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Angola

Erratic rainfall, high basic commodity prices and declines in the reach of community services have led to a 24 per cent increase in the number of children admitted for severe acute malnutrition (SAM) in the drought-prone provinces.¹ In 2018, three cholera outbreaks were declared in Uíge and Luanda provinces, with 1,167 suspected cases and 18 deaths.² Lack of investment in essential infrastructure, limited access to clean water and the limited reach of hygiene services have raised the risk that cholera will spread to other provinces. Instability and increased violence in the Kasai region (Democratic Republic of the Congo), will likely lead an increasing number of refugees to cross into northern Angola. The number of refugees is projected to increase from the 35,000 currently registered in Lunda Norte³ to 59,000 in 2019.⁴ This will further strain access to basic services for both refugee and host community populations, especially children who may face serious protection risks, and increase the risk of disease outbreaks, particularly of cholera and Ebola. Lack of qualified humanitarian and civil society actors, and the limited presence of international donors with the capacity to allocate funding for humanitarian needs are challenging UNICEF's ability to prepare for, prevent and respond to emergencies.

Humanitarian strategy

In 2019, UNICEF will provide life-saving humanitarian assistance in Angola, through a timely and effective integrated package of nutrition, health, water, sanitation and hygiene (WASH), child protection and education services, in collaboration with government line ministries, civil protection departments and national and international non-governmental organizations. UNICEF will support the government response by providing essential drugs and vaccines, as well as nutrition, WASH and communications supplies. The possible refugee increase to 59,000 in 2019 will require that UNICEF strengthen the provision of technical support on the ground and build the capacities of partners and the Government to deliver services to refugees and host populations. In all affected provinces, UNICEF will support the establishment of government-led coordination mechanisms. UNICEF will continue to support the Government to adapt its nutrition, health, WASH, child protection, education and social protection systems to incorporate humanitarian response. In particular, UNICEF will support the Government, including the Ministry of Health and provincial health directorates, to implement the cholera outbreak preparedness and response plan.⁵

Results from 2018

As of December 2018, UNICEF had US\$3 million available against the US\$13.2 million 2018 appeal (23 per cent funded).⁶ Despite the funding gap, more than 172,000 people accessed safe drinking water, over 288,000 people received key messages on hygiene practices and more than 89,000 people were reached with emergency sanitation. More than 300,000 children, mainly from drought-affected areas, were screened for malnutrition and over 20,000 children were admitted for treatment. More than 800 children gained access to formal learning and over 2,000 refugee children were vaccinated against measles. UNICEF partnered with national immigration services to strengthen the case management system for protecting displaced children from violence, abuse and exploitation. Lack of funding for emergency response prevented the continuation of key interventions such as child protection case management and activities for the prevention of violence against children. In addition, lack of qualified humanitarian and civil society actors posed significant challenges to UNICEF's ability to prepare for, prevent and respond to emergencies. As a result, UNICEF focused on strengthening the capacities⁷ of governmental institutions⁸ on emergency preparedness, response and recovery. Partnerships with provincial governments generated significant results, particularly in the nutrition and WASH sectors.

Humanitarian Action for Children

unicef 

Total people in need: 6.7 million⁹
 Total children (<18) in need: 4.2 million¹⁰
 Total people to be reached: 434,824¹¹
 Total children to be reached: 290,544¹²

2019 programme targets:

Nutrition

- 25,824 children aged 6 to 59 months with SAM admitted for treatment
- 25,824 children received two doses of vitamin A supplementation

Health

- 10,000 children aged 6 months to 14 years vaccinated against measles
- 1,000 children aged 0 to 59 months with acute watery diarrhoea received treatment
- 1,200 women and children under 5 years accessing essential maternal and child health services

WASH

- 141,600 people accessing the agreed quantity of water for drinking, cooking and personal hygiene
- 141,600 people accessing appropriate sanitation facilities
- 181,500 people reached with key messages on hygiene practices through face-to-face approaches¹³

Child protection

- 1,300 women and children reached with gender-based violence prevention and response interventions
- 300 unaccompanied and separated children identified and receiving protection services, including family tracing and reunification and placement in alternative care arrangements

Education

- 8,250 children accessing formal or non-formal early learning, pre-primary or primary education¹⁴
- 4,300 teachers and members of parent-teacher associations and school management committees trained¹⁵

Communication for development

- 350,000 people reached with key life-saving and behaviour change messages on health, nutrition and child protection through face-to-face approaches

	UNICEF 2018 targets	UNICEF 2018 results
NUTRITION		
Children aged 6 to 59 months with SAM admitted for treatment into therapeutic treatment programmes	43,000	20,123
Children under 5 years screened for malnutrition	275,000	304,296
HEALTHⁱ		
Children aged 6 months to 14 years vaccinated against measles	15,000	2,343
WATER, SANITATION AND HYGIENE		
People with access to safe water as per agreed standards	170,000	172,103
People reached with key messages on hygiene practices	470,000	288,067
People with access to appropriate sanitation facilities	170,000	89,518
CHILD PROTECTIONⁱⁱ		
Children reached with psychosocial support	1,000	0
Children registered as unaccompanied or separated supported with reunification services	100	0
People reached with gender-based violence prevention and response interventions	1,000	0
EDUCATIONⁱⁱⁱ		
Children with access to formal or non-formal early learning, pre-primary, primary or secondary education	5,000	839
Children receiving individual education/early learning materials ^{iv}	2,000	0

Results are through 31 October 2018.

