



UNICEF operated child-friendly space and training facilities at Lóvua settlement centre. ©UNICEF/2017/Luis

ANGOLA

Year-end Humanitarian Situation Report

January - December 2017



SITUATION IN NUMBERS

Highlights

- UNICEF and partners screened 189,305 children for malnutrition, of whom 24,923 children were identified with severe acute malnutrition (SAM) and admitted for treatment.
- 284,184 people were reached with safe water through water trucking, piped water and water treatment at household level with water treatment pills provided by UNICEF and implementing partners.
- In response to confirmed cholera outbreaks in four provinces, UNICEF-trained 620 social mobilizers who reached more than 145,900 people in cholera-affected provinces, increasing risk awareness and prevention, a further 60 social mobilizers reached an average of 3,000 caregivers per day in refugee centres with inter-personal communication activities, promoting good practices in WASH, Child Protection, and Health and Nutrition.
- Around 3,000 refugee children benefitted on a weekly basis from UNICEF child friendly spaces (CFS) in refugee settlement centres, receiving protection, nutrition screening, birth registration and early childhood development (ECD) services.
- UNICEF trained 537 teachers and associated professionals on Disaster Risk Reduction with focus on WASH, reaching more than 30,000 children in 226 schools with educational messages on preventing water-borne diseases.
- UNICEF in collaboration with the Ministry of Health vaccinated nearly 2.4 million people against yellow fever, reaching 97 per cent of the target population in 43 municipalities of 11 provinces.

1.15 million

People affected
1.13 million (Post Disaster Needs Assessment, National) and 25,575 refugees (Biometric Registration Update as of 26 December 2017, UNHCR)

620,266

Children affected
605,982 children affected by drought and 14,284 refugee children (Biometric Registration Update as of 26 December 2017, UNHCR)

29,706

Total children under 5 with Severe Acute Malnutrition (SAM)

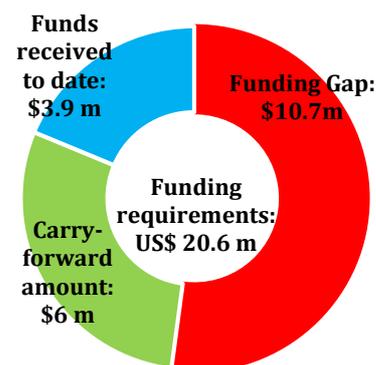
593

Suspected cases of Cholera in 3 affected provinces (Bulletin: Cholera/ AWD Outbreaks in ESAR Regional Update, 5 October 2017 and government reports from Uige province.)

UNICEF's Response with Partners

	UNICEF	
	UNICEF Target	Cumulative results (#)
Nutrition: UNICEF-targeted children in humanitarian situations with SAM 6-59 months admitted into therapeutic treatment programmes	30,000	24,923
WASH: Number of people with access to safe water as per agreed standards	90,000	284,184
Child Protection: UNICEF-targeted children in humanitarian situations accessing Child Friendly Spaces (CFS)	4,000	2,892*

Funding Status



*Funds available include funding received for the current appeal year as well as the carry-forward from the previous year.

* Results are corresponding to children accessing CFS on a weekly basis. Figures received after closure of the reporting period show increase to 4,037 children accessing CFS on a weekly basis.

Situation Overview & Humanitarian Needs

Southern Angola continues to experience a chronic nutrition crisis stemming from the combined impacts of economic shock, limited rainfall and deteriorating quality of basic services. Estimated damage and losses for the provinces of Cunene, Huila and Namibe were assessed at just over US\$297 million, with agriculture (70 per cent) and food security (18 per cent) sectors mostly affected. Severe Acute Malnutrition (SAM) remains a concern, especially in the hardest hit provinces with wasting rates from 10.5 per cent in Cunene to 5 per cent in Bié¹. Access to water remains limited, with two thirds of water points non-operational in affected areas, and over 700,000 people in need of clean drinking water.²

