An estimated 7.3 million people in Angola are facing food and nutrition insecurity due to climate shocks. An estimated 3.9 million children are in need of assistance.

Severe acute malnutrition (SAM) admissions among children 6 to 59 months at mid-year 2021 have already exceeded the 2020 total caseload. An estimated 1.2 million people are facing water scarcity as a direct consequence of the drought and have had their water, sanitation and hygiene conditions compromised by COVID-19.

Health emergencies, including measles, polio, malaria and the COVID-19 pandemic will increase humanitarian needs and deepen the complexity of the situation in 2022.

UNICEF’s Humanitarian Action for Children (HAC) will include the provision of essential medicines, vaccines, nutrition and WASH supplies and infection prevention and control support, as well as education, child protection, gender-based violence (GBV) and communication for development services, including risk communication and community engagement.

UNICEF is appealing for US$26.6 million to respond to humanitarian needs in Angola in 2022.

### Key Planned Targets

- **55,933** children admitted for treatment for severe acute malnutrition
- **1 million** children vaccinated against measles
- **700,000** people accessing a sufficient quantity of safe water
- **40,000** children accessing educational services

### Funding Requirements

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>US$ 26.6 million</td>
</tr>
<tr>
<td>2022</td>
<td></td>
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</tbody>
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Young child in Cazenga municipality in Luanda is screened for severe acute malnutrition at Hospital dos Cajueiros supported by UNICEF, where the child will receive ready-to-use therapeutic food.
Angola is facing the worst recorded drought in 40 years. The Government report projected 7.3 million people were exposed to drought in the second quarter of 2021 (MAM). By January 2021, 3.8 million people affected by drought were reported to have insufficient food consumption, according to a United Nations World Food Programme food security assessment conducted in April 2021. This represents an increase of over 135 per cent compared to the previous year. While the impact of the drought can be felt throughout the country, it has more severely impacted six provinces: Cuanza Sul, Benguela, Huambo, Namibe, Huila and Cunene. Luanda and other urban areas remain also most vulnerable due to secondary impacts of COVID-19 and other disease outbreaks, as well as poverty.

The humanitarian situation in Angola continues to deteriorate with over 3,000 internally displaced people reported in Cunene, notably Ombadja and Cahama municipalities. In addition, this drought comes on the back of three consecutive failed agricultural harvesting seasons with crop losses of 40 per cent and negatively impacting family and household income and livelihoods. An estimated 1.2 million people are facing water scarcity as a direct consequence of the drought and will have their water, sanitation and hygiene conditions compromised, exacerbated by COVID-19. Water, sanitation and hygiene (WASH) study has found that many water points in the most drought-affected communes are not working, highlighting a critical gap for water, sanitation and hygiene.

Severe acute malnutrition (SAM) admissions among children 6 to 59 months at mid-year 2021 have already exceeded the 2020 total caseload. Recent survey results revealed that between July and September 2021, around 1.3 million people experienced high levels of acute food insecurity. Protection risks in the most drought-affected provinces have heightened, particularly for women and children.

By the end of September, a total of 57,247 confirmed cases of COVID-19 were recorded in the country, with 7,749 active cases and 1,548 deaths (2.7 per cent). Drought and COVID-19 undermine and disrupt health, education, nutrition, water, sanitation and hygiene and socioeconomic sectors, while cases of gender-based violence (GBV), child labor and child marriage increase.

More than 2.3 million children are out of school in Angola. In the south of Angola, access to education has been jeopardized by drought. Most children in drought-affected areas have limited or no access to TV or radio distance learning programmes.

Angola is also prone to other health emergencies such as malaria, measles, vaccine-derived polio, yellow fever and cholera.

**HUMANITARIAN SITUATION AND NEEDS**

**SECTOR NEEDS**

- **7 million people in need of nutrition assistance**
- **2.5 million children in need of emergency vaccination**
- **1.2 million people in need of emergency WASH services**
- **97,402 children in need of protection services**
- **2.3 million children in need of education support**

**STORY FROM THE FIELD**

After 7 am, Cristina Feliciano was getting ready to leave her Ombala and begin another workday in the community of Cambu, municipality of Cahama, province of Cunene. She is well known in the different Ombalas, where she accompanies several children under the age of five and pregnant women.

Every day, with their notebook and communication materials, Cristina and her teammate travel by motorcycle, or on foot, through the villages, to identify children with cases of malnutrition and refer them as soon as possible to the health units.

