



©UNICEF/ANG-2021/Luis Nicolau - Little Tufeni eats the nutritional supplement administered by the nurse in the outpatient clinic of the Municipal Hospital of Chibia, in Huila province. This health center benefits from nutritional supplements provided by UNICEF with

ANGOLA

Humanitarian Situation Report No. 1



Situation in Numbers



848.000
children in need of humanitarian assistance



1.6 million
people in need



97,515
People reached with access to safe water



122,935
Children under 5 years screened for malnutrition

Reporting Period: 1 January to 30 June 2021

Highlight

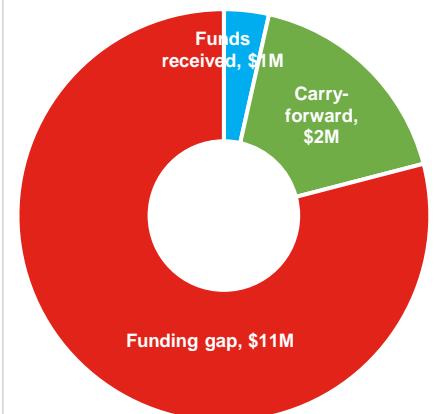
- ACO HAC is underfunded by 80 per cent with only 3.5 percent of the funds received in 2021.
- 22,225 children aged 6 to 59 months with SAM admitted for treatment in UNICEF-supported nutrition treatment centres.
- 330,038 children aged 6 to 23 months vaccinated against measles/rubella.
- 175,830 caregivers of children aged 0 to 59 months accessing counselling on early detection of malnutrition signs, positive infant and young child feeding and preventative health and hygiene practices

UNICEF



Nutrition	Children screened	52%
	Funding status	2%
Health	Treatment of acute diarrhoea	0%
	Measles vaccination	64%
WASH	Access to safe water	14%
	Funding status	0%
Child Protection	Access to birth registration	39%
	Funding status	7%
Education	Access to Education	30%
	Funding status	5%
C4D	Behaviour change message	1%
	Funding status	7%

Funding Status (in US\$)



Funding Overview and Partnerships

Limited humanitarian funding has significantly impacted UNICEF's ability to upscale its humanitarian interventions to timely address increasing needs to expand beyond the traditionally chronic areas to new geographical focus. ACO humanitarian interventions are funded by 20 percent of which, only 3.5 per cent accounts for funding received in 2021 with the remainder 17 percent being carry forward from 2020. Major funding contributions to the implementation of UNICEF's humanitarian action for children (HAC) in 2021, include Banco Fomento de Angola, Government of Japan, USAID-PMR, and GHT. However, critical funding gaps continue for the expand interventions in Cunene, Huila and Namibe. Based on Government reports, nutrition data and WFP report, the situation in Benguela, Huambo, and Cuanza Sul is also deteriorating rapidly. Without adequate humanitarian funding, UNICEF's ability to provide a full nutritional basket to the most vulnerable children, including women and to implement multisectoral, time-critical and life-saving interventions with nutrition, water, sanitation and health, education and child protection, including gender-based violence services is impaired. Currently, ACO has active partnership agreements with CSOs, including World Vision Angola, people in need (PIN) and ADRA, with whom we continue to implement key HAC interventions.

Situation Overview & Humanitarian Needs

Angola is experiencing the worst drought in 40 years. Since January 2021, an estimated 3.8¹ million people have been reported to have insufficient food consumption in the six southern provinces of the country, namely Cunene, Huila, Namibe, Huambo, Benguela and Cuanza Sul. This figure represents an increase of 138 per cent compared to 1.6 million people who faced food insecurity in 2020. **Proxy Global Acute Malnutrition (GAM) prevalence rates have increased from 9.8 per cent in 2018 to over 20 per cent in 2021, above emergency thresholds.** Severe wasting is increasing in the southern provinces of Huila, Cunene and Namibe with levels reported in 2020 being 55 per cent higher than those in 2018. Admissions to date in Huila, Cunene, Cuando Cubango and Namibe have already surpassed the 2021 Humanitarian Action for Children (HAC) caseload estimate and are expected to reach over 40,000 children in 2021. Admissions in Huila, Cunene and Namibe for which data is available from 2017 had already reached over 60% of the 2020 caseload by May 2021 (Figure 1 below). Data and reports show that the nutrition situation in Benguela province is also deteriorating, with over 4,000 admissions of children with SAM since January 2021, steadily increasing each month (from 500 in Jan to 1,700 in May).

