

UNICEF HUMANITARIAN ACTION ANGOLA IN 2009



Core Country Data	
Population under 18	9,022
Population under 5 (thousands)	3,162
U5 mortality rate (2007)	158
Infant mortality rate (2007)	116
Maternal mortality ratio (2005, adjusted)	1400
Primary school attendance ratio (2000–2007, net, male/female)	58/59
% U1 fully immunized (DPT3)	83
% population using improved drinking-water sources (rural/urban)	62/39
Estimated no. of people (all ages) living with HIV, 2007 (thousands)	190
% U5 suffering moderate and severe underweight/stunting	26/45

Source: *The State of the World's Children 2009*

The ongoing cholera outbreak has resulted in 9,397 cases with 222 deaths from 1 January to 5 October 2008, largely in peri-urban areas. In 2009, it is estimated that there may be up to 15,000 cases of cholera, with prevention needed in all communities nationwide. Regional flooding is probable, and may affect some 100,000 people with almost 50 per cent displaced. Food insecurity could provoke up to 100,000 severely malnourished children, given the high cost of food, localized rain failures and flooding. Funding through the *Humanitarian Action Report* will reach 4.9 million children in Angola.

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Health and Nutrition	1,950,000
Water, Sanitation and Hygiene	2,000,000
Education	200,000
Child Protection	350,000
Total**	4,500,000

* Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other underfunded emergencies.

** 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 AND WOMEN

Angola is at a crossroads, having moved rapidly from protracted civil war to a development phase, and benefiting from strong economic growth of 24 per cent (highly dependent on the oil and diamond sectors). Angola has assets which may be put to good use to reach the Millennium Development Goals (MDGs). Nevertheless, enormous destruction due to the conflict has resulted in extremely poor social infrastructure, such as water and sanitation systems, health centres and schools, and human resource capacity. This severely aggravates natural disaster and epidemic preparedness and response capacity, exacerbating the vulnerability of children and women.

Enormous challenges persist in all of Angola's sectors, with several indicators ranking amongst the worst in the world, such as under-five child mortality. Health services, infrastructure, water, education, and social policy will require massive investment and sound policy in the coming years to provide broad-based service coverage. Of positive note is the fact that the Government is working on a new five-year development plan (2009–2013) and has proved its interest and commitment to invest in the social sectors – such as through the Water for All programme, which aims to provide clean water to 80 per cent of the population by 2012. Meanwhile, local capacities to plan and implement disaster risk reduction policies and programmes need to be developed to strengthen institutional and community resilience.

The under-five mortality rate is 158 per 1,000 live births and maternal mortality is very high at 1,400 per 100,000 live births. Malnutrition is alarmingly high, with almost one third of children underweight and almost one in two children under age five stunted. In water and sanitation, 8.7 million people are estimated to have no access to potable water and 8.5 million no access to sanitation. Fertility rates remain amongst the highest in the world at around six children per woman, with the population expected to double in 22 years. Some 53 per cent of Angola's population is under age 18.

The first half of 2008 saw a considerable rise in vulnerable populations affected by flooding, with some of the worst floods in recent history in the southern provinces of Cunene, Kuando Kubango, Moxico, and Benguela. A total of 106,400 people were affected, with 22 deaths and 56,200 internally displaced persons (IDPs). Cunene and Kuando Kubango were worst hit, with more than 55,000 IDPs, many of whom were children. Affected communities in Ondjiva, the provincial capital of Cunene, remain in centres for displaced persons, while local authorities build new houses in a location safe from future flooding. Despite needs, no such centres were established in Kuando Kubango Province, and many communities sheltered with friends and family in overcrowded housing leading to unsanitary conditions.

