**Highlights**

- 88 suspected cases of cholera and two deaths were reported in Uige between the end of September and the end of October in the second outbreak occurring this year in the province.

- 32,780 children under the age of 5 have been screened for malnutrition and 2,034 were admitted for treatment of severe acute malnutrition (SAM) in September in drought affected areas and in Lóvua settlement and communities, where DRC refugees are located.

- 39 latrines for vulnerable refugee families were constructed in Lóvua settlement and supplies for self-construction of adequate household sanitation facilities were distributed to 432 refugees.

- Findings from a WASH Knowledge Attitudes and Practice (KAP) survey conducted in Lóvua settlement indicate that 75 per cent of DRC refugees know the importance of drinking safe water, 86 per cent use latrines to defecate, and more than 80 per cent know they have to wash hands on a regular basis with water and soap. This WASH knowledge was learned through UNICEF-supported mobilizers and community radios, the two main communication channels in Lóvua settlement.

- A current funding gap of 77 per cent impacts UNICEF’s capacity to respond to the needs of refugee children and Angolan women and children at risk of water-borne diseases and malnutrition.

**UNICEF’s Response with Partners**

<table>
<thead>
<tr>
<th>January –October 2018</th>
<th><strong>UNICEF</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>UNICEF</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Target</strong></td>
</tr>
<tr>
<td><strong>WASH:</strong> Number of people with access to safe water as per agreed standards</td>
<td>170,000</td>
</tr>
<tr>
<td><strong>WASH:</strong> Number of people accessing safe and appropriate sanitation facilities.</td>
<td>170,000</td>
</tr>
<tr>
<td><strong>NUTRITION:</strong> UNICEF-targeted children in humanitarian situations with SAM 6-59 months admitted into therapeutic treatment programmes</td>
<td>43,000</td>
</tr>
</tbody>
</table>

**SITUATION IN NUMBERS**

- **1,038**
  Suspected cases of cholera in Uige, Cabinda and Luanda in 2018 - including 17 deaths
  (31 October, Cholera Data, MOH)

- **700,000**
  People estimated to need clean drinking water
  (Projection for 2018 based on 2017 Vulnerability Assessment Committee SADC) and 36,107 refugees (Biometric Registration Update as of 15 October 2018, UNHCR)

- **408,100**
  Children estimated to need clean drinking water* (2017 Vulnerability Assessment Committee SADC) and 18,946 refugee children (Biometric Registration Update as of 15 October, UNHCR)

- **43,000**
  Children under 5 to be admitted for SAM treatment
  (Based on MOH data)

**Funding Status**

- **Funds available include funding received for the current appeal year as well as the carry-forward from the previous year.**
- **Funding requirements:** US$ 13.1 m
- **Funding Gap:** $10.1 m
- **Carry-forward amount:** $0.9 m
- **Funds received to date:** $2 m

*Calculated based on figures from the Angola Census 2014, taking 58.1 per cent for the child population.
Situation Overview and Humanitarian Needs

Southern Angola is experiencing a chronic nutrition crisis stemming from the combined impacts of an economic downturn, higher prices of basic commodities, irregular rainfall, the deteriorating quality and reach of basic services which all contribute to an increased risk of acute malnutrition. Challenges include reduced coverage of nutritional screening and referral at community level, low quality of management of SAM cases and break of therapeutic products, which resulted in increased number of children who died and reduced number of children cured or defaulted in the treatment programme in some provinces.

Cholera remains a concern with three of 18 provinces reporting outbreaks in 2018. During the reporting period, a new cholera outbreak was declared for the second time this year in Uige province, with 88 suspected cases, and two deaths in five weeks’ time. UNICEF has identified and ranked seven out of the 18 provinces as being at high risk for cholera outbreaks. Although pre-positioning supplies and partnerships for those areas are key priorities in preparedness efforts, successive outbreaks and lack of funding and experienced partners is constraining UNICEF’s timely and adequate response. Access to safe water remains limited with over 700,000 people in need of clean drinking water, especially in the south. Recurring and more severe dry seasons and rainfall below average, continue to affect populations in the southern region and increase the need for investments in climate proof infrastructure and services.

