

For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY



UNICEF HUMANITARIAN ACTION

ANGOLA

IN 2008



CORE COUNTRY DATA	
Population under 18	8797
Population under 5 (thousands)	3082
U5 mortality rate (2006)	260
Infant mortality rate (2006)	154
Maternal mortality ratio (2005, adjusted)	1400
Primary school attendance ratio (2000-2006, net, male/female)	58/59
% U1 fully immunized (DPT3)	44
% population using improved drinking water sources (rural/urban)	40/75
Estimated no. of people (all ages) living with HIV, 2005 (thousands)	320
% U5 suffering moderate and severe underweight/stunting	31/45

Source: *The State of the World's Children 2008*

A cholera outbreak has been ongoing in Angola since February 2006, resulting in 16,731 confirmed cases and 435 deaths in 2007, largely in peri-urban areas. Some 33,650 cases of cholera are estimated to occur in 2008, with prevention actions needed in all communities nationwide. In view of recent changes in weather patterns, regional flooding is likely to affect between 10,000 and 20,000 people in 2008. In the event of an outbreak of haemorrhagic fever, given the 2005 Marburg epidemic in Angola and the 2007 Ebola epidemic in the Democratic Republic of the Congo, national mobilization would be needed.

Summary of UNICEF financial needs for 2008	
Sector	US\$
Health and nutrition	2,041,982
Water, sanitation and hygiene	2,723,262
Education	57,617
Child protection	300,724
Total*	5,123,585

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

Angola is living a transitional period where programming is increasingly focused on transition and development, despite the relatively recent end of the conflict in 2002. The war had a profound impact on all aspects of social and economic life in Angola, with the destruction of basic infrastructure and the disruption of educational provision continuing to lead to poor service delivery. Ongoing mass migration of populations from urban to rural areas has resulted in large slums in and around urban centres, putting considerable pressure on housing and access to basic services. High unemployment, in particular with regards to women and youth, is still one of the biggest obstacles to stabilizing the situation. There is a pressing need to restore services and revive local economies in rural areas. However mine infestation continues to prevent agricultural renewal and household food security.

Sixty-eight per cent of Angolans live below the poverty level, of which 28 per cent are classified as living in extreme poverty. Access to basic social services is often impossible due to their limited and unbalanced distribution across the country. Social indicators for Angola are consistently among the worst in the world. In urban areas 75 per cent of the population uses improved drinking water sources, whereas in rural areas only 40 per cent of the population has access to safe water supplies. Access to adequate sanitation facilities is 56 per cent in urban areas and 16 per cent in rural areas. Angola has one of the highest infant mortality rates in the world at 154 per 1,000 live births, and an under-five mortality rate of 260 deaths per 1,000 live births; 35 per cent of children suffer chronic malnutrition. Angola is ranked 161st of 177 countries in the 2006 Human Development Index.

Angola is in a period of transition. The Government of Angola (GoA) is therefore assuming more responsibilities and has reoriented flows of aid progressively away from emergency programming towards development. The international community has shifted its cooperation from the provision of humanitarian funds to financing middle/long-term development programmes and reinforcing economic cooperation with GoA. As a result, some humanitarian sectors are now poorly funded by the donor community and/or poorly assisted by GoA. In this sense, Angola's priorities are: water, nutrition, and health, especially cholera. Unless needs are met illnesses are likely to increase, mainly cholera, malaria and diarrhoea, as well as mortality rates.

In 2007, there have been 16,731 confirmed cholera cases and 435 deaths. While the number of cholera cases has been small over the dry season as of April 2007, a significant number of cases have continued to be recorded in the major urban capitals of Luanda, Benguela, Cabinda, Malange and Uige. Cholera has been largely a peri-urban phenomenon, tied to seasonal rains. The rainfall season can be divided into two periods: the first starting in September and the second later in the year, from November/December until April. In the north of Angola heavy rains fall during the first period, while across the country the heaviest rains are felt during the second period.