Read more about this story here.

Cristina Feliciano is well known in the different Ombalas (groups of villages), where she identifies children suffering from malnutrition and refers them as soon as possible to the health units.
HUMANITARIAN STRATEGY

UNICEF's humanitarian strategy is underpinned by the Core Commitments for Children (CCCs) in Humanitarian Action and focuses on supporting the Government to implement timely coordinated interventions to humanitarian crises affecting children and women. Humanitarian Action for Children (HAC) is delivered through life-saving water, sanitation and hygiene (WASH), health, nutrition, education, child protection, gender-based violence in emergencies (GBVie) and communication for development (C4D) interventions. At the United Nations humanitarian coordination level, UNICEF leads the nutrition, WASH and education sectors and co-leads protection, providing inter-agency coordination and humanitarian leadership.

HAC in Angola is planned with a multi-hazard focus; from drought, flood, conflict and refugee situations, and health emergencies including COVID-19. In drought and flood emergencies, the immediate response focuses on life-saving interventions but also includes resilience building of the affected populations through preparedness, mitigation and risk reduction approaches. In health emergencies, priority is placed on emergency vaccination, diagnosis and case management, risk communication and community engagement and infection prevention and control with focus on health and WASH to ensure the containment of disease outbreak and further prevent the death of children and women from preventable diseases.

In the nutrition sector, the most vulnerable children aged 6 to 59 months and their caregivers will be targeted with essential life-saving nutrition services, including the detection, screening and treatment for acute malnutrition.

UNICEF works to support education in emergencies in two main ways: i) strengthen capacities of teachers and principals for safe and secure learning environments, emergency response and preparedness, multi-grade teaching, information and communications technology (ICT) and school management in the context of the pandemic; ii) provide tents and learning kits to support children’s access to school.

UNICEF has partnerships and cooperation agreements with NGOs aimed at supporting humanitarian programming and monitoring on the ground. UNICEF co-chairs the United Nations disaster management team. At the government level, UNICEF works with the National Commission for Civil Protection and line ministries. Internally, it has an active and operationally functional emergency management team, chaired by the Representative. UNICEF maintains three field presences, providing logistical, coordination, programmatic and monitoring support to preparedness and response.

Through protection intervention, targeted communities will be sensitized on prevention and risk mitigation of GBV. Accountability to affected populations (AAP), including community-based complaint and feedback mechanisms, will also be strengthened to identify potential entry points for safe and confidential reporting of sexual exploitation and abuse allegations by beneficiaries. Heightened advocacy will be undertaken to raise awareness about the situation of children in Angola. Partnerships remain a central pillar to mobilize resources and support to address the severe crisis.

2022 PROGRAMME TARGETS

**Nutrition**
- 55,933 children aged 6 to 59 months with severe acute malnutrition admitted for treatment
- 500,000 children aged 6 to 59 months screened for wasting
- 560 people trained on nutrition practices for the prevention and treatment of malnutrition

**Health**
- 1,000,000 children aged 6 to 59 months vaccinated against measles
- 500,000 children aged 6 to 59 months vaccinated against polio
- 150,000 children and pregnant women provided with LLIN for malaria prevention in humanitarian context
- 150,000 children and pregnant women treated for malaria in humanitarian context

**Water, sanitation and hygiene**
- 700,000 people accessing a sufficient quantity of safe water for drinking and domestic needs
- 400,000 people reached with critical WASH supplies

**Child protection, GBVie and PSEA**
- 19,000 women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions
- 12,000 people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers
- 14,000 children and parents/caregivers accessing psychosocial support

**Education**
- 40,000 children accessing formal or non-formal education, including early learning
- 40,000 children receiving individual learning materials
- 1,333 teachers, members of parent-teacher association and school management committee trained in education in emergencies
- 6,400 children provided with access to education through temporary learning spaces

**Cross-sectoral (HCT, C4D, RCCE and AAP)**
- 7,000,000 people reached through messaging on prevention and access to services
- 100,000 people engaged in risk communication and community engagement actions

This appeal is aligned with the revised Core Commitments for Children in Humanitarian Action, which are based on global standards and norms for humanitarian action.
UNICEF is requesting US$26.6 million to meet the humanitarian needs of nearly 1.5 million people, including children and women affected by food and nutrition insecurity, water scarcity and health emergencies in Angola in 2022, including the COVID-19 crisis. One million children will be reached through this HAC.

