

## UNICEF HUMANITARIAN ACTION

# ANGOLA

DONOR UPDATE 24 JUNE 2003

### URGENT NEEDS IN HEALTH, WATER AND SANITATION, EDUCATION AND MINE ACTION

- **National Measles Vaccination Campaign reaches 7.1 million Angolan children - 92% of the child population (aged 9 months – 15 years)**
- **Ministry of Education announces funds for a further 29,000 new teachers - more than 1 million new children in schools for the 2004 school year!**
- **Repatriation programme for returning Angolan refugees – preparations underway to assist returning families**

#### 1. EMERGENCY OVERVIEW AND RECENT DEVELOPMENTS

Since the closure of the Gathering Areas where former UNITA combatants and their families were assembled for demobilisation purposes and the consequent movement of population into permanent areas of resettlement, UNICEF has started to adjust the strategic direction of its programmes to support the country's transition from emergency to development. The repatriation of Angolan refugees from Zambia was scheduled to commence on June 21, after a temporary delay due to a landmine found along one of the routes. This operation, being implemented under the leadership of UNHCR, is the first voluntary repatriation since last year's ceasefire. UNICEF is providing assistance for returning refugee families in the areas of child protection, health, nutrition, water and sanitation, education, mines awareness and HIV/AIDS prevention, both during the return process and in areas of permanent resettlement. There are still some 73,000 people in 9 Gathering Areas awaiting transport. The estimated number of persons in critical need is around 208,900 including populations in newly accessible, return and resettlement areas. Although humanitarian agencies resumed operations in several locations, an estimated 117,800 persons are still cut-off from humanitarian assistance due to poor road conditions or mine infestation. UNICEF Angola continues to address urgent needs in the areas of health,



The boundaries and names shown do not imply official UN endorsement.

nutrition, education, child protection, water & sanitation, HIV/AIDS and landmine awareness. The significant contribution from the European Commission (EC) of €8.9 million as well as other donor contributions have assisted UNICEF in responding to some of the needs of children and women. However, to continue and to expand upon these interventions, UNICEF is urgently appealing for additional funding from donors to meet the funding requirements outlined in the Mid-Term Review of the 2003 Consolidated Appeal.

## 2. UNICEF RESPONSE

**Measles Campaign:** Final figures for the National Measles Campaign reveal that 7.1 million Angolan children (or 92% of the child population aged 9 months – 15 years) were vaccinated. UNICEF estimates that as a result of the campaign the lives of 70,000 children will be saved, and an additional US\$ 16.8 million will be saved on medical costs. The strategic goal of the measles campaign is to reduce measles mortality cases and deaths in Angola by 75% by 2007 compared to 2002 estimates. Measles is a highly contagious, preventable disease that kills more young Angolans than any other preventable ailment. The campaign was launched in April and recently concluded its three phases, the first included vaccination in schools (April 21-25), the second phase covered vaccination in 587 health facilities and 3,369 vaccination posts in urban and peri-urban areas (May 3-9), and the third and most difficult phase included vaccination in rural areas (May 10-31). The campaign finished as the biggest and one of the most successful health initiatives in Angola's history. It was made possible due to the mobilization of 35,000 people, together with support from NGOs and churches. The major contributor was CIDA, providing almost US\$ 4 million. Other important partners were the EU, USAID, Sweden, Norway and the German and Dutch UNICEF National Committees.

**Routine Immunisation:** In the aftermath of the measles campaign, efforts to strengthen routine immunisation by the Ministry of Health, UNICEF and WHO are already underway. A new plan for intensifying routine immunisation in 56 municipalities where three-quarters of the total child population resides is under preparation. This plan will be put into action immediately after the National Immunization Days (NIDs) for polio eradication, and continue until the end of 2003.

**Polio:** NIDs have been successfully carried out over the last few years and the country has made significant progress towards polio eradication. The NIDs have been implemented by the Ministry of Health with the support of WHO, UNICEF, NGOs, bilateral donors and other partners. With global funding constraints there has been a tactical shift and the strategy has been modified. As a result, NIDs will be implemented in a select few countries, including Angola, given that Angola is still considered to be at risk of transmission. A high level Technical Advisory Group (TAG) visited Angola this month to review the polio programme and to make recommendations which included the strengthening of the surveillance system for the notification of cases of Acute Flaccid Paralysis as well as the intensification of supplementary and routine vaccination. UNICEF will be working closely with the Ministry of Health and WHO in implementing these recommendations.

**Malaria and Essential Drugs:** UNICEF stepped up the promotion and distribution of insecticide treated mosquito nets reaching a total of 16 provinces to date. Through the support of EC funds, activities were extended to Cunene and Kuando Kubango. Operations in Moxico also expanded due to the inclusion of returnees and resettled populations (former IDPs). 12,000 mosquito nets and insecticides have been sent to the provinces to cover 4,000 new families, making a total of 500,000 nets supplied.