The Ebola Virus Disease outbreak in the DRC, and consequent elevated risk of spreading cross border, prompted Angola to implement preparedness and preventative actions. Under the leadership of the Civil Protection National Committee (CNPC), and with UNICEF and partners’ support, Angola drafted and approved the 2018 Ebola National Contingency Plan, while immediately implementing a set of preventive measures in its border provinces, including training of health and administration staff, as well as community and religious leaders on prevention and case management.

Instability and potential for violence in the Kasai region of the DRC remains a matter of concern. Following the influx of over 35,000 Congolese refugees registered in Lunda Norte, access to basic services for both host communities and refugees remains limited, increasing the risk of disease outbreaks. Following a government directive at the end of September, several irregular immigrants were rounded up and expelled from Angola. Although this measure did not target refugees, it ended up creating fear among refugee communities in Lunda Norte. Therefore, number of refugees willing to relocate to Lóvua became higher in October 2018. The expulsion of over 300,000 Congolese citizens over a short period, poses a massive threat to the already fragile and unstable context in the Greater Kasai Region.

Underfunding in most sectors continues to constrain UNICEF’s response, particularly for children lacking education and child protection services. In August 2018, UNICEF Angola reviewed its Humanitarian Action for Children appeal (HAC) to adjust targets to align with the current situation. The changes included new child protection indicators with a focus on gender-based violence and child reunification that align with sectoral priorities and plans.

Humanitarian Leadership and Coordination

The national emergency and disaster management group coordinates partners’ support and long-term emergency response planning. Under this commission, the Ministry of Social Assistance, Family and Women (MASFAMU) has led the refugee response in Lunda Norte from 2017 until June 2018. In July, the Ministry of Interior took over the refugee response leadership.

Coordination mechanisms led by provincial governments facilitate local level inter-sectoral coordination involving local authorities and partners. A central level inter-sectoral mechanism is functioning under the leadership of the Ministry of Health for coordination of health-related emergencies, notably cholera and malaria.

The UN Disaster Management Team also supports the Government’s response to urgent life-saving needs, while provincial coordination mechanisms were established for Cunene, Uige, Huila and Namibe to ensure joint coordinated emergency response in the cholera and drought-affected areas.

Humanitarian Strategy

UNICEF continues to work with the Government for emergency response in collaboration with line ministries, civil protection departments, national and international nongovernmental organizations. UNICEF tailors its response to system strengthening and investment in sub-national capacities to build resilience, increase access to quality basic services and promote a transition from relief to development.
UNICEF continues to support the government by providing essential drugs and vaccines, as well as nutrition, WASH and communication supplies. Within the agreed cooperation framework with the Government of Lunda Norte and in close collaboration with the UNHCR, WFP and other partners, UNICEF delivers WASH, Nutrition and Health and Hygiene Promotion services to both refugees and host communities through capacity strengthening and technical support for better service delivery and resilience building.

In all affected provinces, UNICEF supported the establishment of Government led coordination mechanisms to integrate synergies and joint efforts mainly in response to cholera outbreaks and drought.

The implementation of the cholera outbreak preparedness and response plan is being coordinated by the Government of Angola under the leadership of the Ministry of Health and the Provincial Health Directorates, with support from UNICEF, WHO and partners. Similarly, UNICEF and partners have been supporting the Civil Protection National Directorate to prepare and implement the Ebola National Contingency Plan.