Due to the worst recorded drought in 40 years, there is a substantial need for increased funding to provide life-saving and urgent needs in nutrition, WASH, health, education, behavior change and community engagement (C4D), and child protection. In particular, with the significant rise of malnutrition rates in 2021, funding is urgently needed to keep affected children alive and thriving.

Additional support is also required to provide critical WASH interventions, vaccination coverage and infection prevention and control, as well as awareness raising and community mobilization. UNICEF will propose interventions in six provinces in 2022 instead of three in 2021. Without sufficient and timely funding, UNICEF will be unable to provide essential nutrition and WASH supplies, vaccines, medicines and health support, as well as education, child protection, gender-based violence and C4D services, and to mitigate the risks of climate shocks and a worsening situation for children and women.

<table>
<thead>
<tr>
<th>Sector</th>
<th>2022 requirements (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>14,000,000</td>
</tr>
<tr>
<td>Health</td>
<td>2,500,000</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>6,000,000</td>
</tr>
<tr>
<td>Child protection, GBViE and PSEA</td>
<td>900,000</td>
</tr>
<tr>
<td>Education</td>
<td>2,000,000&lt;sup&gt;51&lt;/sup&gt;</td>
</tr>
<tr>
<td>Cross-sectoral (HCT, C4D, RCCE and AAP)</td>
<td>1,200,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>26,600,000</strong></td>
</tr>
</tbody>
</table>

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1. UNICEF’s public health and socioeconomic COVID-19 response, including programme targets and funding requirements, is integrated into the standalone country, multi-country and regional Humanitarian Action for Children appeals. All interventions related to accelerating equitable access to COVID-19 tests, treatments and vaccines fall under the Access to COVID-19 Tools Accelerator (ACT-A) global appeal.

2. This figure represents the drought-affected populations in Huila, Cunene, Bié and Namibe provinces and accounts for close to 30 per cent of the entire population of the four provinces, including refugees in Lunda Norte affected by drought and in need of humanitarian assistance. Relatório da Situação Actual da Seca e suas Consequências Referente ao período de Outubro 2018 a 30 de Abril de 2019 (government memo); Memorando Sobre a Situação da Seca na Provincia da Huila Janeiro de 2019 (government memo); and the joint United Nations and Government (Casa Civil) mission to Cunene and Huila. The figure was adopted by United Nations agencies in 2020 and was officially used to support the 2020 Angola Central Emergency Response Fund application.

3. WASH study conducted in 2020 has highlighted that many of the water points in the most drought affected communes are not working, highlighting a critical gap for WASH.

4. The 2021 funding requirement was calculated based on programmatic needs to sustain interventions in WASH, nutrition, health, education, child protection and communication for development.

5. Includes 51.5 per cent boys and men, 49 per cent girls and women. Approximately 3 per cent people including children with disabilities.

6. This figure represents the drought-affected populations in Huila, Cunene, Bié and Namibe provinces and accounts for close to 30 per cent of the entire population of the four provinces, including refugees in Lunda Norte affected by drought and in need of humanitarian assistance. Relatório da Situação Actual da Seca e suas Consequências Referente ao período de Outubro 2018 a 30 de Abril de 2019 (government memo); Memorando Sobre a Situação da Seca na Provincia da Huila Janeiro de 2019 (government memo); and the joint United Nations and Government (Casa Civil) mission to Cunene and Huila. The figure was adopted by United Nations agencies in 2020 and was officially used to support the 2020 Angola Central Emergency Response Fund application.

7. Based on the Government CNPC Drought Report from March 2021, 7.3 million people are affected by drought, of them 51.5 per cent boys and men and 49.5 per cent women and children.

8. This was calculated based on the highest target reach of children, women, and men. This includes the children vaccinated against measles (1,000,000), children and pregnant women provided with LLIN for malaria prevention (150,000), plus, 360,000 men out of 700,000 people accessing a sufficient quantity of safe water for drinking, cooking, and personal hygiene. The total includes 747,450 women/girls and 45,300 people with disabilities. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.

9. This was calculated based on the highest target for health (1,000,000 children vaccinated against measles. The total includes 495,000 girls and 14,000 children with disabilities.


11. March, April, May - rain season findings.


14. Estimated based on 2019 and 2020 Angolan Government reports (Civil Protection) and data from Implementing Partners operating in the South of Angola.