Although food security has improved, higher prices are constraining access to food and increasing the risk of malnutrition for thousands of children. Many of these children are still experiencing the impacts of the El Niño phenomenon, which left 756,000 people in need of food assistance.³ The rainy season, which is associated with displacement and extensive flooding, will likely give rise to illness and water-borne diseases, particularly cholera and elevates the risk of migratory movements of whole communities, including cross-border movements, which increases vulnerability to child protection violations. From January 2017 until December 2017, the cumulative number of suspected cholera cases stands at 593 with 33 deaths reported (13 in Soyo, 14 in Cabinda and 6 in Uige) and a Case Fatality Rate of 5.5 per cent. Currently only Uige province is reporting new cases (103 suspected new cases between November and December). UNICEF is actively engaged in controlling the outbreak and providing life-saving assistance.

The escalating violence in the Kasai region of the DRC has forced civilians to seek refuge in Angola's Lunda Norte Province, and 25,575 people require food assistance, 75 per cent of the Congolese refugees are women and children.⁴ Camp conditions are poor due to overcrowding, torrential rains and heightened risk of disease outbreaks. As of 4 December, 8,812 refugees had been relocated to the settlement site, 2,145 are remaining at Cacanda reception centre and 14,618 in local host communities. UNICEF has provided health and other life-saving responses including WASH, child protection and social mobilization. Governments of the DRC and Angola are evaluating possibilities for repatriation, however the modalities of repatriation have not been defined and the situation in the DRC could at any time cause a new refugee influx into Angola in 2018, which requires continued attention and preparedness.

Humanitarian leadership and coordination

The national emergency and disaster management group coordinates partner support and long term emergency response planning, under the leadership of the Ministry of the Interior and in close collaboration with the national civil protection department. The UN Disaster Management Team also supports the Government's response to urgent lifesaving needs, while provincial coordination mechanisms were established for Cunene, Huila and Namibe to ensure joint coordinated emergency response in the most affected areas.

A high level inter-ministerial commission, led by the Minister of Defence has been established to lead and provide overall coordination for the refugee response in Lunda Norte. Under this commission, the Ministry of Social Welfare (MINARS) leads the humanitarian response. Provincial coordination mechanisms led by provincial Governments facilitate local level inter-sectoral coordination involving local authorities and partners.

Humanitarian Strategy

UNICEF responded promptly to cholera outbreaks in Soyo, Cabinda and Luanda, floods in Cunene and drought in southern provinces. Since the outset of the DRC refugee crisis in Lunda Norte Province UNICEF provided critical life-saving support, and access to water, hygiene and sanitation, child protection, health, nutrition and C4D, while bridging emergency and development through support to capacity strengthening of provincial authorities and local civil society for systems strengthening in Health, WASH, Child Protection and Education.

UNICEF continues to deliver life-saving interventions while building local capacity and coordination mechanisms to support coordinated emergency response and preparedness in affected regions. UNICEF will continue to work with the

¹ Multiple Indicator and Health Survey (2015-16 IHMS)

² Projection for 2018 based on 2017 Vulnerability Assessment Committee results.

³ Vulnerability Assessment Committee Results, 2017, available at: <www.humanitarianresponse.info/system/files/documents/files/sadc_angola_2017.pdf>, accessed 24 November 2017.

⁴ Inter-Agency Operational Update, 26 December 2017

Government, particularly the national emergency and disaster management group, under the leadership of the line Ministries and in close collaboration with the national civil protection department and international non-governmental organizations. A multi-sectoral response will be used to strengthen integrated programming and facilitate a holistic and sustainable approach to assisting affected children and their families. Resilience strategies will be integrated into the country programme to sustain results for children.

The Government will coordinate the implementation of the cholera outbreak response plan under the leadership of the Ministry of Health and the provincial health directorates and with the support of UNICEF, the World Health Organization and other partners. UNICEF continues to support refugee populations, including with integration programmes, under leadership of the inter-ministerial commission and provincial government, in close collaboration with the Office of the United Nations High Commissioner for Refugees, the World Food Programme and other partners.

