



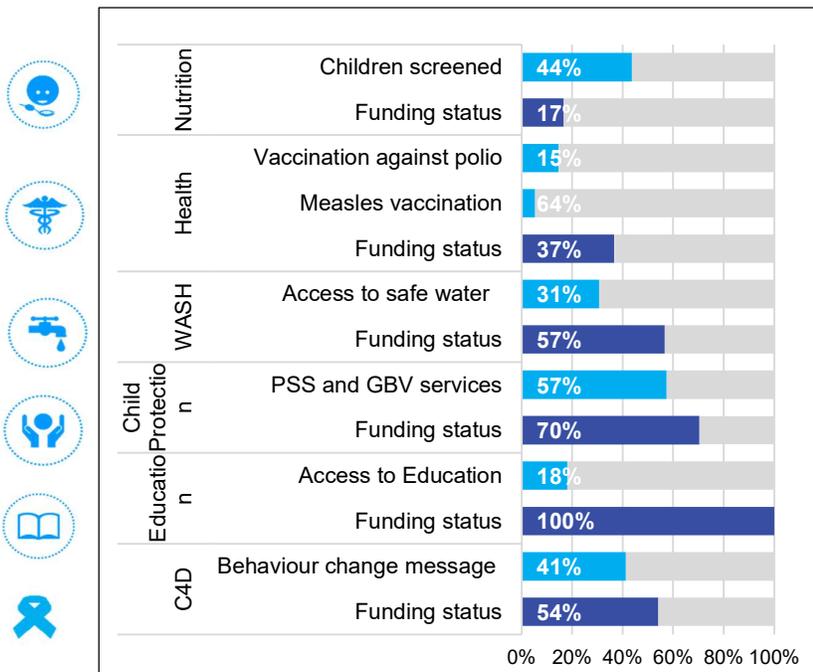
A three-year-old child gets therapeutic milk from her mother in a health facility supported by UNICEF Angola in Huila province.

Reporting Period: 1 January to 30 June 2022

Highlights

- ACO HAC US\$26.6M funding requirement funded by 40 percent
- 218,430 children aged 6 to 59 months screened for wasting of which, 52,112 with SAM admitted for treatment in UNICEF-supported nutrition treatment centres, reaching 93 per cent of the 2022 target.
- 337 health facility staff trained on nutrition practices for the prevention and treatment of malnutrition.
- 214,449 people with access to safe water

UNICEF's Response and Funding Status



ANGOLA

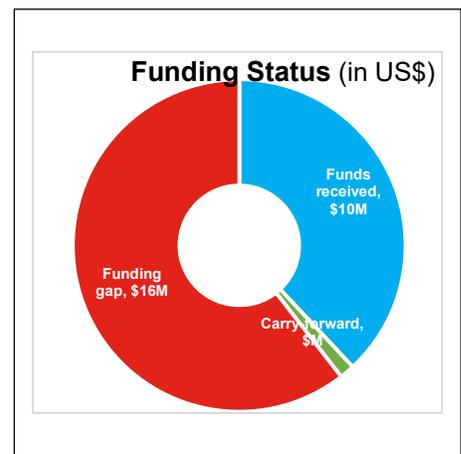
Humanitarian Situation Report No. 1



Situation in Numbers

- 3.9 million** children in need of humanitarian assistance
- 7.3 million** people in need
- 214,449** People reached with access to safe water
- 218,430** Children under 5 years screened for malnutrition

UNICEF Appeal 2022 US\$ 26.6 million



Funding Overview and Partnerships

Inadequate humanitarian funding continues to significantly impact on UNICEF's ability to upscale its humanitarian interventions in Angola and to address increasing nutrition, WASH, and education needs. Currently, ACO humanitarian interventions are funded by close to 39 percent, of which a significant proportion of the funds arrived in quarter 2 of 2022 with the remainder 3.7 percent being carry forward from 2021. Major funding contributions to the humanitarian action for children (HAC) in 2022, include Bureau of Humanitarian Assistance, USAID, *Banco Fomento de Angola*, Government of Japan, Global Humanitarian Thematic, and UNOCHA-CERF. However, critical funding gaps continue into quarter 3 of the year limiting both scalability of humanitarian interventions in the south and timeliness. Drought conditions in Angola are deteriorating and protracted, particularly in the South-Western provinces of Cunene, Huila, Namibe. Timely, flexible, and adequate funding remains critical to an effective humanitarian response in the south. Without additional funding, UNICEF's ability to provide time-critical and life-saving interventions to the most vulnerable children, and implement multisectoral, with nutrition, water, sanitation and health, education, and child protection, including gender-based violence services will continue to be constrained. Currently, ACO has partnership agreements with the World Food Programme and CSOs, including World Vision, MENTOR, AfriKare, JAM, people in need (PIN) and ADRA, with whom we continue to implement key HAC interventions in 2022.

