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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.
- In 2016, the estimated caseload of children with severe acute malnutrition (SAM) in the 7 most affected provinces is 95,877, with 44,511 cases registered in the Provinces of Huila, Cunene and Namibe.
- Over 10,000 children under five with SAM have been treated through therapeutic treatment programmes assisted by UNICEF in 2016.
- Since 23 June 2016, no new confirmed cases of Yellow Fever have been reported. The fifth phase of the Yellow Fever vaccination campaign started on 10 October targeting 8 priority districts in 6 provinces.
- Since the start of the year, over 16 million people (6 months and older) have been vaccinated for Yellow Fever in 14 provinces.
- UNICEF has reached 9,500 people with access to safe water through the rehabilitation of 19 water pumps in 2016.
- UNICEF, in partnership with Red Cross Angola, reached an estimated 73,000 people with health prevention messages in the southern drought affected provinces.

Situation Overview & Humanitarian Needs

Severe droughts are affecting 7 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 has resulted in food production losses of nearly 90% and has left 800,000 people facing food insecurity. SAM rates have doubled from 2.8% SAM cases in June 2015 to between 5%-7% currently, while Global Acute Malnutrition rates (GAM) 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 water-borne diseases. Approximately 30% of existing boreholes in the most affected provinces are non-functional. The drought is increasing 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. The food security situation is expected to worsen from August to the end of the year due to meagre yields and possible flooding with the onset of the rainy season.

16 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

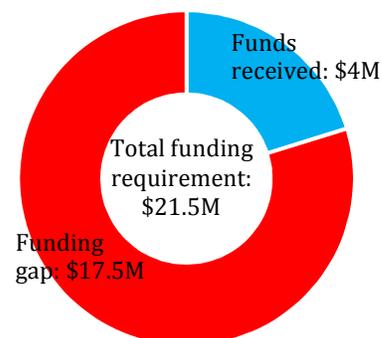
44,511

Children with SAM in the 3 most drought affected provinces

10,307

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

Funding Status



■ Funds Received ■ Funding Gap

A Yellow Fever outbreak was declared in January, and to date, a total of 884 laboratory confirmed cases have been reported out of 4,100 suspected cases. Yellow Fever has been laboratory confirmed in 16 out of 18 provinces in the country. However, the number of suspected and confirmed cases continues to decline with only sporadic cases being reported.

Humanitarian leadership and coordination

The Government of Angola is leading the national response to the 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 Government of Angola invited UNDP and other UN partners to assist with a rapid post disaster needs assessment (PDNA) which was completed in September 2016. 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. 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 the EU ECHO through WVI.

Humanitarian Strategy

UNICEF's humanitarian strategy includes responses to both the drought, possible effects of La Nina and 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 related 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) centers, 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

A new phase of the Yellow Fever vaccination campaign has started on 10 October targeting 8 priority districts in 6 provinces. About 1.86 million people are expected to be vaccinated in densely populated urban or remote border areas with high risk of local transmission. The government's commitment to vaccinate the entire population remains, however this is dependent on the availability of vaccines both locally and globally.

Since the beginning of the outbreak over 16 million people (6 months and older) have been vaccinated in 14 provinces. From 4,100 reported cases, 884 have been laboratory confirmed as Yellow Fever. Luanda province reported the majority of the confirmed cases (488), followed by Huambo (128) and Benguela (117). UNICEF continues to provide logistic support to the Ministry of Health with the procurement and distribution of vaccines. Red Cross Angola, in partnership with UNICEF, was able to recruit 1,422 mobilizers for social mobilization interventions for Yellow Fever

vaccination in 13 provinces. Over the past month, more than 784,000 people in 13 provinces were reached through different modalities of communication with messages on preventing, identifying and treating Yellow Fever.

UNICEF's Response to the Drought Emergency

Water, Sanitation and Hygiene (WASH)

UNICEF's Community-Led Total Sanitation intervention has reached over 56,000 people and 30,240 children, enabling them to build, maintain and use appropriately designed toilets and providing them with emergency sanitation items, namely buckets/water containers, water purification tablets and family hygiene and dignity kits. Almost 109,000 people have been reached with hygiene and sanitation messages since the beginning of the emergency response, primarily through use of community leaders, and also through community workers (ADECOS). Approximately 9,500 people have been provided with safe water and are now more resilient to dry conditions, through the rehabilitation of 19 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

Nutritional supplies and equipment (i.e. weight-for-height chart, basic drugs, 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 for 598 health technicians was completed in the three affected provinces of Namibe, Cunene and Huila. Monitoring of children presenting at health facilities continues and in 2016, over 10,000 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 (i.e. RUTFs, F-75, F-100) and medicines (including antibiotics, ReSoMal, Vitamin A, Albendazole and ORS with Zinc tablets) reach health centres in a timely manner.

Over the past month, UNICEF trained an additional 16 C4D trainers who will in turn train and manage 220 community agents for social mobilization activities. In addition, UNICEF supported the Ministry of Health through the distribution of 5,745 printed materials on malnutrition, hygiene, sanitation and water treatment and facilitated refresher trainings for 280 social mobilizers, and held 47 advocacy meetings with local, traditional and religious leaders reaching 72,982 people with combined preventive health messages.

Funding Requirements

UNICEF Angola is grateful to donors including GAVI and CERF and those who fund UNICEF's global core resources for the contributions that have been received in Nutrition, WASH, Education and Communication to date. UNICEF Angola requires US \$21,528,328 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	0	11,450,709	100%
Water, sanitation and hygiene	1,408,843	1,074,861	333,982	24%
Child Protection	1,501,106	0	1,501,106	100%
Education	224,414	0	224,414	100%
Coordination, PME & Comms	424,252	138,889	285,363	67%
Total	21,528,328	4,008,753	17,519,575	81%

SUMMARY OF PROGRAMME RESULTS

UNICEF Angola Results Table 2016	2016 UNICEF Response	
	Target	Total Results
WATER, SANITATION & HYGIENE		
# of people provided with access to safe water (7.5-15L per person per day)	120,000	9,500
# 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
EDUCATION		
# 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	0*
HEALTH		
# of children 6 months to 59 months vaccinated for measles	672,377	51,777*
# 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	6,586,538
NUTRITION		
# of children with SAM 6 – 59 months old to be admitted into therapeutic treatment programmes	37,835	10,307
# 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	598
# of CMAM or OTP centres to be revitalized	310	285
# of people reached with key nutrition messages	2,940,000	1,883,123
CHILD PROTECTION		
# 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
information:**

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