In the first quarter of 2007, as a result of very heavy rains in the provinces of Luanda, Cabinda, Uige, Malange, Moxico, Huambo and Kuando Kubango, a significant number of families were displaced after their houses were destroyed and large areas flooded. Camps were set up in several of the affected provinces, and relief items rushed; food, water, sanitation, temporary learning spaces and long-lasting insecticidal nets (LLINs) to avoid a rise in malaria were also provided.

Haemorrhagic fever is a serious concern as Angola responded to a large Marburg haemorrhagic fever epidemic in 2005 and the Democratic Republic of the Congo (DRC) is responding to an Ebola epidemic close to the Angolan border in late 2007. However, the massive bioprotective response required by haemorrhagic fever is hampered by local traditional practices in both DRC and northern Angola.

The Angolan health system continues to be stretched by ongoing emergencies and the detection of polio and measles cases, leading to low coverage of routine health services, and to the need to maintain vaccination campaigns and vitamin supplementation.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

Since the end of the armed conflict the Government of Angola (GoA) has been developing systems to coordinate interventions responding to natural disasters, epidemics and other emergencies. In 2007 UNICEF has worked with GoA, UN agencies and NGOs to develop a contingency plan to prepare for and respond to

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potential emergencies. The National Cholera Task Force meets regularly at national level and in cholera-affected provinces under the leadership of the Ministry of Health. UNICEF, the World Health Organization (WHO), Médecins Sans Frontières and the International Federation of Red Cross and Red Crescent Societies (IFRC) attend these meetings amongst other GoA and NGO actors. The national response to flooding in 2007 was coordinated by the national Civil Protection Commission, with the Provincial Governor's Office of each province affected coordinating partners locally. In September 2007 UNICEF supported a mission to assess preparedness levels regarding the prevention of Ebola in Angola's border area and the treatment of cases in the event of cross-border transmission of the disease to Lunda Norte, Malange, Uige or Moxico provinces.

UNICEF responded to cholera, flooding, and a potential Ebola outbreak, while adopting contingency measures to respond to a small number of avian influenza cases. UNICEF assisted the Ministry of Health, the Ministry of Energy and Water and the Ministry of Education in developing and implementing cholera response interventions through the following activities: providing technical capacity to enhance national and subnational coordination and response management, producing annual supply contingency plans and supporting national monitoring and evaluation systems; in partnership with the National Cholera Logistics Commission, facilitating the distribution of supplies for the treatment of 50,000 cholera cases and helping set up the capacity of the government's regional emergency warehouse; providing material assistance for 500,000 house-to-house visits to distribute home water treatment/storage supplies and hygiene kits as well as information, education and communication (IEC) materials on cholera prevention and the importance of early treatment; contributing to the establishment of 14 cholera treatment centres and to the training of 500 health workers; and conducting surveys for evidence-based management of interventions.

UNICEF responded to flooding distributing home water treatment/storage supplies and hygiene kits to meet the needs of 4,000 families in Luanda province left homeless and relocated in temporary camps. UNICEF also provided 40,400 LLINs to the eight affected provinces. UNICEF supported GoA, the World Health Organization (WHO) and other partners in the preparation of national and subnational contingency plans to respond to Ebola and avian influenza, including the design and production of programme communication materials. Eight thousand of the families most vulnerable to Ebola living on/near the border with DRC were reached with communication materials to help them prevent the spread of the outbreak.

3. PLANNED HUMANITARIAN ACTION FOR 2008

Coordination and partnership

When a national emergency is officially declared, the UN coordinates emergency response through the Emergency Resident Coordinator. The ongoing cholera outbreak is coordinated through the GoA Cholera Coordination Committee, and other emergencies are coordinated through the GoA Civil Protection Commission.