Situation Overview & Humanitarian Needs

The worst drought in 40 years and rising food prices in Angola have resulted in high acute food and nutrition insecurity in southern provinces. An estimated 3.8¹ million people are currently 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 2020/2021. The FEWSNET Angola Report Monitoring Update (<https://reliefweb.int/report/angola/angola-remote-monitoring-update-june-2022>) found that in southwestern Angola, most poor households in the region have limited, or no access to self-produced crops and are relying entirely on food purchases, with food prices in these areas above the national average due to limited supplies in markets. With lower-than-normal purchasing power, an expected normal start to seasonal rains, and the lean season, poor households in Cunene, Huila, and Namibe will continue to face Crisis (IPC Phase 3) food security outcomes from August 2022 through January 2023. While UN CERF UFE interventions have converged geographical and programmatically in Huila province to optimize resources and improve the outcome of humanitarian interventions, food and nutrition insecurity expands beyond and affects other provinces in the south, including Huambo, Bié, Benguela and Cuanza Sul.

Drought has forced families into internal displacement and cross border migration to Namibia. At its peak the Government reported there were 1,823 returnees living in temporary accommodation camps of whom 747 children under 5 and 365 children between 5 and 10 years. In addition, there were 16,000 IDPs including 8,000 children who settled 2 km away from the camp. The drought continues to have a negative impact across 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.

Summary Analysis of Programme Response

Nutrition

Southern Angola continues to experience adverse climatic conditions and below average precipitation, exacerbating acute malnutrition. According to WFP Rainy Season Monitoring (<https://reliefweb.int/report/angola/angola-rainy-season-monitoring-april-2022>), the provinces of Namibe, Huila, and western Cunene experienced less than 80% of average precipitation in March 2022. The FEWSNET Angola Report Monitoring Update (<https://reliefweb.int/report/angola/angola-remote-monitoring-update-june-2022>) found that in southwestern Angola, most poor households in the region have limited to no access to own-produced crops and are relying entirely on food purchases, with food prices in these areas above the national average due to limited supplies in markets. With lower-than-normal purchasing power, an expected normal start to seasonal rains, and the lean season, poor households in Cunene, Huila, and Namibe will continue to face Crisis (IPC Phase 3) food security outcomes from August 2022 through January 2023. The number of children receiving treatment for severe wasting has more than doubled in 2022 compared to the same period in 2021, increasing from 22,225 in 2021 to 52,112 in 2022. This is a result of increased screening at community and health facility level with 122,395 children screened in this timeframe in 2021 compared to 218,430 in 2022. The increased number of children receiving treatment is also a result of the increased availability of essential, life-saving nutrition supplies in 2022. Together with partners, there remains a gap in therapeutic supplies for the treatment of severe wasting. This is due to international supply chain challenges and long lead times. The training of over 300 staff on nutrition practices for the

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.

prevention and treatment of malnutrition has contributed to improved outcomes for children and higher quality data collection and management at health facility level. SPHERE standards for performance show a recovery rate of 80 per cent, a defaulter rate of 18 percent and a mortality rate of 2 per cent. With humanitarian needs affecting several provinces, UNICEF is working with UN sister agencies and partners to secure additional funds to address the ongoing nutrition crisis in Huila, Namibe, Benguela, Cunene, Cuando Cubango, Bie, and Luanda.

Health

Health in emergencies remained largely unfunded during the first semester of 2022 undermining both health preparedness actions and response interventions. As a result, the implementation of child health activities in Cunene and Huila provinces were supported using regular development resources. Nearly, 70 health professionals (data managers; public health managers; malaria, HIV, nutrition, maternal and child health programme managers) in 13 health facilities of 6 municipalities (Cahama, Cuanhama, Curoca, Cuvelai, Namacunde, Ombandja), received supportive supervision on District Health Information System Platform (DHIS2) and were trained on monitoring and use of data for planning health interventions and reaching children and pregnant women. This included immunization surveillance and treatment of transmissible disease. During this period 53,359 children between 9 and 23 months were vaccinated against measles, 73,336 against oral polio vaccine and 144,835 children between 1 and 59 months were treated for acute watery diarrhoea in humanitarian settings in Cunene, Huila, Namibe and Cuando Cubango provinces.