ⁱ The number of refugee children in Lunda Norte was over-projected, hence the low indicator results for children vaccinated against measles. During the review of the 2018 Humanitarian Action for Children appeal, health indicators were revised because there are no plans to address cholera case management until the end of the year. However, with a funding gap of 86 per cent, the UNICEF health target for vaccinating children aged 6 months to 14 years against measles will not be met.

ⁱⁱ In the revised Humanitarian Action for Children appeal, new child protection indicators focusing on gender-based violence, psychosocial support and child reunification were added to align with sector priorities and plans. However, a 98 per cent funding gap has prevented the implementation of the planned activities.

ⁱⁱⁱ The 89 per cent funding gap for education has impacted the number of children in humanitarian situations accessing education services, which by June stood at a mere 6 per cent of the planned target. In the mid-year review of the 2018 Humanitarian Action for Children appeal, the target was reduced and a new indicator focusing on individual education and early learning materials was included in line with the funding gap and sector priorities.

^{iv} As this is a new education indicator, the work started recently and results are not yet available.

Funding requirements

UNICEF is requesting US\$9.9 million to meet the humanitarian needs of children in Angola in 2019. Without additional funding, UNICEF will be unable to respond to the continuing nutrition crisis and support the delivery of WASH services to children and women affected by humanitarian crises, including drought, cholera and refugee situations. Basic supplies and capacity building for primary education are also urgently needed to uphold children's right to education. Child protection services require additional funding to ensure that vulnerable children are protected from violence, abuse and exploitation.

Sector	2019 requirements (US\$)
Nutrition	3,000,000
Health	600,000
Water, sanitation and hygiene	4,000,000
Child protection	300,000
Education	1,370,000
Communication for development	250,000
Cluster/sector coordination	400,000
Total	9,920,000

¹ Based on data reported to UNICEF Angola by the four south provincial health authorities and compiled and compared by the UNICEF Angola nutrition team.

² Government of Angola Ministry of Health, 'Daily Cholera Bulletin', 29 November 2018.

³ United Nations High Commissioner for Refugees, Biometric Registration Update as of 13 November 2018.

⁴ United Nations High Commissioner for Refugees, 'The Democratic Republic of the Congo Refugee Response Plan 2019-2020' (draft), UNHCR, 2018.

⁵ These plans will be based on Prospective Cooperation and the United Nations Children's Fund, 'Epidemiological Study of Cholera Hotspots and Outbreak Dynamics in Angola', October 2018, which mapped the areas and populations at risk of cholera and the factors associated with its spread.

⁶ Available funds include US\$2.2 million received against the current appeal and US\$904,991 carried forward from the previous year.

⁷ This included a training of trainers for provincial health staff on mobilization, monitoring and reporting; training of municipal and provincial health staff on better preventing and responding to SAM among refugees and host communities; the provision of nutrition, communication for development and WASH supplies; as well as assistance with monitoring and reporting, to support provincial and municipal level actors to respond directly to affected communities.

⁸ UNICEF Angola primarily responded to the drought through provincial governments (nutrition), to refugees through a mix of government actors and implementing partners and to the cholera outbreak through the Government (WASH and communication for development).

⁹ The total number of people in need includes the total population of the drought-affected areas (Bié, Cunene, Huíla and Namibe), the total population of the most cholera-affected province (Uíge) and the estimated number of refugees and host communities for 2019. The figures were taken from the 2014 Angola census covering the populations of Bié, Cunene, Huíla, Namibe and Uíge, and 'The Democratic Republic of the Congo Refugee Response Plan 2019-2020' (draft).

¹⁰ The total number of children in need was calculated based on 63 per cent of the population being under age 18, according to population projections for 2019 taken from the 2014 Angola census.

¹¹ The total population to be reached was calculated based on 59,000 estimated refugees to be reached with safe water and sanitation + 25,824 children aged 6 to 59 months to receive vitamin A and treated for SAM + 250,000 people to be reached with life-saving messages in drought-affected areas + 100,000 people to be reached with life-saving messages in the province most affected by cholera.

¹² The total number of children to be reached was calculated based on the highest coverage programme target for children of 25,824 children aged 6 to 59 months to receive vitamin A and treated for SAM + 34,220 refugee children to be reached in Lunda Norte province with safe water and sanitation + 157,500 children in four drought-affected provinces in the south to be reached with life-saving messages + 73,000 children affected by cholera in Uíge province to be reached with life-saving messages.

¹³ The hygiene key messages indicator (WASH) is composed of: 59,000 refugees + 52,500 affected by climate change + 70,000 affected by health emergencies. This number affected by health emergencies is the specific target for cholera and is based on the most-affected cholera province (hotspot level 1) and corresponds to around 18 per cent of the total population of the capital city, where two cholera outbreaks were registered in 2018.

¹⁴ This target is based on the number of refugee and host community children affected by climate change (i.e., droughts and floods).

¹⁵ Training includes prevention of cholera and other diseases. The target is based on the population in the most-affected provinces and is part of the current education humanitarian response.

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