Summary Analysis of Programme Response

Nutrition and Health

Since the beginning of 2017, UNICEF and partners screened 189,305 children for malnutrition, of whom 24,923 children (13 per cent) have been identified with SAM and admitted for treatment. UNICEF has provided Ready-to-Use Therapeutic Food (RUTF), therapeutic milks (F75 and F100) and essential medicines (including antibiotics, ReSoMal, Vitamin A, Albendazol and Oral Rehydration Salts with Zinc tablets) for SAM treatment in drought affected provinces (Huila, Cunene and Namibe). UNICEF is also supporting community screening and referral of Moderate Acute Malnutrition (MAM) and SAM cases to Special Nutritional Therapeutic Centres, providing regular household monitoring visits by community agents. The same community agents, following training, delivered infant and young child feeding counselling during household visits. During the reporting period, UNICEF conducted a series of trainings on the management of Special Nutritional Therapeutic Centres (SNTC) and the Management of Acute Malnutrition in the three affected provinces. The trainings targeted 1,190 health technicians, representing 3-4 health technicians per targeted health centre, and in this process 310 Community Management of Acute Malnutrition (CMAM) centres were re-activated. Limited human resources both in terms of numbers and capacity and the sparse demographic distribution in the affected provinces did not allow for full geographical coverage of the nutrition screening activities-this negatively impacted UNICEF's ability to meet the screening target.

The emergency routine vaccination programme targeting refugee populations in Lunda Norte began in June in partnership with WHO and the Municipal and Provincial Expanded Programme on Immunisation (EPI) Officials. Vaccinations took place on a weekly basis as people were moved from reception centres to Lóvuá settlement. By end December 2017, a total 13,694 children aged 1-14 years including 4,132 refugee children were vaccinated against measles in emergency settings. Refugee children were also vaccinated against other childhood diseases: 535 against Yellow Fever, and 528 with the combined pentavalent vaccine, DPTHepHib. More than 1,600 women (pregnant or of child bearing age) received tetanus vaccine.

In July and November 2017, UNICEF supported vaccination against yellow fever of 2,360,885 persons aged 6 months or older, achieving a coverage rate of 97 per cent of the targeted population (estimated at 2,485,777) of the 43 municipalities which were not covered in the yellow fever campaigns held in 2016. UNICEF support to the yellow fever campaign included the procurement of yellow fever vaccines, supplies and cold chain material, micro-planning and C4D.

In early 2017 UNICEF provided technical assistance in Soyo, as well as in Cabinda and Luanda, following the cholera outbreak in terms of compliance to treatment protocol, health norms, biosecurity measures and stock management in the Cholera Treatment Centres (CTC) of the three municipalities of the provinces of Zaire, Cabinda and Luanda, respectively. More recently, UNICEF responded quickly to a new outbreak of cholera in Uíge Town that within the short period of eight weeks registered 103 cases and 6 deaths. UNICEF has already deployed a small team of WASH and C4D specialists and provided WASH, health and biosecurity supplies. UNICEF is engaged in the national coordination mechanism created by the new Ministry of Health in December 2017 to respond to emergencies and epidemics.

Water, Sanitation and Hygiene (WASH)

In 2017, a total of 284,184 people were reached with safe water nationally through water trucking, piped water and water treatment at household level by UNICEF and its implementing partners. UNICEF continues its interventions in drought

affected areas and continued procuring and distributing supplies to rehabilitate 175 water points in Bie, Huambo, Cunene, Namibe and Huila, aiming to reach 80,000 people with safe water by the first quarter of 2018. As of December, UNICEF reached 34,000 people, including 15,700 children, in drought affected areas through the rehabilitation of 68 water points in Namibe and Huila, with the arrival of supplies in December rehabilitation of the remaining water points will be concluded. Meanwhile, the Community-Led Total Sanitation (CLTS) intervention ensured that 91,986 people, including around 36,794 children, have access to permanent sanitary facilities in Cunene, Huila and Namibe. UNICEF provided training on repairing of hand pumps to all Provincial Departments of Water in drought-affected areas.