The Covid-19 situation in the country has improved significantly with the lifting of many restrictions, including lockdowns and mandatory quarantine. However, it remains a public health emergency of concern and with implications for child survival. The country is currently facing an increase of measles cases with outbreaks confirmed in 64 municipalities of 13 provinces. Since January 2022, 1,420 cases were suspected of which 191 were confirmed by laboratory. Since then, 22 deaths due to measles have been reported with a case fatality rate of 1.5%. The provinces of Moxico, Benguela and Uige are reporting the highest number of suspected cases.

UNICEF and partners are currently supporting the Ministry of Health to implement a response campaign which will integrate measles, polio vaccines and supplementation of vitamin A. Interventions, will target close to 1.7 million children between the ages of 6 and 59 months. In addition, malaria cases in the country remain of serious concerns. While overall cases have reduced by 4 percent during the first semester of 2022 (3,444,766 reported cases) compared to the same period in 2021, the number of reported deaths has increased by 3% (5,992). The situation is worse in the most drought affected provinces of Huila, Namibe, Cunene and Cuando Cubango where malaria cases have increased by more than 30 percent and reported deaths by 32 percent in Huila, 29% in Namibe and 24% in Cuando Cubango. Cunene has registered the smallest increase reporting only a 3 percent increase. Partners so far have distributed mosquito nets and antimalarials (ACTs) to address part of the needs. In above mentioned provinces 23,281 pregnant women and children received mosquito nets and 328,284 were treated for malaria. Global Fund recipients and the Ministry of Health are planning to distribute 1 million mosquito nets before the rainy season during the second semester. To respond to the double burden surge of malaria cases and acute malnutrition there is an urgent need to allocate additional resources for procurement and distribution of mosquito nets and administration of antimalarials in the most affected communities.

WASH

UNICEF and partners delivered lifesaving interventions focused on provision of water, sanitation and hygiene with an overarching behavioural change and information awareness component led by Social and Behaviour Change. The WASH interventions targeted children and their communities in drought-affected vulnerable areas of Cunene, Huila and Namibe to ensure equitable access to, and use of safe water and to establish good hygiene practices.

In Q1 and Q2 of 2022, through water trucking, UNICEF humanitarian WASH interventions reached a total of 182,249 people (63,798 women, 54,683 men, 33,405 girls and 30,363 boys) with access to sufficient and safe water for drinking, cooking, and personal hygiene. Furthermore, 288,119 people were reached with culturally appropriate, gender and age-sensitive information, and hygiene promotion and Infant and Young Child Feeding practices. Through our supply driven interventions, 60,304 people benefitted from critical WASH non-food-items, including collapsible jerrycans, plastic bucket with lid and water purification tablets. The establishment of accountability to affected populations mechanisms enabled 4,483 people to voice their concerns and ask questions or clarifications about the project. Through CERF implementation, UNICEF and partners rehabilitated 46 pumps (13 Volanta-manual pumps and 34 solar pumps) allowing an additional access to safe drinking water for more than 32,200 people in Cunene, Namibe and Huila (cumulatively reaching 214,449 with access to safe drinking water).

Education

UNICEF's education in emergencies (EiE) interventions are being implemented through three main approaches focusing on continuous access to quality education and improve learning for children: i) the *Safe Havens*, which uses the school as a platform for programme convergence and to deliver of basic services, including nutrition, WASH and Child protection, ii) Learning Recovery Initiative, which addresses the learning loss due to prolonged school closures due to the pandemic, focusing on foundational literacy and mathematics learning (FLN) for children who are out of school or who are lagging behind in school; and iii) EiE interventions implemented through CERF.

Through the multiple EiE interventions, UNICEF has procured diverse EiE supplies for 30,000 children. Supplies include, 34,979 learning kits, 26 school tents, (72 square meters each) for temporary learning spaces, 100 recreation kits, 100 maths teaching kits, 90 school-in-a-box each enough for 40 students in addition to Early Childhood Development kits and infection prevention and control items for covid-19 among which masks, soap, hand sanitizer and bleach, EiE interventions also included the training of teachers, school directors and Parent Teacher Associations on multi-grade methodology and school management in the context of emergency, training on the *Todos Unidos Pela Primeira Infância* methodology, which benefitted 1,549 children (823 girls).

Through Mission Recovery Initiative (MRI), a USA funded intervention, close to 5,700 children (49% girls) from 17 schools and surrounding communities of 7 municipalities in Huila province (Chibia, Jamba, Gambos, Humpata, Matala, Quipungo and Cacula), are benefiting from foundational learning recovery and psychosocial support. Interventions under the Mission Recovery Initiative also include a EiE supply component and procurement is underway for learning kits, tale story books, math teaching kits, including menstrual kit and psycho-social classroom kits.