The drought continues to have negative impact on many sectors. Data collected by UNICEF from provincial education authorities in June 2021 suggest that 8.3% of students in Namibe, 20.1% of students in Huila, and 69.1% of students in Cunene have experienced reduced access to schools due to the drought. In focus group discussions with school communities in Ombadja, Cunene in June 2021, caregivers and teachers consistently noted that the lack of food and access to water made it difficult for many children to attend school.

In addition, COVID-19 imposed restrictions have further impacted livelihoods leading to loss of family income, increased risks of violence, including domestic, gender-based violence while at the same time heightening child protection concerns. The capacity of the health and nutrition services to cope with increased demand for services has been further stretched because of COVID-19. As of 18 July 2021, Angola had reported a cumulative number of 40,906 confirmed cases of COVID-19, with 5,147 (12.6 per cent) active cases and 969 deaths (2.4 per cent). The humanitarian landscape is both complex and requires adequate funding for multisectoral interventions.

Summary Analysis of Programme Response

Nutrition

Southern Angola continues to experience one of the worst climate shocks in 40 years leading to severe drought conditions exacerbating acute malnutrition. According to WFP, at least 3.8 million people in Angola are facing insufficient food consumption. The number of children with severe wasting in southern provinces has increased; between 2018 and 2020 there was a 55% increase in the number of children admitted for severe wasting treatment. Admissions to date in Huila, Cunene, Cuando Cubango and Namibe are expected to surpass those of 2020. Admissions in Huila, Cunene and Namibe for which data is available from 2017 have already reached over 60% of the 2020 caseload (Figure 1).

¹ Seasonal Overview and Regional Southern African Vulnerability Analysis (2020/2021) of April 2021. World Food Programme, Johannesburg Regional Bureau, April 2021. Drought affected people (total exposed x MPI), multidimensional Poverty Index composed of three dimensions (health, education and living standards) and ten indicators.

Severe Wasting Admission Trends Huila, Cunene and Namibe Provinces 2017-2021

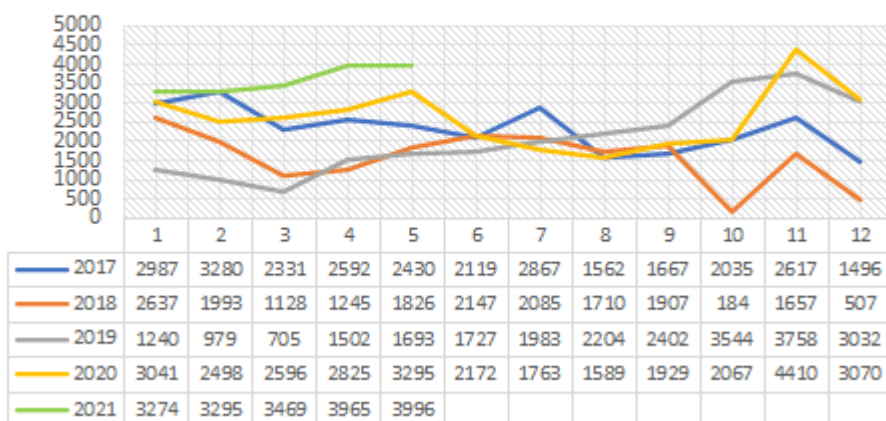


Figure 1: Severe Wasting Admission Trends, Huila, Cunene and Namibe Provinces, 2017-2021