For the refugee response in Lunda Norte province, UNICEF provided over 190,000L of clean water per day, benefitting approximately 10,000 people. Water storage at the Lóvuá settlement site is supported with eight water tanks of 5,000 litres for 8 villages, two water tanks of 5,000L for the arrival centre and one water tank of 5,000L for the nearby host community. Water is treated with purification tabs on a daily basis. UNICEF is maintaining water storage and 100 latrines, 64 showers and 46 hand washing stations in Cacanda reception centre, and has supported construction of 384 household latrines, 80 showers and 41 hand washing stations at Lóvuá relocation centre. With UNICEF support, 36 solid waste/garbage pits have been constructed in 9 villages of the centre.

In response to the cholera outbreaks, UNICEF ensured temporary access to safe water through water trucking, chlorination of water in the supply network and distribution of water treatment pills for 95,600 children and their families in Soyo and Cabinda. Three provincial authorities in cholera-affected provinces on water treatment solutions. Given that December-January are high-risk months for recurrent cholera outbreaks, emergency WASH items were prepositioned to respond to a cholera crisis of up to 60,000 affected/vulnerable people for a period of 2 months.

UNICEF provided water treatment supplies, kits for treatment of water-borne diseases and materials to improve basic sanitation facilities, in regions of Cunene province affected by periodic flash floods.

Child Protection

By December, 2017, 2,892 children had accessed UNICEF CFS in DRC refugee influx reception centres on a weekly basis. Most of the children have now been relocated to Lóvuá settlement area, they are benefitting from protection, nutrition screening, birth registration and ECD activities, including informal learning and play through semi-structured activities. Apart from providing recreational and psychosocial benefits, the spaces also served as protection platforms that enabled parents to access information and services on the above mentioned topics.

To date, 124 unaccompanied and separated children have been identified of whom 87 have been reunited with their biological families and 8 are in foster care in Lóvuá. UNICEF continues to engage with local authorities to strengthen mechanisms for prevention and response to cases of violence, exploitation and abuse of children. A referral pathway for children and women survivors of violence has been established. To date, 212 cases of violence and neglect involving rape and abandonment have been referred to competent partners such as MSF, JRS with the involvement of families.

A total of 259 participants comprising children, law enforcement agents (border police, military as well as immigration services), Public and Judicial Magistrates, Lawyers, refugee population and civil society were trained on legal protection of children from all forms of violence in partnership with National Children's Institute (INAC) and Center for Scientific Research and Legal Counsel of the Faculty of Law (CICAJ). INAC with support from UNICEF, implemented a capacity development programme to reactivate and strengthen the child protection networks in the province, benefitting both the refugees and the host communities. To date, three workshops have been held in the province benefitting 186 participants from both civil society and government entities. UNICEF supported the establishment of birth registration services at the refugee reception centres and it is expanding those services to the municipalities of Chitato and Lóvuá, benefitting the host community as well. To date above 687 Congolese refugee children born in Lunda Norte have had their births registered by the Provincial Civil Registration Office. 3,000 people per week were reached with family-to-family communication and theatre activities to promote key messages on the use of protection from sexual abuse and family separation.

Education

UNICEF continues to work in collaboration with the Ministry of Education (MoE) and the National Commission for Civil Protection to support the sector response to drought, floods and cholera. UNICEF has trained 18 trainers and 537 education authorities, school principals, teachers and members of parents associations on cholera prevention and response in Cabinda, Cunene, Luanda, Lunda Norte and Zaire covering a total of 226 schools. The intervention focuses

on supporting schools to develop, implement and monitoring their WASH plans, and is expected to reach at least 75,000 school children and surrounding communities. More than 30,000 children were reached already in 2017, and with the beginning of the school year in February 2018, the activities will scale up.