Child Protection

Under the ECHO funded Nutrition emergency response interventions to the drought, the prevention of sexual exploitation and abuse (PSEA) and GBV risk mitigation and prevention has been mainstreamed as an essential activity to protect beneficiaries from SEA and GBV related risks. The SEA and GBV activities have contributed to upskill UNICEF Health/Nutrition implementing partners (IP) in Benguela, Huila, Cunene and Bie provinces and to ensure that PSEA/GBV related information was available to practitioners, and appropriate mechanisms were established/set by IPs (in terms of risk mitigation, prevention, and response). According to UNICEF Health/Nutrition IP reports, the number of children admitted for OTP care (in the provinces where IPs were trained in PSEA/GBV risk mitigation, prevention, and response) was close to 37,000 children although the numbers remains below 100 percent coverage in terms of PSEA/GBV. Benguela registered 13,105, Huila 18,937, Cunene 2,141 and Bie 2,156. Participants from the sessions highlighted the need for more capacity development initiative in this field.

Under the Mission Recovery Education in Humanitarian Countries, ACO is implementing a joint Education/Child Protection intervention in the context of the Recovery Mission project in Huila, with a focus to recover learning needs and ensure the psychosocial well-being of children who have been out of school due to the Covid pandemic. One critical component of this project is the MHPSS, which aims at contributing to improve the psychosocial environment of 17 selected schools and communities and ultimately ensure access to psychosocial support services for 5,000 children, 500 teachers (to be trained on psycho-social support to children and adolescents) and 200 parents and caregivers (with improved knowledge about non-violent discipline).

Social Behaviour Communication & Accountability

Social and Behaviour Change (SBC) interventions were systematically combined with Wash and Nutrition service and supplies delivery to effectively reduce the negative impact of the drought on the population. Adapted awareness raising interventions help the population in having a better understanding of poor hygiene and nutrition practices and adopt the recommended behaviours in times of drought, mainly handwashing, proper water treatment, sanitation and IYCF practices. A total of 288,119 people were reached with lifesaving and locally contextualized key messages in the provinces of Cunene, Huila and Namibe, through the engagement and capacity building of 86 social mobilizers selected in the targeted municipalities. Communication materials such as posters and leaflets were also produced and disseminated to help the social mobilizers in their communication activities with the households. In addition, a total of 483 people provided their feedbacks, concerns or suggestions related to the project.

So far, 80% of the SBC allocated budget has been implemented, overreaching (288,119 people) the HAC 2022 target by 180% in terms of people engaged in risk communication and community engagement actions i.e., through interpersonal communication. However, results achieved for the first indicator (people reached through messaging on prevention and access to services) are at 41.15%. An intensive resource mobilization campaign is needed during the second semester for an effective support to the programmes and behavioural impact.

Humanitarian Leadership, Coordination and Strategy

UNICEF's 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, a new humanitarian coordination mechanism was introduced in February 2022. The revised UN coordination mechanism resulted in the dismantling of the UN Disaster Management Team (DMT) and the establishment of the Drought Response Coordination Team – hereinafter the DRCT, a UN steered and decision making body chaired by the Resident Coordinator (a light version of the Humanitarian Country Team) and the Humanitarian Inter-sector Coordination Group (HICG) which provides a coordination platform for UN agencies, national and international NGOs to work together to alleviate human suffering and protect lives, livelihoods and dignity of populations affected by natural disasters, public health crisis, and any other emergencies through the provision of humanitarian response that is timely, coordinated, principled, effective and efficient.

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 level through the Drought Response Coordination Team (DRCT) and the Humanitarian Inter-sector Coordination Group (HICG) level for matters of interagency concern and as appropriate, it is expanded to include 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

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.

