Angola: Drought
Office of the Resident Coordinator Situation Report No. 7
(as of 15 October 2016)

This report is produced by Office of the UN Resident Coordinator in collaboration with humanitarian partners. It covers the period from 13 September to 15 October 2016. The next report will be issued on or around 15 November.

Highlights

- 400,000 most vulnerable people are estimated to be in need of food and in-kind assistance;
- High temperature registered in Cunene, over 41°C, limiting livelihood capacity to cope with the persistent drought.

1.2m
People affected

585,000
People targeted for humanitarian assistance

Situation Overview

In 2015 the El Niño-induced drought affected 1.5 million people in Angola; the most affected provinces are Cunene, Huila and Namibe (source: Civil Protection National Committee-CNPC). In the three provinces SAM rates of November 2015 were among 4.7 and 7.3% and GAM rates among 15.3 and 21.3% (source: MoH). Agricultural and livestock losses were estimated to be about $242.5m (source: MINAGRI).

In 2016 the agricultural production deficit is estimated at upwards of 40 per cent, with an estimated 1.2 million people affected during the first half of the year (source: CNPC) and SAM rates among 3.75 and 5% in the three provinces (MoH).

An estimated 90 per cent of affected people live in rural areas and are dependent on agriculture and livestock, with limited access to safe water and electricity, and long distances from health centres, schools and markets. The situation is exacerbated by the economic crisis and reduced imports; reflected in the significant increase in staple food prices and lack of certain basic commodities.

The situation is critical for pastoralists, who have been in transhumance since June; as for small farmers who are facing lack of draught animals to plough their fields in preparation for the next planting season.

People are forced to trek long distance to get water, and this is affecting livelihood income activities and school dropout rates. Severe acute malnutrition rates remain high in remote rural communities. The key-role and capacity of Community mobilizers play a key-role in reporting malnutrition cases; during the reported period, 1225 children were screened in Cahama and Ombandja Municipalities, and 72 (6%) were referred to CMAM centers to receive Malnutrition treatment (source: UNICEF).

High temperatures are registered in Cunene, being over 42°C, limiting people capacity to implement livelihood activities. High temperatures are considered a signal for upcoming good rains, in December.

Yellow fever vaccination campaigns have been conducted in six municipalities in Huila and Cunene provinces, reaching more than 1.7 million people since May 2016.
**Funding**

**Angola UN and NGO El Niño response**

**US$ 69 million**

**overall requirement**

<table>
<thead>
<tr>
<th>Funding Status</th>
<th>Funding by sector (in US$)</th>
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</thead>
<tbody>
<tr>
<td>12%</td>
<td>Coordination</td>
</tr>
<tr>
<td>88%</td>
<td>Protection</td>
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</tbody>
</table>

The diagrams above show the funding status for different sectors/clusters to date. The agriculture, nutrition and health sectors are particularly underfunded. However, data is often not available or comparable and the real needs for other sectors is likely to be higher than reported.

**Humanitarian Response**

UN agencies and NGOs are working closely with the Government of Angola to address the situation. Four life-saving projects funded by the Central Emergency Response Fund (CERF) are supporting 585,000 people since February up to November 2016. Beside this, UN agencies have implemented other emergency response project. Multiple national and international NGOs and the Red Cross have developed multi-sectoral emergency programmes to respond to rural community needs in the three most-affected provinces.

In the framework established by the National Plan for Preparation, Contingency Response, and Recovery (PNPCR) 2015-2017, from July to September 2016, the UN continued its emergency support in the drought-affected Cunene, Huila and Namibe.

Immediate response and resilient recovery projects are integrating the humanitarian response with livelihood support and income generation, also in view of the upcoming effects of La Niña, expected in the last quarter of the year.

**Food Security and Agriculture**

**Needs:**
- Restore seed stock of drought-resistant short-cycle varieties of maize, millet and sorghum in rural support communities for the next seedling season, in late November.
- Recover livelihood and food production capabilities of 86,000 rural families.
- 150,000 semi-nomadic herders reached with good livestock health practices.
- Improvement of food security, beneficiary groups information management and analysis.

**Response:**
- FAO is distributing 1 ton of maize to communities for the next seedling season.
- 2,900 families of the 2,500 targeted have started to harvest horticulture products, promoted and supported by FAO. Together with the Department of Agriculture (DPA), FAO is monitoring a total of 426 family gardens of the 116 targeted in the three provinces.
- 342 Community Animal Health Workers (CAHW) are strengthening their skills through refreshing trainings and improving services in animal health through mineral licks production, which is also starting to provide alternative incomes as promoted by FAO.
FAO has started the rehabilitation of the second of the three water reservoir targeted in Cunene Province, after completing the first one.

**Gaps & Constraints:**
- Outbreaks of antrax are being managed by local governments and veterinary services.
- Lack of water in municipality of Cahama (Cunene province) and Gambos (Huila province) are compromising the horticulture production.

### Health

**Needs:**
- Drugs and vaccines of Penta3, measles, rotavirus and yellow fever for 15,134 children aged 0 to 59 months (DPS-WHO data) in three provinces.
- Basic essential obstetric care kits for more than 202,000 pregnant women.
- Strengthening disease surveillance systems.

**Response:**
- WHO is supporting the upcoming training of trainers on management of acute malnutrition with complications, targeting 400 health technicians.
- The yellow fever vaccination campaign reached 1.7m people in the provinces of Cunene and Huila, with support of WHO and UNICEF.