Summary Analysis of Programme Response

Health and Nutrition

With UNICEF’s support, 26,926 children under the age of 5 have been screened for acute malnutrition, and 2,027 children were admitted into severe acute malnutrition (SAM) treatment programmes in drought-affected areas in September. UNICEF also supported community screening and referral of Moderate Acute Malnutrition (MAM) and SAM cases to Special Nutritional Therapeutic Centres, providing regular household monitoring visits by 12 trained community health agents, who provided 37 counselling sessions to 583 people and screened 506 children during the month of September. The Huila Provincial Health Department trained 12 new community agents in nutritional screening with UNICEF support. A break in the pipeline of therapeutic products, in addition to a lower coverage of nutritional screening at community level and low quality of management of SAM resulted in increased number of children who died and reduced number of children cured or defaulted in the treatment programme in some drought-affected provinces.

Under the DRC Refugees response, 5,854 children living in Lóvua settlement and in Dundo communities have been screened for malnutrition and seven were admitted into SAM treatment programmes in September and 126 treated for MAM in September and October, with 3,750 sachets of Ready to Use Supplementary Food (RUSF) distributed. The scope of the response also includes information, education and communication (IEC) activities on appropriate feeding practices, WASH, and exclusive breastfeeding, as well as community kitchen demonstration, so that at least 70 per cent of caregivers in Lóvua settlement have appropriate knowledge on IYCF practices. Five groups of mothers’ discussions and counselling were organised, reaching 834 people, and two community kitchens were organised with 365 participants in September and October.

Water, Sanitation and Hygiene (WASH)

During the reporting period, UNICEF supported the construction of 39 latrines for vulnerable refugee families in Lóvua settlement benefitting 234 people, and distributed latrine cleaning kits for 72 households (432 refugees). 576 latrines slabs were given by UNICEF to UNHCR to support the construction of 576 new family latrines in Lóvua settlement. Currently, all 14,240 refugees living in the settlement use communal and household latrines, benefiting from latrine slabs and hand washing buckets supplied by UNICEF. UNICEF rehabilitated five water platforms and replaced five new 5,000 liters water bladders in the settlement for water distribution. Besides the refugees living in Lóvua settlement, 2,000 other people from the host communities also access safe water through UNICEF and UNHCR support.

UNICEF reached 87,500 people with safe water through the rehabilitation of 175 water points in drought prone areas since the beginning of the year. During the last two months, the implementing partners concluded the rehabilitation of water sources and ensured an appropriate use of these facilities. UNICEF partners also assured the continuous access to safe sanitation to 75,278 people who have been reached through the implementation of the Community-led Total Sanitation (CLTS) approach.

In September and October, more than 358,067 people have been reached with hygiene promotion messages in both drought prone areas and DRC refugee settlement areas.
Despite an increase in the number of people reached with safe water, it is necessary to focus on providing sanitation facilities and improving hygiene practices, whose targets can only be met if the funding gap is reduced.

**Education**

Through UNICEF technical support and advocacy, new steps were taken to increase access to quality education in Lunda Norte province, where Congolese refugees are located. As a result, 60 new teachers assigned to Lóvua municipality will be integrated in the 2019 school year to conduct primary and 1st cycle of secondary education classes. UNICEF continued advocating with local authorities to integrate the refugee children in the formal education alongside the host communities’, to provide adequate education to more than 14,000 children. Local authorities also agreed to allocate some of these 60 teachers to the refugees’ settlement.

UNICEF is supporting the establishment of a community-led Early Childhood Development (ECD) programme in Lóvua municipality. The first training for administration officials, civil society organisation members and religious and community leaders took place 16-19 of October, aiming to create local awareness of the initiative, and prepare for the establishment of the inter-sectoral management team for the project. The participants were also trained to conduct an assessment on the living conditions, health, hygiene and education practises of local families to create a baseline for this ECD initiative.

In response to the cholera outbreak, UNICEF continued to support the Ministry of Education (MoE) to conduct the supervision of the WASH in School’s initiatives, particularly in schools located in Luanda’s cholera hotspots. UNICEF supported the MoE to support schools in the celebration of the Global Handwashing Day with the participation of more than 1,500 children.

