) and medicines (including antibiotics, ReSoMal, Vitamin A, Albendazole and ORS with Zinc tablets) reach health centres in a timely manner.

UNICEF scaled up training for 30 trainers who will in turn train and manage 394 community agents for social mobilization activities. In addition, UNICEF supported the Ministry of Health reaching 145,000 people with combined preventive health messages in the provinces Huila, Namibe, Benguela and Cunene.

As part of the emergency response in the drought affected provinces, the Ministry of Health in collaboration with UNICEF and other partners are implementing an integrated Measles vaccination, Vitamin A supplementation and deworming campaign which commenced on 15 December 2016. A total of 242,972 children of 6-59 months were immunized against measles and final coverage rates are expected to be released in January.

## Education

UNICEF is working in close collaboration with the Ministry of Education and the National Commission for Civil Protection to support the sector response to drought, floods and diseases (cholera and mosquitos transmitted diseases such as Yellow Fever, Malaria, Dengue and Zika). 520 school-aged children including adolescents were provided with temporary learning spaces equipped with education and recreation kit. In Luanda, 204 teachers have already been trained to integrate emergency prevention and disaster risk reduction in the education curricula and promote emergency preparedness actions through school clubs activities within the school and surrounding communities. Another 430 teachers in the provinces of Cunene, Huila and Namibe were also trained by the programme. A rapid assessment of the impact of emergencies and the preparedness, response and recovery (PRR) in the education sector was concluded and will be the basis to plan the EIE prevention, response and recovery plan as well as to prepare the 2017 school year for the affected population.

## Funding Requirements

UNICEF Angola is grateful to donors including GAVI and UNOCHA's central emergency response fund and those who fund UNICEF's global core resources for the contributions that have been received in Nutrition, WASH, Education, C4D and Communication to date. UNICEF Angola requires US \$21.5 million to meet the humanitarian needs of women and children in the country in 2016. Without additional funding, UNICEF will not be able to meet the urgent needs of the population in the critical sectors of WASH, Nutrition, Health, Education and Child Protection.

Funding Requirements February to December 2016				
Appeal Sector	Requirements	Funds received	Funding gap	
			\$	%
Nutrition	6,519,004	2,795,003	3,724,001	57%
Health	11,450,709	630,858	10,819,851	94%
Water, sanitation and hygiene	1,408,843	1,155,083	253,760	18%
Child Protection	1,501,106	0	1,501,106	100%
Education	224,414	0	224,414	100%
Coordination, PME & Comms	424,252	158,667	265,585	63%
<b>Total</b>	<b>21,528,328</b>	<b>4,739,611</b>	<b>16,788,717</b>	<b>78%</b>

## SUMMARY OF PROGRAMME RESULTS

UNICEF Angola Results Table 2016	2016 UNICEF Response	
	Target	Total Results
<b>WATER, SANITATION &amp; HYGIENE</b>		
# of people provided with access to safe water (7.5-15L per person per day)	120,000	52,500
# of people provided access to appropriately designed toilets	45,000	56,456
# of people reached with hygiene and sanitation messages	45,000	108,790
# of people provided with emergency sanitation and hygiene items	45,000	70,770
<b>EDUCATION</b>		
# school-aged children including adolescents provided with temporary learning spaces equipped with education and recreation kits and trained on Disaster Risk Reduction (DRR)	5,000	520*
# of teachers trained on DRR	600	634
<b>HEALTH</b>		
# of children 6 months to 59 months vaccinated for measles	672,377	242,972
# of people vaccinated for Yellow Fever	3,639,933	1,722,499**
# of people reached with preventive messages and information on Yellow Fever	6,700,000	6,910,231
<b>NUTRITION</b>		
# of children with SAM 6 – 59 months old to be admitted into therapeutic treatment programmes	37,835	17,762
# of caregivers of children 0-23 months with access to infant young child feeding (IYCF) counselling	707,765	148,640
# of health providers trained on severe acute malnutrition (SAM)	1,200	721
# of CMAM or OTP centres to be revitalized	310	285
# of people reached with key nutrition messages	2,940,000	2,028,315
<b>CHILD PROTECTION</b>		
# of children provided with psychosocial support services	15,000	0***
# of children provided with alternative care services	1,500	0***

\*Reprogrammed regular resources to achieve these results.

\*\*Data from Huila and Cunene provinces.

\*\*\*Due to funding shortages these interventions have not been implemented to date.

**Who to  
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further  
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