**Gaps & Constraints:**
- High turnover of health and nutrition personnel.

### Nutrition

**Needs:**
- 37,835 children under age 5 are targeted by UNICEF for the treatment for severe acute malnutrition (with and without complications) in the three affected provinces;
- Strengthen the integrated disease and nutrition surveillance systems at all levels.
- Improve supervision of in-patient treatment (IPT) programs in three provinces.
- Establish a community worker system to ensure a better implementation of CMAM program

**Response:**
- A cumulative total of 11,513 children with severe acute malnutrition with and without complications admitted at health facilities, representing the 30 per cent of program coverage.
- Nutritional supplies and equipment (Scales, MUAC Tapes, routine medicines, RUTF, RUSF etc.) continue to be delivered to health facilities in the most affected areas, with the Provincial and municipality level regular monitoring;
- A total of 721 health providers in the three provinces were trained on management of acute malnutrition without complications;
- Regular Formative Supervisions are being conducted at central and provincial level;
- During the reporting period, UNICEF trained 30 trainers of community workers and facilitated advocacy meetings with local, traditional and religious leaders in Cunene and Huila Province;
- Huila Province conducted trainings for 73 community workers in three municipalities; a total of 300 community workers of the 394 targeted to screen and report malnutrition caseloads to health centers.

**Gaps & Constraints:**
- The prolonged stock-out of treatments up to March 2016 represented a barrier for mothers to attend consultations. This has been addressed by extending the training to the community workers and CVA;
- Turnover of trained and skilled professionals to other areas;

### Protection

- $15.6m required to support health sector
- $21m required to support Nutrition
Needs:

- Training on gender-based violence (GBV) at community and health services levels for 756,000 people.

Response:

- UNFPA has concluded the emergency program reaching 10,283 adolescents girls and boys with information on sexual and reproductive health (SRH), GBV and HIV & AIDS, and 2,460 adolescent girls received sanitary kits in three municipalities of Cunene Province.

Gaps & Constraints:

- Inadequate funding for a major impact on adolescent protection.

Water, Sanitation and Hygiene

Needs:

- Provision of safe water to meet the daily needs of 120,000 people (at least 15 l/day).
- Promotion of community-led total sanitation (CLTS) approaches to reduce open air defecation and prevent water-borne diseases, especially among children under age 5.

Response:

- UNICEF WASH activities have reached over 56,000 people with appropriately designed toilets and emergency hygiene kits. 109,000 people were reached with hygiene and sanitation messages.
- A combined approach between WASH and Nutrition has facilitated the provision of WASH emergency items through health centers to 70,770 people.
- Nineteen water pumps have been rehabilitated, benefitting approximately 9,500 people.
- UNICEF continues assisting the three provincial governments with the distribution of family hygiene kits and WASH information, education and communication materials to families with malnourished children being treated in health centers.

Gaps & Constraints:

- Difficulty in procuring sufficient volanta hand-pumps, requested by the Provincial Directorates of Energy and Water, has delayed the rehabilitation process.

General Coordination

An Inter-Ministerial Drought Emergency Commission led by the Ministry of Planning has been established to support emergency efforts. The UN Emergency Country Team and the Response Coordination Team are coordinating activities and optimizing efforts between UN agencies’ interventions and those between UN and NGOs.

In late June, OCHA’s Director of its Operational Division visited Angola to follow up on support to the yellow fever response and to the drought in the south. The mission also visited Cunene Province.

Monthly coordination groups meetings are taking place in the three provinces, strengthening coordination and building synergies between provincial government, UN agencies, NGOs and the Angola Red Cross Society.

Building upon the partnership forged between the government and its partners in drought response, on 19 September the Government of Huila and the CNPC organized the first Inter-Provincial Meeting on El Nino-induced Drought in Lubango, Huila; with participation of the departments of three provinces, national representatives of the Ministries of Planning, Territory administration, Agriculture and Health, UN agencies, NGOs and civil society. The meeting attended by over 90 participants successfully ended, recommending: 1) to maintain the coordination structure strengthened since March 2016 and to possibly scale it up to a Southern Angola’s provincial coordination platform, which is supported by the increased capacities of information management; and 2) to invest in the long-term strategies in order to progressively reduce vulnerability and poverty in the Southern region.

On the request of the Ministry of Interior, and with the technical support of the UN, the EU and the WB, the National Civil Protection Commission (CNPC) has advanced the implementation of the drought Post-Disaster Needs Assessment (PDNA). The CNPC is expected to review the final draft of PDNA report in October and it will be presented in middle November. The PDNA report has analyzed the primary and secondary sectorial data to measure...
the effect and impact of the recurrent drought affecting the target provinces of Cunene, Huila and Namibe from 2012 to 2016 and aims to provide a Drought Recovery Strategy.

Background on the crisis

During 2015, the El Nino-induced drought affected 1.5 m people in 6 provinces of Angola. The 78% of food-insecure people live in three provinces of southern Angola, characterized by nomadic pastoralist communities. Non-functional boreholes, sharing water with livestock, livestock disease outbreaks, high agricultural and livestock losses, lack of seed and food stocks and low purchasing power of rural people are quite common. Critical under-nutrition rates were reported, between 4.7 and above 7.3% of SAM rates in November 2015 and between 3.7 and 5% in June 2016. SAM and Gam are still high in remote community areas, it is fundamental to strengthen the role of community mobilizers for malnutrition screening and reporting to authorities. In July 2016, production losses are estimated to be up to 40%. A number of 400,000 people are estimated to be food insecure and food stocks are poor in October, also due to the economic crisis that brings rural people to sell their stocks.

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