Regular programme

The *Humanitarian Action Report* emergency appeal will allow UNICEF to strengthen the delivery of programmes outlined in the 2005-2008 Country Programme Action Plan by improving national capacity to accelerate child survival and development. Interventions include: a) saving lives through the prevention and treatment of critical emergencies that threaten the efficacy and efficiency of routine programmes; b) facilitating fast recovery to enable communities to return to their normal lives.

Health and nutrition (US\$ 2,041,982)

Some 7.4 million displaced persons, host communities and impoverished persons will benefit from the following activities:

- Procure and distribute essential emergency drugs and equipment for health centres nationwide to treat the 33,650 cases of cholera estimated to occur in 2008. Essential supplies will include Ringer's lactate, oral rehydration salts (ORS) and antibiotics;
- Support the establishment of cholera treatment centres in all affected areas to ensure fast effective treatment of all patients; train over 500 provincial staff for cholera treatment and control, thus ensuring the availability of a strong body of personnel at the provincial level in the event of an outbreak;

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- Raise awareness of 7.4 million people on the importance of rapid effective treatment of cholera and/or haemorrhagic fever through mass media and community mobilization;
- In the event of an outbreak of haemorrhagic fever, distribute bioprotective materials to fully protect against the vibrium 400 health workers;
- Distribute hospital equipment, such as syringes and essential drugs, for the safe treatment of up to 600,000 users in all health centres located in areas affected by haemorrhagic fever;
- Facilitate the distribution of 15,000 LLINs to protect up to 30,000 children and pregnant women.

Water, sanitation and hygiene (US\$ 2,723,262)

Some 7.4 million displaced persons, focusing particularly on children and women, will be reached through the following activities:

- Provide safe water to the most vulnerable communities in the event of a cholera outbreak; provide home water treatment/storage kits for 464,000 people (each kit contains one 20-litre jerrycan, water purification tablets/chlorine mother solution, a child-friendly water dispenser and soap for home hygiene);
- Assist GoA and non-governmental/faith-based/community-based organizations in the distribution of calcium hypochlorite mother solution to 800,000 families for the safe treatment of drinking water;
- Install water bladders in areas hardest hit by cholera for 22,500 people and urge local government to ensure all tanks are regularly filled;
- Raise awareness on the importance of using safe water in the home, routinely washing hands with soap and adopting safe sanitation practices to prevent cholera and/or haemorrhagic fever;
- In the event of flooding, provide home water treatment/storage kits to 90,000 people;
- Provide collapsible water tanks to ensure access to safe water for 10,000 people in the areas hardest hit by floods and provide 1,750 people displaced by flooding with water and sanitation systems in their areas of temporary residence;
- In the event of an outbreak of haemorrhagic fever (Ebola or Marburg), provide home water treatment/storage kits to 30,000 people, and water tanks for safe water storage to 5,000 people in the most vulnerable areas;
- In haemorrhagic fever-affected areas, support the improvement of water and sanitation systems in provincial and municipal hospitals for 20,000 people.

Education (US\$ 57,617)

A total of 3,000 displaced children and 40 teachers will benefit from the following activities:

- Support the construction of 20 child-friendly temporary school/classroom structures to accommodate 3,000 primary schoolchildren;
- Supply basic scholastic materials, including notebooks, pencils and erasers, for 1,600 primary schoolchildren;
- Procure and distribute recreational kits and school supplies for 1,600 children.

Child protection (US\$ 300,724)

Some 13,500 children and adolescents affected by flooding and/or haemorrhagic fever will be reached through the following activities:

- Support child protection networks to reach out to children and adolescents affected by flooding, providing birth registration documents for 10,000 children who have lost all documentation; facilitate housing, resettlement and support to 5,000 most vulnerable children; provide non-food items to 4,000 most vulnerable children;
- In the event of an outbreak of haemorrhagic fever, support child protection networks to distribute non-food items for 2,000 babies, provide psychosocial support and resumption of schooling to 1,000 children and adolescents, construct new houses where the old ones were destroyed to stop the spread of the virus, and provide vocational training to adolescent caregivers of young children.