In response to the refugee crisis, UNICEF is currently providing technical assistance to the MoE and the provincial education directorate (DPE) in Lunda Norte to begin formal education in the refugee settlement area. Simultaneously, UNICEF is advocating for the expansion of the education system to host communities near the Lóvua refugee settlement, where social services are equally non-existent. In the meantime, UNICEF installed six tents, provided eight recreation kits and 12 ECD kits to support informal education in the reception centres and in Lóvua which benefits 2,505 out of the 17,000 children originally planned. The education programme remained largely underfunded which hindered UNICEF's ability to reach the agreed targets for 2017.. Furthermore, another 36 tents, 80 schools in a box kits, 37 math kits, 1,700 school bags, 64 recreation kits and 50 ECD kits were acquired by UNICEF to support the 2018 school year in Lóvua and communities affected by the protracted drought.

UNICEF also conducted, in collaboration with UNHCR, an assessment of the education needs and capacities to support DRC refugee children and host community in Lóvua refugee settlement and surrounding areas. The assessment confirmed that there are approximately 14,000 children from 0 to 17 years old from refugee and hosting communities in need of education opportunities. Based on the results of the assessment, an advocacy note and budgeted response plan for a program to offer formal education were developed and shared with the Ministry of Education and UNHCR. In 2018 UNICEF will continue to support the education sector in Lunda Norte to integrate the emergency response into the municipal sector development plan through institutional capacity building to deliver education services and supplies for those most disadvantaged children.

In response to the flash floods in Cunene, UNICEF provided technical assistance to the provincial education directorate (DPE) to carry out an assessment of the impact on the education sector in three municipalities. As a result, three temporary classroom tents were delivered to the affected sites benefitting 270 children.

Communication for Development

A comprehensive response plan supported by UNICEF and partners successfully prevented the spread of a cholera outbreak at the beginning of 2017. 620 social mobilizers were trained and promoted dialogue within more than 145,900 people in affected communities in the municipalities of Soyo, Cabinda and Luanda. Over 650,252 people in these communities also received information through radio, theatre and community dialogue sessions.

As part of UNICEF response to the DRC refugee crisis, 60 refugees and Angola Red Cross volunteers were identified and trained on social mobilization and inter-personal communication, as well as on community theatre methodologies to further strengthen refugees' engagement. Mobilizers reach on average 3,000 people per week conducting family-to-family communication and theatre activities to promote key messages on the use of latrines and hygiene practices, breastfeeding, malaria, sexual abuse, family separation, and care for pregnant women.

UNICEF has also set up two community radios in both camps that broadcast messages in five languages. The radios supported the social mobilisation activities, shared integrated messages on WASH, protection and healthy behaviours. An inter-agency rapid communication needs survey pointed out that refugees considered the community radio as the most trustable source of information in the reception centres.

A WASH C4D Knowledge, Attitudes and Practices (KAP) survey conducted by UNICEF in Lóvua and Cacanda reception centres, and Dundo community also confirmed that the majority of the refugees received information about water treatment, handwashing, sanitation and waste management mostly through UNICEF-supported radios and mobilizers. The survey results also guided the social mobilization activities by providing reliable data on the refugees' knowledge, attitudes and practices around WASH issues and consequent behaviours that needed to be changed.

The weekly results indicators confirmed that more than 80 per cent refugees in both Lóvua and Cacanda could recall the main key-messages on WASH (handwashing, use of latrines and cholera prevention), child protection (prevention of family separation) and health (malaria) which have been promoted by the social mobilizers, comedians and community radios.

As part of UNICEF's Lunda Norte extended work plan, a training on social and behaviour change communication for emergency preparedness was organized for 32 members of the Province's Civil Protection and Angola Red Cross. A similar training was adapted and conducted at Lóvuá municipality for 20 participants, including not only members from the administration, religious leaders, traditional authorities, teachers and health clinic staff, but also refugee social mobilizers.