As of 5 October 2008, 9,397 cases of cholera had been reported, with 222 cholera-related deaths, across 15 of Angola's 18 provinces. This compares to 50,315 cases (2,065 deaths) over the same period in 2006, and 16,270 cases (404 deaths) over the same period in 2007. While the 2008 caseload remains significant, there has been a marked reduction in annual cases/deaths. The rise in cholera cases at the beginning of 2008 was closely linked to the provinces affected by flooding/heavy rainfall. Cholera cases have diminished significantly over the dry season, with no cases between 14 September and 5 October. However, as rains started again in northern provinces, cases were confirmed as of 12 October. A rise in cases is expected from end 2008 with a peak between February and April 2009. As the continued cholera threat is largely due to poor water and sanitation infrastructure, the government's massive infrastructure renewal programme, including the Water for All programme, will be key to overcome structural issues.

The flooding in 2008 followed the failure of the first rains from October to December 2007 across much of Angola, which stunted agricultural output in Huíla Province. Furthermore, flooding in Kuando Kubango Province caused massive crop destruction. These factors, coupled with high food prices on Angola's markets, have resulted in heightened food insecurity, especially for the poorest communities.

Angola's HIV/AIDS seroprevalence is estimated at 2.1 per cent (National Institute to Fight Against AIDS/Centers for Disease Control and Prevention (INLS/CDC), 2007), which is comparatively lower than neighbouring countries, such as 24.1 per cent in Botswana, 5.3 per cent in Congo, 19.6 per cent in Namibia, 3.2 per cent in the Democratic Republic of the Congo (DRC), 17 per cent in Zambia and 21 per cent in Zimbabwe. However, the opening of borders and increased population movements are leading to a rapid spread of the epidemic, especially in border provinces.

Angola is one of few countries showing a rapidly increasing number of annual polio cases, with 25 cases confirmed as of 9 October 2008. Angola has exported polio cases to DRC and Namibia. Furthermore, Angola was affected by a severe epidemic of Marburg haemorrhagic fever in 2005, with 371 cases and 324 deaths, and by a further threat of Ebola import from DRC in 2007 during the outbreak in the Kasai Occidental Province, close to the border with Angola in Lunda Norte.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

In 2008 UNICEF supported the strengthening of Angola's health, nutrition, and water, sanitation and hygiene services to reduce the impact of future disasters. The Ministry of Energy and Water (MINEA) launched the national Water for All programme, aimed to bring improved water supply facilities to 80 per cent of the population by 2012. The Ministry of Urban Development and the Environment (MINUA) assumed the national lead for the implementation of improved sanitation. UNICEF and the World Health Organization (WHO) supported the Ministry of Health (MINSa) to coordinate national cholera control interventions, and the four 2008 national Polio Immunization Days, reaching 6.1 million children under age five nationwide (100 per cent of target group).

The overall goal of UNICEF Angola's emergency programme was to reduce the impact of cholera on affected children and families nationwide, with a particular focus on areas hit by flooding. UNICEF and WHO supported MINSa to coordinate the interministerial National Cholera Task Force as of the start of the outbreak in February 2006. UNICEF provided Ringer's lactate, oral rehydration salts (ORS) and antibiotics for cholera treatment centres nationwide. UNICEF also supported MINSa and MINEA to provide safe water and engage in community awareness-raising around effective cholera prevention and early treatment. These interventions reached 900,000 people in 2008 (around 10 per cent of the population in need), with a major part of the remaining gap being covered by partners, such as MINSa, MINEA, WHO and the Angola Red Cross. All interventions were made against MINSa's 2008 national cholera contingency plan, developed with UNICEF and WHO support.

To respond to the floods, UNICEF worked with the National and Provincial Civil Protection Commissions, the UN Disaster Management Team (UNDMT) and a UN/NGO coordination forum to provide humanitarian relief to the 104,000 people affected. UNICEF's support focused on access to services and behavioural messaging to prevent disease and promote community recovery, including the provision of basic supplies, such as water treatment products, impregnated mosquito nets, and therapeutic food for malnourished children. UNICEF worked with the Cunene Civil Protection Commission, Oxfam and the Angola Red Cross to ensure access to safe water and latrines for all 15,000 IDPs in Cunene camps.