- <https://novojornal.co.ao/sociedade/interior/unicef-necessita-de-266-milhoes-usd-para-ajudas-humanitarias-em-angola-106600.html>
- <https://novojornal.co.ao/sociedade/interior/unicef-recebe-fundos-da-uniao-europeia-para-combater-a-combater-a-desnutricao-no-sul-do-pais---alimentos-terapeuticos-permitem-salvar-mais-de-12-mil-criancas-108306.html>
- <https://novojornal.co.ao/sociedade/interior/huila-vai-contar-com-350-mil-usd-do-japao-para-combater-a-fome-107254.html>
- <https://novojornal.co.ao/sociedade/interior/mais-de-100-mil-criancas-ate-aos-cinco-anos-em-risco-de-desnutricao-aguda-106368.html>
- https://www.sapo.pt/noticias/atualidade/japao-disponibiliza-320-me-para-combater-fome_622f20ecf4428c6570d2263e
- <https://reliefweb.int/report/angola/2000-families-have-already-benefited-construction-new-toilets>

Facebook

- <https://www.facebook.com/UNICEFAngola/photos/a.215090461851682/5659105794116761/?type=3>
- <https://www.facebook.com/UNICEFAngola/photos/a.215090461851682/5557677367592938/?type=3>
- <https://www.facebook.com/UNICEFAngola/photos/a.215090461851682/5473766245984051/?type=3>
- <https://www.facebook.com/214867681873960/posts/5412877188739624/>
- <https://www.facebook.com/214867681873960/posts/5365013930192617/>
- <https://twitter.com/UNICEFAngola/status/1537198022744219649>
- <https://twitter.com/UNICEFAngola/status/1531265517469810689>

Next SitRep: 31 January 2023

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

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

Who to contact for
further information: Ivan Yerovi
Representative
UNICEF Angola
Tel: +244 226 430 870
Email: iyerovi@unicef.org

Tito Bonde
Emergency Specialist
UNICEF Angola
Tel: +244 936 780 647
Email: tbonde@unicef.org

Atul Kumar
Chief of Communication
UNICEF Angola
Tel: + 244 949 458 132
Email: akumar@unicef.org

Annex A
Summary of Programme Results to be updated

	UNICEF and Implementing Partners Response		
	2022 Target	Total Results	Change since last report ▲▼
NUTRITION			
Children aged 6 to 59 months with severe acute malnutrition admitted for treatment	53,933	52,112	▲
Children aged 6 to 59 months screened for wasting	500,000	218,430	▼
People trained on nutrition practices for the prevention and treatment of malnutrition	560	337	▲
HEALTH			
Children aged 6 to 59 months vaccinated against measles	1,000,000	53,359	▲
Children aged 0 to 59 months vaccinated against polio	500,000	73,336	▲
Children and pregnant women provided with LLIN for malaria prevention in humanitarian context	150,000	23,281	▲
Children and pregnant women treated for malaria in humanitarian context	150,000	328,284	
WATER, SANITATION & HYGIENE			
People accessing sufficient quantity of safe water for drinking and domestic needs	700,000	214,449	▲
People reached with critical WASH supplies	400,000	60,304	▲
CHILD PROTECTION			
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	19,000	10,902	
People who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers	12,000	10,902	
Children and parents/caregivers accessing psychosocial support	14,000	0 ²	
EDUCATION			
Children accessing formal or non-formal primary education, including early learning	40,000	7,226	
Children receiving individual learning materials	40,000	0 ³	
Teachers, members of parent teacher-association and school management committee trained in education in emergencies	1,333	570	
Children provided with access to education through temporary learning spaces	6,400	0 ⁴	
COMMUNICATION FOR DEVELOPMENT			
People reached through messaging on prevention and access to services	700,000	288,119	▲
People engaged in risk communication and community engagement actions	100,000	288,119	

² Under the programmatic framework of the Recovery Mission project (Huila Province), the Mental Health and Psychosocial Support (MHPSS) intervention has not started yet. In early August, UNICEF signed a PCA with the Regional Psychosocial Support Initiatives (REPSI) to support implementation of the MHPSS component; IP is expected to start implementation in September.

³ The procurement process for learning kits has been completed, but the items will arrive and be distributed in October. Therefore, no progress is reported on this indicator yet.

⁴ The procurement process for temporary learning spaces has been completed, but the items will arrive and be distributed in October. Therefore, no progress is reported on this indicator

- Annex B

Funding Status⁵

Sector	Requirements	Funds available		Funding gap	
		Received Current Year	Carry-Over	\$	%
Nutrition	14,000,000	2,334,751	0	11,665,249	83%
Health	2,500,000	916,018	0	1,583,982	63%
WASH	6,000,000	3,400,000	381,997	2,218,003	43%
Child Protection	900,000	633,349	0	266,651	30%
Education	2,000,000	2,189,335	0	0	0%
C4D	1,200,000	650,000	0	550,000	46%
PME/COMMS/Ops	0	203,417	0	0	
Total	26,600,000	10,326,870	381,997	15,891,133	60%

⁵Funding available includes \$10,326,870 funds received in 2022 up to the reporting period plus \$381,997 carry forward from 2021.