UNICEF is supporting the 10 most drought-affected municipalities in Huila and Cunene provinces through the distribution of Ready-to-Use Therapeutic Food to cover 50 per cent of the severe wasting caseload and support with infant and young child feeding (IYCF) counselling and staff capacity building. Together with partner efforts in the southern provinces there remains a gap in therapeutic supplies for the treatment of severe wasting. During the first half of 2021, UNICEF with partners

screened 122,935 children for acute malnutrition, representing 52 per cent of the annual target. Of the children screened, 22,225 (18 per cent) were referred for the treatment of severe wasting. This represents 85 per cent of the annual target. Performance rates remain in line with SPHERE standards with a recovery rate of 78 per cent, a defaulter rate of 18 per cent and a mortality rate of 4 per cent. Decreasing the defaulter rate is a priority of the programme. 175,830 caregivers were counselled on IYCF practices, representing an over achievement of the target of 50,000 caregivers². With expanded humanitarian needs beyond Cunene and Huila, UNICEF is working on the CERF appeal to secure additional funds to address the deteriorating food security and nutrition crisis in Namibe, Huambo, Benguela and Cuanza Sul provinces.

Health

Health's HAC programmatic humanitarian interventions focus on measles vaccination and treatment of acute watery diarrhea diseases. Since January 2021, UNICEF and Government have supported the vaccination of 330,038 children aged 6 to 23 months against measles/Rubella in Huila and Cunene provinces. Significant declines in performance were observed in both provinces compared to the previous reporting periods due mostly to the adverse effects of health emergencies that the country faced, notably, the COVID-19 pandemic that deviated attention from routine immunization activities nationwide. During the first quarter of 2021 there were Government reports of light localized flooding in some parts of Cunene, including the municipalities of Cuanhama, Nacunde and Ombadja. However, no reported cases of acute watery diarrhea disease were filed, which required UNICEF intervention and support. Beyond HAC programmatic interventions, UNICEF continues to support Polio vaccination campaign and as a result, 687,710 children aged 0 to 11 months were vaccinated against Polio in 2021.

WASH

The response to the drought humanitarian emergency in the South of Angola is built around an integrated, multi-sectoral approach referred to as *Safe Havens*—a programmatic and geographic convergence using schools as entry points and platforms for delivering integrated services to mitigate the impact of the drought. Through WASH interventions, UNICEF reached 10 safe havens schools through the construction of 44 culturally appropriate and gender segregated Ventilated Improved Pit (VIP) latrines with disability friendly features. The VIP latrines are now benefiting a total of 11,517 students (5,521 girls and 5,996 girls) and 68 teachers (34 men and 34 women). The same schools also benefited from the construction of underground water tanks fitted with solar powered pumping systems. The water systems installed in schools are also serving nearby communities with a total of 97,615 people (49,740 women and 47,875 men) provided with safe drinking water. To support good hygiene practices at community and school level, a total of 322 hand washing devices were installed in 25 Communities and 26 schools. Furthermore, UNICEF reached 100,623 people with key hygiene messages with a focus on latrine use and hand hygiene. At community level, 82 communities or 89,106 people benefited from the implementation of the CLTS (Community Led Total Sanitation) approach. Up to date, 7 villages (21,273 people) have been certified Open Defecation Free (ODF). With expanded WASH needs due to deteriorating drought conditions in additional four southern provinces of Namibe, Huambo, Benguela, and Cuanza Sul additional UNICEF is preparing a CERF appeal through which to fund the upscaling of water, sanitation and hygiene interventions, particularly in the localities where needs are most pressing and urgent.