3. PLANNED HUMANITARIAN ACTION FOR 2009

Coordination and Partnership

The National Civil Protection Commission (NCPS) is the Government body responsible for coordinating emergency preparedness and response in Angola. UNICEF, in partnership with the UN Disaster Management Team (UNDMT), supports NCPS to develop emergency plans and provide initial and ongoing response to communities affected by emergencies. UNICEF also supports the joint humanitarian coordination through UNDMT and the NGO humanitarian coordination forum. UNICEF is the UN humanitarian sector lead for nutrition and programme communication, and the joint sector lead for water, sanitation and hygiene (WASH), and for health with WHO.

Linkages of HAR with the Regular Programme

The funds raised through the *Humanitarian Action Report (HAR)* will allow UNICEF to strengthen the delivery of programmes in the 2009–2013 Country Programme, by ensuring that emergency programming complements routine programmes for the Angolan accelerated child survival and development (ACSD). Interventions in this appeal are: (a) saving lives through prevention and treatment of critical emergencies; and (b) facilitating the fast recovery for communities to return to their normal lives.

The focus of UNICEF Angola's emergency programme is to support the Government of Angola to prevent and respond to potential disasters, with the most probable emergencies being cholera and flooding. Angola is suffering from an ongoing cholera outbreak, and UNICEF's interventions aim at reducing the number of cases below 10,000 in 2009, with a mortality rate of 1 per cent or less. In response to seasonal flooding, UNICEF will assist 85,000 flood-affected women and children, including 42,000 IDPs, in support of the NCPS. In the event of an outbreak of haemorrhagic fever, UNICEF will support up to 85,000 children and women by improving haemorrhagic fever treatment and preventing further transmission, while some 2,000 children orphaned by the outbreak will receive special protection. UNICEF will provide polio immunization for up to 500,000 in areas where a local outbreak occurs and procure therapeutic feeding for up to 100,000 severely malnourished children in areas with acute food insecurity. Programme communication will disseminate essential behaviour

change messages to 4.9 million children and 1.2 million women nationally to prevent cholera, improve vaccination coverage and prevent further spread of haemorrhagic fever.

Health and Nutrition (US\$ 1,950,000)

For 2009, the overall goal of the emergency health and nutrition programme is to minimize the impact of the ongoing cholera and polio epidemics and of food insecurity, and to ensure that emergencies do not lead to an increase in the already very high infant and maternal mortality rates. Some 10,000 cholera patients, 42,000 flood-affected children and women, 200,000 children under age five in provinces at high risk of polio transmission, 100,000 severely malnourished children and 10,000 pregnant women/babies will benefit from the following key activities:

- Procure and distribute essential emergency drugs and equipment for health centres nationwide to treat all estimated 10,000 cases of cholera in 2009 – supplies will include Ringer's lactate and ORS;
- In the event of an outbreak of haemorrhagic fever, distribute bioprotective materials to 250 health workers to ensure they are fully protected to offer services to patients in health facilities;
- Distribute essential health supplies, such as syringes and drugs, to ensure safe treatment for up to 85,000 children and women in health centres in areas affected by haemorrhagic fever, to improve treatment and prevent further transmission;
- Support the distribution of 15,000 long-lasting insecticidal nets (LLINs) in areas affected by flooding, to cover up to 30,000 children and pregnant women. This will be supported by the community mobilization for the integrated management of childhood illness in emergencies, also supporting clean delivery and treatment of severe malnutrition;
- Provide ready-to-use therapeutic food to 100,000 children with severe acute malnutrition (67 per cent of total need) through community-based feeding centres;
- Organize provincial 'Polio Immunization Days' for up to 500,000 children in provinces with identified cases of polio, to avoid spread to further provinces;
- Provide emergency midwifery kits to ensure clean delivery of 10,000 babies in areas affected by emergencies.