The 89 per cent funding gap for education has had an impact on the number of children in humanitarian situations accessing education services.

**Child Protection**

At national level, UNICEF is partnering with the National Immigration and Child Protection Services to strengthen the case management system for better protection of the rights of children on the move including refugee, migrant and trafficked children. Lack of funding for emergency response has prevented the continuation of key UNICEF interventions such as child friendly spaces, child protection case management and social mobilisation activities for prevention of violence against children.

In the revised HAC, new child protection indicators with a focus on gender-based violence and family tracing and reunification have been added to align with sectoral priorities and plans. However, if the funding gap, which stands at 98 per cent, is not reduced, the planned activities will not be implemented and the new targets will not be met.

**Communication for Development (C4D)**

C4D interventions for the DRC refugee population in Lunda Norte continued until the end of October through four radio journalists, two comedians, two supervisors and 82 mobilizers from 41 villages, aiming to empower the refugee population and to build the capacity of village leaders in terms of key family competencies, conflict resolution and services management. As part of this intervention, every week, between 100 and 150 people, more than half of them children, participated in live sessions of the UNICEF- supported radio. Once a week, a special radio programme made by children and for children was aired. The two comedians performed in all villages in the camp, reaching around 500 people per week with WASH, nutrition, key family competencies, and education for peace messages with a strong focus on gender. The 82 mobilizers engaged the community through door to door visits in 41 villages, reaching more than 2,000 people per day.

A WASH Knowledge Attitudes and Practice (KAP) survey conducted with 217 people from all zones from Lóvua settlement showed that 75 per cent of people know the importance of drinking safe water and more than 90 per cent clean their water receptacles every day with water and soap. The survey also revealed that 86 per cent use latrines to defecate, 79 per cent know that latrine use prevents diseases and more than 80 per cent know they have to wash hands on a regular basis with water and soap. In addition, around 80 per cent know about cholera, how it spreads and how to prevent it. Finally, refugees learned this knowledge about water, sanitation and hygiene through UNICEF-supported mobilizers and the two community radios, 67 per cent and 35 per cent respectively. These were precisely the two main communication channels mentioned throughout the survey for the different WASH issues.
Funding
UNICEF Angola has revised its appeal to US$13,160,000 to respond to the humanitarian needs of 470,000 people including 275,000 children likely to be affected by disasters such as the nutrition crisis, cholera and other disease outbreaks, and the refugee response needs as per the inter-agency Refugee Response Plan. During the reporting period, the Government of the United States contributed US$ 1,789,407 for DRC refugee support operations in Lunda Norte to continue humanitarian assistance in the area of safe water supply. The Government of Japan contributed US$ 231,481 for DRC refugee support operations in Lunda Norte. UNICEF in Angola currently faces a funding gap of US$ 10,174,776 (77 per cent) to continue to effectively respond to multiple humanitarian crisis affecting the country, namely seasonal floods and droughts, and water borne diseases outbreaks as well as the refugee response at the border with DRC. To be able to provide critical response, UNICEF has also used its regular resources and development funding.

Funding Requirements (as defined in the revised Humanitarian Appeal 2018)

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements</th>
<th>Funds available</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Funds Received</td>
<td>Carry-Over</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Current Year</td>
<td></td>
</tr>
<tr>
<td>WASH</td>
<td>2,600,000</td>
<td>1,883,235</td>
<td>1,376</td>
</tr>
<tr>
<td>Education</td>
<td>500,000</td>
<td>54,803</td>
<td>0</td>
</tr>
<tr>
<td>Health</td>
<td>6,400,000</td>
<td>0</td>
<td>904,991</td>
</tr>
<tr>
<td>Nutrition</td>
<td>2,000,000</td>
<td>93,828</td>
<td>0</td>
</tr>
<tr>
<td>Child Protection</td>
<td>200,000</td>
<td>0</td>
<td>3,165</td>
</tr>
<tr>
<td>Coordination, PME, Communication</td>
<td>1,460,000</td>
<td>43,826</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>13,160,000</td>
<td>2,075,692</td>
<td>909,532</td>
</tr>
</tbody>
</table>

* Funds available includes funding received against current appeal as well as carry-forward from the previous year.