Funding

UNICEF Angola requires US\$ 20,683,449 to fund its programmes, reflecting increased humanitarian needs due to the refugee response and ongoing vulnerability of Angolan women and children, exacerbated by the economic and financial crisis. Additional funding is urgently needed to support the national response which includes treatment of acute malnutrition, strengthening WASH interventions, scaling up response interventions in health, education, and child protection while also addressing the life-saving needs of refugee children and women. Without additional funding, UNICEF will not be able to meet the urgent needs of the population in the critical sectors of Nutrition, WASH, Health, Education and Child Protection.

Funding Requirements (as defined in Humanitarian Appeal of August 2017 for a period of 12 months)					
Appeal Sector	Requirements	Funds available		Funding gap	
		Funds Received Current Year	Carry-Over	\$	%
WASH	3,640,000	1,723,805	312,549	1,603,646	44
Education	1,916,955	38,696	44,068	1,834,191	95
Health	8,961,461	644,759	4,873,863	3,442,839	38
Nutrition	2,294,045	745,998	66,134	1,481,913	64
Child Protection	2,090,500	500,760		1,589,740	76
Coordination, PME, Communication	1,780,488	250,200	711,772	818,516	45
Total	20,683,449	3,904,218	6,008,386	10,770,845	52

* Funds available includes funding received against current appeal as well as carry-forward from the previous year.

UNICEF Angola: https://www.unicef.org/infobycountry/angola_latest.html

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UNICEF Angola: <https://www.youtube.com/user/UNICEFangola>

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Annex 1

SUMMARY OF PROGRAMME RESULTS 2017

	UNICEF and Implementing Partners Response		
	2017 Target	Total Results (Jan –Dec 2017)	Change since last report ▲ ▼
NUTRITION			
UNICEF-targeted children in humanitarian situations with SAM 6-59 months admitted into therapeutic treatment programmes	30,000	24,923	15,884 ▲
UNICEF-targeted children in humanitarian situations under 5 years old screened for malnutrition	400,000	189,305	11,946 ▲
Number of primary caregivers with access to IYCF messages in humanitarian situations	5,000	5,000	1,046 ▲
HEALTH			
UNICEF-targeted children 6 months to 14 years in humanitarian situations who are vaccinated against measles	12,000	13,694	2,026 ▲
Number of cholera cases managed with UNICEF support	500	490	No Change
WATER, SANITATION & HYGIENE ⁵			
Number of people with access to safe water as per agreed standards	90,000	284,184	No Change
Number of people reached with key messages on hygiene practices in humanitarian situations	360,000	527,226	No Change
Number of people with access proper sanitation facilities	90,000	91,986	No Change
CHILD PROTECTION			
UNICEF-targeted children in humanitarian situations accessing Child Friendly Spaces	4,000	2,892	No Change ⁶
UNICEF targeted children in humanitarian situations registered as unaccompanied or separated who received appropriate alternative care services	200	124	12 ▲
Number of people reached by key protection messages in humanitarian situations	20,000	18,293	No Change ⁷
UNICEF-targeted children in humanitarian situations reached by child protection services in regards to Violence Against Children	1,500	212	139 ▲
EDUCATION⁸			
UNICEF-targeted children in humanitarian situations accessing education services	17,243	2,505	No Change
Number of teachers in humanitarian situations trained to respond to Education in Emergency.	500	537	311 ▲

⁵ No changes in cumulative results for the last two months, resources and activities have been focused on sustaining operations, not expanding.

⁶ Results are corresponding to children accessing CFS on a weekly basis. Figures received after closure of the reporting period show increase to 4,037 children accessing CFS on a weekly basis.

⁷ The number of people reached is dependent on the number of people residing in the camps, to date the maximum number of people have been sensitized with key protection messages.

⁸ While targets for teacher training were superseded, the targets for education services were not met and the programme remained largely underfunded, the programme made use of regular and other resources to achieve the results.