Water, Sanitation and Hygiene (US\$ 2,000,000)

For 2009, the overall goal of the emergency water, sanitation and hygiene programme is to minimize new cholera cases and to ensure that flood-affected communities have access to safe water and effective sanitation. In the event of an outbreak of haemorrhagic fever, UNICEF will ensure rapid provision of basic services. Interventions will ensure that 7.4 million people at risk of cholera are aware of how to prevent its transmission, and 380,000 of the most vulnerable children and women are provided with home-level water and hygiene kits to ensure they consume potable water and practise safe sanitary behaviour. Some 57,000 flood-affected children and women will benefit from safe water, including sanitation, for some 42,000 IDPs. Safe water will be provided to health facilities in a region affected by haemorrhagic fever. Key activities will include:

- Provide safe water to the most vulnerable communities to prevent cholera transmission; provide household water storage and treatment kits for 450,000 people, with each kit composed of a jerrycan, child-friendly water dispenser and soap for home hygiene;
- Install water tanks in areas hardest hit by cholera to provide water for 22,500 people and support local government to ensure tanks are regularly filled, and water is treated to be potable;
- Through mass media and community mobilization, raise awareness of 7.4 million people (41 per cent of national population) on use of safe water in the home, routine handwashing, safe sanitation practices, and the importance of the rapid effective treatment of cholera and/or haemorrhagic fever;
- In the event of flooding, provide safe water to 57,000 children and women, including support to 42,000 internally displaced children and women, with both safe water supply and access to secure latrines/washing facilities;
- In the event of an outbreak of haemorrhagic fever, ensure that health facilities in the affected area have access to clean potable water and to safe treatment facilities for 20,000 people.

Education (US\$ 200,000)

For 2009, the overall goal is to ensure child-friendly spaces and basic education materials in areas potentially affected by flooding for 5,000 children and 500 teachers by providing a stable environment for learning as well as psychosocial support. Pilot disaster risk reduction on 1,000 students to strengthen community preparedness for disasters. Key activities will include:

- Support 20 temporary child-friendly spaces to accommodate 5,000 children displaced by flooding (15 per cent of children displaced), including the provision of basic educational materials (notebooks, pencils and erasers) and recreational kits, such as sports equipment. These spaces will provide a normal environment where 5,000 children, who cannot return to their local schools, have access to psychosocial support and educational opportunities until they are able to go back to their regular schools;
- Pilot disaster risk reduction activities in the primary school curriculum capacitating 1,000 fourth- to sixth-grade pupils and 20 teachers on how to prevent and effectively respond to disasters, such as flooding, fire and landslides in their communities, thus providing pupils with the knowledge and the tools to capacitate their friends and families on how to implement these strategies. This model is being piloted in 2009 for national scale-up in 2010.

Child Protection (US\$ 350,000)

For 2009, the overall goal is to ensure that all 42,000 children and women displaced by floods are temporarily housed in an environment that will protect them from the threat to their basic rights, including gender-based violence, and that displaced children have access to free birth registration to replace documents lost in the floods. Child Protection Networks will support 2,000 children affected by a possible outbreak of haemorrhagic fever. Key activities will include:

- Conduct an assessment of the rights of the 42,000 children and women displaced by floods who are temporarily housed in camps, including on gender-based violence; implement measures to protect their rights, including provision of: (a) birth registration documentation to 34,000 children; (b) secure latrines and bathing facilities, and (c) local Child Protection Networks;
- In the event of an outbreak of haemorrhagic fever, support Child Protection Networks to reach 2,000 children, whose families have been affected, with items to replace those contaminated and destroyed in their houses, including non-food items (bed sheets, cooking materials) and back-to-school materials. A total of 1,400 adolescents, who head families following the death of their parents, will receive vocational training or support to return to school.