Education

UNICEF continues to support access to education through the Safe Havens intervention in the drought-affected municipality of Ombadja, in the province of Cunene. Through its focus on providing support to families, communities, schools, and the Municipal Administration of Ombadja, UNICEF Angola has helped ensure that 8,853 students (4,589

² This overachievement was supported by intensified partner efforts through community health workers and health facility staff following training on key IYCF counselling messages.

girls) in 18 supported schools safely returned to school in 2021. These interventions ensure both reduced number of school dropouts and safe learning environment for children, particularly in the context of COVID-19 and school reopening. UNICEF support for primary education (including *iniciação*, or Year 0) focused on the following areas: capacity building for teachers, directors, parents and municipal and communal education staff; support for the improved school management through strengthened parent committees; provision of cleaning and WASH supplies and learning materials to ensure that schools safely reopened and provided quality learning to address learning loss. Additionally, education in emergency (EiE) supplies were distributed during the first half of 2021, including 20 tents of 72 square meters each, used for classrooms, 4,689 student learning kits (distributed to 2,487 girls and 2,202 boys) and another 811 kits procured and awaiting distribution (primarily to students in *iniciação*/Year 0, who only returned to school in April 2021) and 15 recreation kits, 25 blackboards, and biosecurity and cleaning supplies to reduce the risk of COVID-19.

Child Protection

Child protection activities focus on ensuring children and caregivers access mental health and psychosocial support, women and girls have access to gender-based violence response interventions and that there are safe channels to report sexual exploitation and abuse. In addition, UNICEF works with provincial Government entities to strengthen and expand birth registration services focusing, particularly on Safe Havens schools and school aged children. Birth registration is a priority considering some schools have reported over 90 per cent of their student without birth registration—a pre-requisite to accessing and benefitting from many government entitlements, including basic services.

From January to June 2021, 6,820 children and caregivers had access to mental health and psychosocial support with interventions being implemented in Cunene through implementing partners. Another 6,973 were reached through gender-based violence risk mitigation, prevention, and response interventions led by INAC with UNICEF support. On birth registration, to date, 11,657 children have been registered through the Safe Havens approach. This is a collaborative effort with Government Education body, Justice Department and UNICEF to ensure children enrolled in school have birth registration. The roll out of the GBV prevention and response activities is planned to start from July to December. The activity is expected to increase the demand for services and strengthen the response system for cases of violence against children a joint effort between UNICEF and the National Institute for Children (INAC) in support of the campaign to prevent and combat sexual violence against children.

Communication for Development (C4D), Community Engagement & Accountability

In the context of the drought response in the province of Cunene and with the support from BFA (Banco de Fomento Angola), UNICEF continued to support the implementation of communication and community engagement interventions to provide and exchange key information with mothers and caregivers of children from 0-59 months. The activities promote early detection of malnutrition and access to counselling, infant and young child feeding (IYCF), health and hygiene practices that can save children's lives when adopted. To respond to the nutritional crises and address myths and misinformation at community level, social activists were trained on social mobilization and equipped with serial albums containing key messages on immediate and exclusive breastfeeding, introduction of solid foods, recognition of signs of acute malnutrition, hygiene and sanitation and household drinking water treatment. As a result, a total of 6,599 mothers and caregivers were reached through home-to-home visits and small group meetings performed by the activists. The reached number is way below 50% of the annual target. Most of the activities are planned for the second semester and a revision of the country target in risk communication is planned due to the absence of polio campaigns.

Humanitarian Leadership, Coordination and Strategy

UNICEF humanitarian leadership in Angola is underpinned by its cluster leadership for water, sanitation and hygiene, and education and co-led for education and child protection. Within the revised UN coordination structure, UNICEF is the co-chair of the UN Disaster Management Team (DMT) with the UNDP as the chair. While there is not a formal activation and deactivation of the cluster system in Angola, UNICEF with Government, lead on sectoral coordination and interventions for WASH, Nutrition, Education, Child Protection, and co-leads with WHO on health.

Humanitarian coordination in Angola happens at three levels. At central level it is led by the **National Civil Protection Commission** (CNPC), the government leading coordination and operational body. The CNPC links with UN agencies through bilateral agency discussions and working groups. Coordination also happens at the **UN Disaster Management Team** (DMT) level for matters of interagency concern and as appropriate, it is expanded to included relevant Government entity. At the decentralized level, coordination happens between UNICEF and **provincial and municipal government**, including with Civil Protection and humanitarian actors and CSOs with programmatic and operational presence in the provinces where humanitarian action is being implemented. Internally, UNICEF has an active and operationally functional emergency management team chaired by the Representative of the Country which leads internal coordination and acts as an advisory body on matters related to humanitarian action and emergency preparedness.