16. More than two thirds of water points not working which are proposed for repairing under HAC and CERF.

17. SAM cases from January to August 2021 are 65 per cent higher than the same period in 2020.

18. 31,861 SAM cases as of August 2021.

19. Integrated Food Security Phase Classification (IPC) Vulnerability, Food Security and Nutrition Assessment which took place in Huila, Cunene and Namibe.

20. IPC Phase 3 and above.

21. Increased food insecurity among pregnant and lactating adolescent girls and women further increases their vulnerability to exploitation and adoption of negative coping mechanisms; more mothers with malnourished children have reported abandonment by their partners as the situation becomes more challenging. These women have nutritional needs that they are unable to meet, impacting their own health and increasing the risk of malnutrition among children under six months of age and low birth weight among children born to malnourished mothers.


24. As many pastoralist families take their sons out of school to travel longer distances in search of ever more scarce pasture and water. In addition, many girls are removed from school to help their mothers travel long distances to collect water.

25. Education loss was further experienced due to COVID-19 for children without access to remote learning and closed schools.

26. During the first five months of 2021 there were 3.8 million cases of malaria with 5,600 deaths and 132 confirmed cases of measles.

27. mOPV2.

28. Estimated based on results of SMART surveys conducted in the southern provinces of Angola in December 2019 and February 2020.

29. Estimated based on results of SMART surveys conducted in the southern provinces of Angola in December 2019 and February 2020.

30. Estimated based on results of SMART surveys conducted in the southern provinces of Angola in December 2019 and February 2020.


32. WASH needs include 702,400 people who will likely be affected by emergencies and need access to water; 346,142 people in need of sanitation; and 186,838 in need of hygiene promotion support. Estimate based on 2019 government memos and WHO/UNICEF Joint Monitoring Programme coverage figures for 2017.


34. Emergency vaccination including measles, polo and yellow fever.

35. Estimated based on 2019 and 2020 Angolan Government reports (Civil Protection) and data from Implementing Partners operating in the South of Angola.

36. Administrative data released by INAC in the 2020 yearly report of the National SOS Hotline (SOS Crianca 15015).


38. COVID-19 interventions are primarily implemented through (i) coordination with Government and partners; (ii) risk communication and community engagement—RCCE; (iii) infection prevention and control—WASH and Health; and (iv) continuous access to nutrition services.

39. Some interventions include water harvesting at schools, the construction of water reservoirs for multi-use (sanitation, irrigation and animal).

40. In health emergencies, UNICEF interventions are determined by the nature of the emergency. With vaccine preventable disease, UNICEF will focus on vaccine procurement and supply management and C4D to raise demand for vaccine and operational support to administer the vaccine and conduct the campaign. For non-vaccine preventable disease emergencies, UNICEF will support through C4D and supplies for case management as appropriate. With regard to health in emergencies, UNICEF will focus its actions on supporting the delivery of essential health services to priority groups, children under 5 and pregnant and lactating women.

41. Including virtual learning platforms.

42. Anticipating back-to-schools activities and recurrent dropouts due to drought.

43. Educational continuity involves flexible and creative strategies within which learning spaces can be improvised and quickly equipped to ensure that children continue their education.

44. Government-led entity for disaster coordination and operational, line ministries and provincial and municipal Government authorities at decentralized levels.

45. The southern field office in Lobunguro provides front line support to humanitarian implementation in the southern most provinces of Huila, Namibe and Cunene.

46. The National Institute of the Child (INAC) estimated the target based on the number of GBV cases reported to the National Child helpline. From June 2020 to June 2021, INAC registered a total of 36,431 cases of GBV, and approximately 52 per cent of those survivors (nearly 19,000) will have access to GBV response services.

47. This indicator is about people with access to community-based complaint mechanisms to report sexual exploitation and abuse.

48. This includes interpersonal communication as well as mass media communication means.

49. Based on the population targeted through mass media + interpersonal communications approach for entire population in need for all hazards.

50. The population targeted is higher than the total number of people/children to be reached because the target includes mass media outreach.

51. Operational cost was higher during the peak of COVID-19 in 2020. This has had implications for our budget. We have minimum pre-position of Emergency in Education (EiE) supplies. Hence, despite the increase in the target, the cost remains relatively low in comparison to the 2021 HAC funding ask for Education.