**Nutrition:** The results from the National Nutrition survey carried out in 2003 in high-risk areas (Chipindo and Matala in Huila Province, Ganda and Cubal in Benguela Province, Lunda Sul and Huambo Town) indicate a global malnutrition rate of less than 8% among children aged 6-59 months. Although, this shows that the overall nutritional situation in the country has stabilized, there may still be pockets of acute malnutrition in the country. UNICEF and partner NGOs are now focusing on the progressive hand-over of the screening and management of severe malnutrition cases to the Ministry of Health. However, although the malnutrition situation in Angola is no longer considered a crisis, efforts are still needed at peripheral level to train, monitor and build capacity of Ministry of Health staff. Funding support is also needed to develop and implement strategies for breastfeeding promotion and to address, among other areas, micronutrient deficiencies.

**Water and Environmental Sanitation:** UNICEF, in collaboration with partner NGOs and organizations, helped organize a yearly National Planning Meeting on Water and Sanitation addressing the issues of harmonization of urban, rural and peri-urban programmes for water and sanitation, social mobilization, operations and maintenance. Implementation of UNICEF-supported water and sanitation projects in several locations is presently constrained due to funding shortages. A major initiative for water supply, sanitation and hygiene education in all schools is under discussion with the Government.

**Education:** In May 2003, after the success of the 'Back to School' education campaign and strong leverage from UNICEF, the Government of Angola announced US\$ 40 million in its budget to hire an additional 29,000 teachers on the Ministry of Education payroll. This translates to an additional 1 million school places for children in the 2004 school year, and an increase of approximately 90% per cent in the gross enrolment in the number of children in Angolan schools (grade 1 to 4). However, strong donor support is urgently needed for the training of new teachers, teacher supervision, provision of critical resources such as basic teaching and learning material for schools and for community support in the building of simple classrooms. UNICEF is currently assisting the Ministry of Education and partners in drawing up a plan to train and support these new teachers which will be deployed throughout the country.

**Child Protection:** UNICEF continues to address the immediate protection needs of the most vulnerable children and to carry out preparatory work to fulfil longer-term protection needs of Angolan children. UNICEF's support of the Government's birth registration and family tracing and reunification programmes is continuing. A conference on the situation of street children was held at the end of May to bring the issue of street children to the forefront and to find solutions for their integration.

**HIV/AIDS:** Over the last few weeks UNICEF has worked with the Government and other partners to prepare the National Strategic Plan to confront and fight HIV/AIDS. UNICEF also provided support to the Government and partners to prepare a proposal submitted to the UN Global Fund to fight HIV/AIDS, Tuberculosis and Malaria. A major initiative to design and produce information, education and communication (IEC) and social mobilisation material for HIV/AIDS prevention is currently underway and being supported by UNICEF with funding from ECHO.

**Mine Risk Education (MRE):** UNICEF has assisted in training staff of the Lutheran World Federation to deliver mine risk education as part of the integrated package for returning refugees in Luau and Cazombo, in Moxico provinces. An assessment was also undertaken in Makela do Zombo in Uige Provinces for returning refugees. Donor support is urgently required to step up mine awareness activities in many more areas in response to increased population movements and to avoid a likely rise in the number of mine incidents.

### 3. 2003 APPEAL REQUIREMENTS AND RECEIPTS

UNICEF funding requirements, as part of the 2003 UN Inter-Agency Appeal for Angola, remain largely the same as those previously stated in the Donor Update of May 20, 2003. Since the last release, contributions have been received from the Portuguese Government and Spanish UNICEF National Committee. The table below shows the funding requirements as well as receipts/pledges to date.

<b>Table 1: 2003 REVISED APPEAL REQUIREMENTS AND RECEIPTS AS OF 17 JUNE 2003</b>				
<b>Sector/Project</b>	<b>Target</b>	<b>Funded</b>	<b>% Funded</b>	<b>Unfunded</b>
Child and Maternal Mortality Reduction	8,940,000	2,004,982	22	6,935,018
Nutrition	1,717,301	210,000	12	1,507,301
HIV/AIDS	2,209,543	1,336,747	60	872,796
Water and Environmental Sanitation	2,640,330	746,912	28	1,893,418
Education	4,883,063	452,769	9	4,430,294
Child Protection	2,297,250	248,442	11	2,048,808
Mine Awareness *	1,185,030	421,796	36	763,234
<b>Total</b>	<b>23,872,517</b>	<b>5,421,648</b>	<b>23</b>	<b>18,450,869</b>

\* A pledge in the amount of \$1,975,851 has been made by the Government of Italy for mines awareness. Receipt of funds is however pending.

<b>Table 2: FUNDS RECEIVED/PLEDGED FOR THE REVISED APPEAL BY DONOR AS OF 17 JUNE 2003</b>		
<b>Donor</b>	<b>Income (US\$)</b>	<b>Pledge (US\$)</b>
Canada	536,912	
Netherlands	900,000	
ECHO*	376,747	
Finland	322,929	
German National Committee	191,623	
Japanese National Committee	31,299	
Norway	277,780	
United States**	400,000	
Sweden	2,328,200	
Portugal***	32,601	
Spanish National Committee	23,557	
Italy		1,975,851
<b>Total</b>	<b>5,421,648</b>	

\* Earmarked for HIV/AIDS

\*\* Earmarked for HIV/AIDS and Mine Risk Education in Areas of Refugee Return

\*\*\* Originally contributed towards Regular Resources and later used in support of CAP requirements as requested by donor.

\*\*\*\* Funds formally pledged, but not yet received. Earmarked for mine awareness.

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