Human Interest Stories and External Media



BFA coordinator for CSR, Ms. Denise Pinheiro, interacting with local communities to get information about the installation of a water reservoir at a Safe Havens school in Ombadja, during a joint UNICEF/BFA field monitoring visit in July.

Stories:

- [Press Release on the signature of BFA and UNICEF agreement on nutrition emergency in Bié](#)
- [Safe Havens project in south is bringing integrated services for children in schools](#)

External Media

- [OpEd – UNICEF, USAID and GoA join effort against malnutrition](#)
- [Partnership between UNICEF and USAID to support Government response to malnutrition](#)

Facebook

- <https://www.facebook.com/UNICEFAngola/posts/4502465479780804>
- <https://www.facebook.com/UNICEFAngola/photos/a.215090461851682/4654886237872060>
- <https://www.facebook.com/UNICEFAngola/posts/4551730061521012>

Next SitRep: **31 January 2022**

UNICEF Angola: <https://www.unicef.org/angola>

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Annex A
Summary of Programme Results to be updated

	UNICEF and Implementing Partners Response		
	2021 Target	Total Results	Change since last report ▲▼
NUTRITION			
Children aged 6 to 59 months with severe acute malnutrition admitted for treatment	21,685	22,225	▲
Children under 5 years screened for malnutrition	237,527	122,935	▼
Caregivers of children aged 0 to 59 months accessing counselling on early detection of malnutrition signs, positive infant and young child feeding and preventative health and hygiene practices	50,000	175,830	▲
HEALTH			
Children aged 6 months to 14 years vaccinated against measles	1,000,000	330,038	▲
Children aged 0 to 59 months with acute watery diarrhea received treatment	500	0 ³	
WATER, SANITATION & HYGIENE			
People accessing sufficient quantity of safe water for drinking, cooking and personal hygiene	700,000	97,515	▲
People reached with key messages on hygiene practices	500,000	100,623	▲
People accessing appropriate sanitation facilities.	300,000	21,273	▲
CHILD PROTECTION			
Children and caregivers accessing mental health and psychosocial support	12,000	6,820	
Women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions	60,000	6,973	
People with access to safe channels to report sexual exploitation and abuse	13,000	37,782 ⁴	▲
Children accessing birth registration services	30,000	11,657	▲
EDUCATION			
Children accessing formal or non-formal primary education, including early learning	30,000	8,853	
COMMUNICATION FOR DEVELOPMENT			
People participating in engagement actions for social and behavioural change	700,000	6,599	▲
People who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms	10,000	0	

³ No cases of acute watery diarrhea disease were reported which required UNICEF intervention. ACO did not support any emergency response to acute diarrhea.

⁴ As reported by INAC from the number of people who have access to safe channels for reporting cases of violence through SOS line.

Annex B Funding Status⁵

Sector	Requirements	Funds available		Funding gap	
		Received Current Year	Carry-Over	\$	%
Nutrition	4,750,000	\$100,000	723,507	823,507	82%
Health	1,100,000	\$183,982	410,554	594,536	62%
WASH	4,900,000	0	5,791	5,791	99%
Child Protection	680,000	46,651	0	46,651	93%
Education	2,200,000	106,665	0	106,665	95%
C4D	700,000	50,000	299,929	349,929	50%
PME/COMMS/Ops	0	16,700	359,089		
Total	14,330,000	503,998	2,499,466⁶	11,326,536	79%

⁵Funding available includes \$503,998 funds received in 2021 plus \$2,499,466 carry forward from 2020.

⁶ About \$700,596 were funds against COVID-19 HAC against Social Policy indicators.