UNICEF Angola: [https://www.unicef.org/angola](https://www.unicef.org/angola)
UNICEF Angola: [https://www.facebook.com/UNICEFAngola/](https://www.facebook.com/UNICEFAngola/)
UNICEF Angola: [https://twitter.com/unicefangola](https://twitter.com/unicefangola)
UNICEF Angola: [https://www.youtube.com/user/UNICEFangola](https://www.youtube.com/user/UNICEFangola)

Who to contact for further information:

- **Abubacar Sultan**
  Representative
  UNICEF Angola
  Tel: +244 226 430 870 (Ext. 4442)
  Fax: +244 226 430 878
  Email: asultan@unicef.org

- **Mariana Palavra**
  Emergency Focal Point
  UNICEF Angola
  Tel: +244 948 143 068
  Fax: +244 226 430 878
  Email: mpalavra@unicef.org

- **Niko Wieland**
  Chief of Communication
  UNICEF Angola
  Tel: +244 912 653 017
  Fax: +244 226 430 878
  Email: nmwieland@unicef.org
## SUMMARY OF PROGRAMME RESULTS 2018

<table>
<thead>
<tr>
<th>UNICEF and Implementing Partners Response</th>
<th>2018 Target</th>
<th>Total Results (Jan –October 2018)</th>
<th>Change since last report ▲▼</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NUTRITION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children aged 6-59 months with SAM admitted into therapeutic treatment programmes&lt;sup&gt;1&lt;/sup&gt;</td>
<td>43,000</td>
<td>19,329</td>
<td>2,727 ▼</td>
</tr>
<tr>
<td>Children under 5 years old screened for malnutrition&lt;sup&gt;2&lt;/sup&gt;</td>
<td>275,000</td>
<td>185,722</td>
<td>65,977 ▼</td>
</tr>
<tr>
<td><strong>HEALTH</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children aged 6 months to 14 years are vaccinated against measles</td>
<td>15,000</td>
<td>2,343</td>
<td>No change</td>
</tr>
<tr>
<td><strong>WATER, SANITATION &amp; HYGIENE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People with access to safe water as per agreed standards</td>
<td>170,000</td>
<td>172,103</td>
<td>2,366 ▼</td>
</tr>
<tr>
<td>People with access to appropriate sanitation facilities</td>
<td>170,000</td>
<td>89,518</td>
<td>8,860 ▲</td>
</tr>
<tr>
<td>People reached with key messages on hygiene practices</td>
<td>470,000</td>
<td>288,067</td>
<td>366 ▲</td>
</tr>
<tr>
<td><strong>CHILD PROTECTION</strong>&lt;sup&gt;4&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children reached with psycho-social support</td>
<td>1,000</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Children registered unaccompanied/separated supported with reunification services</td>
<td>100</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>People reached with GBV prevention and response interventions</td>
<td>1,000</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children with access to formal or non-formal early learning, pre-primary, primary or secondary education</td>
<td>5,000</td>
<td>839</td>
<td>No change</td>
</tr>
<tr>
<td>Children receiving individual education/early learning materials&lt;sup&gt;5&lt;/sup&gt;</td>
<td>2,000</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

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<sup>1</sup> Data only covers the month of September. Update data will be added in the next Situation Report.

<sup>2</sup> Data only covers the month of September. Update data will be added in the next Situation Report.

<sup>3</sup> Increase in both nutrition indicators is related to underreported numbers in the previous Situation Report.

<sup>4</sup> New Child Protection Indicators

<sup>5</sup> New Education Indicator