**HIGHLIGHTS**

Angola is not spared from the negative impact of global climate change. The population in the south of Angola experienced significant prolonged drought leading to more than two million children in need of humanitarian assistance. In addition, currently Angola is ranked 10th on the UNICEF Children’s Climate Risk Index, meaning that the children of Angola are faced with continued risk of climate change-induced disasters\(^1\).

CERF (Central Emergency Response Funds) was released for UNICEF and WFP to target 235,000 individuals affected by drought in Cunene, Huila, and Namibe provinces of South-Western Angola\(^2\). To support the drought response, through financial support from CERF\(^3\), UNICEF focused its strategic interventions to provide integrated humanitarian life-saving services in health, nutrition, Water, Sanitation and Hygiene (WASH), child protection, education and social and behaviour change communication programme for over 212,000 children\(^4\).

As of mid-2023, approximately 23 per cent of UNICEF Angola Humanitarian Action for Children (HAC) appeal in 2023 was funded. Over 48 per cent of the total humanitarian funds received, were utilized to enhance health response, followed by nutrition with 25.6 per cent, and WASH with 21.3 per cent mostly in the southern part of Angola.
At the beginning of 2023, UNICEF requested US$33 million to meet the urgent needs of more than 1.5 million individuals in Angola. The Humanitarian Action for Children 2023 (HAC) appeal was drafted to address the needs of 841,000 children, and 342,500 women severely affected by drought. Interventions will include the provision of essential medicines, vaccines and life-saving nutrition supplies as well as water, sanitation and hygiene (WASH), education, child protection, gender-based violence, health and HIV services.

As of mid-2023, Angola Country Office humanitarian interventions were funded by close to 23 per cent of the HAC appeal. Over 48 per cent of the humanitarian funds were utilized to enhance health response mostly in the southern part of Angola, followed by nutrition with 25.6 per cent, and WASH with 21.3 per cent. UNICEF received generous funding from USAID Bureau of Humanitarian Affairs, the European Commission Civil Protection and Humanitarian Aid Operations department, Banco Fomento de Angola, and Government of Japan. Through financial support from UN CERF (Central Emergency Response Funds), US$ 6 million was released for UNICEF and WFP to target 235,000 individuals affected by drought in Cunene, Huila, and Namibe provinces of South-Western Angola.

Severe underfunding has been a significant challenge for the emergency response in Angola in the first half of 2023. Without adequate funding, UNICEF and its partners will not be able to provide essential and life-saving services to children and women most affected by drought and economic shocks.

UNICEF remains committed to establishing effective linkages between its humanitarian action and long-term development programming, as well as to building national capacity and systems strengthening.

**SITUATION OVERVIEW AND HUMANITARIAN NEEDS**

Angola is vulnerable to negative impacts of global climate change. Southern parts of Angola are characterized by arid region, low precipitation, and experience extreme weather events, for instance prolonged droughts, and floods. The food security situation remains a major concern among vulnerable households.

The extreme weather events continue having considerable negative impacts on crop yields, delay of planting season, and availability of surface water, resulting in insufficient food supplies with recurrent negative impact on families, incomes, livelihoods, and their capacity of coping with additional shocks to food systems.

In addition, crop production in southwest Angola was below average in the 2022/2023 season, resulting in poor households’ ability to rely on own production. Moreover, the currency depreciation and fuel price increases have aggravated the food insecurity conditions, leading to rising food prices, increased production costs and inflationary pressures within the economy.

A high rate of severe acute malnutrition (SAM) particularly among children under-five was recorded. To address the nutrition challenges, UNICEF continues to support the Angolan Government through capacity strengthening of the Ministry of Health for an adequate investment in key nutrition interventions, including: a) nutrition interventions targeting pregnant and lactating women, infants, and young children; b) food fortification programmes to address micronutrients deficiencies; c) nutrition support and treatment of SAM; and d) awareness raising to promote good nutrition practices.

Through CERF support, UNICEF and WFP combined efforts to implement a multisectoral emergency response with priorities for live-saving interventions across Nutrition, WASH, Education and Child Protection in the most-affected drought areas in the southern province of Huila. However, further sustained efforts, resources and collaboration are still needed to alleviate the humanitarian situation and promote sustainable development in the southern region.

The emergency context has had a significant impact on vulnerable families, undermining livelihoods, leading to loss of family income, increasing risks of violence, including gender-based violence, and heightened child protection concerns.

**SUMMARY ANALYSIS OF PROGRAMME RESPONSE**

**Health**

In May 2023, WHO declared the end of COVID-19 as a public health emergency of international concern. However, due to the low immunization coverage in Angola particularly among children between 12 to 17 years and high risk groups, UNICEF have continued to support the response to COVID-19 through vaccine deployment and support with training to vaccination teams, cold chain logisticians and supervisors following the recommendation from the National Directorate of Public Health. COVID-19 funds were utilized to strengthen the implementation of primary healthcare in drought affected areas through integration of routine immunization, maternal and child health services and HIV care. During the reporting period, an additional 651,375 people have completed their primary series of COVID-19 vaccines including 67,901 new children from 12 to 17 years. The current coverage is 85 per cent of eligible people with a first dose and 48 per cent have completed the primary series of vaccines.

UNICEF have supported the vaccination of 54,820 children under the age of one year with measles vaccine, of whom 37,231 in Huila, 11,688 in Cunene and 5,901 in Namibe. In the same provinces, a total of 82,553 children were vaccinated against Poliomyelitis.

Access to health services for women and children was reinforced in the provinces affected by drought, through the training of maternal and child health nurses and other professionals on essential health care and integration of services. A total of 59 health providers received on-the-job training on vaccine management, cold chain, data management; 24 health providers in Namibe province on surveillance and audit of maternal and perinatal deaths; and 30 health providers in Bié trained on Integrated management of Child Illness. As a result, a total of 120,887 pregnant women and children accessed primary healthcare services in UNICEF-supported facilities, including 84,411 beneficiaries in Huila, 13,758 in Cunene and 22,718 in Namibe.

Antiretroviral services particularly for the prevention of vertical transmission were provided through the provision of antiretroviral therapy, reaching 622 pregnant women aged 15-49 years old living with HIV (552 in Huila and 70 in Cunene).

Support was provided at national level in partnership with WHO, to prepare for implementation of four rounds of the Polio Supplementary Immunization Activity starting in August 2023 in the areas of vaccination response, social and behaviour change and cold chain and vaccination management.
Nutrition

Humanitarian assistance is still necessary to prevent acute malnutrition, degradation of Integrated Food Security Phase Classification (IPC) status, and subsequent high risk of death among children. Between January and June 2023, a total of 124,408 children in the provinces of Huila, Benguela and Namibe were screened for wasting. In the provinces of Huila, Cunene, Namibe, Benguela, Bié and Cuando Cubango, a total of 36,983 were admitted for treatment for severe wasting, 6,720 of whom were admitted for inpatient care. Based on available discharge data, 14,873 (77 per cent) children were discharged as cured, 4,513 (23 per cent) defaulted from care and 266 (<1 per cent) died while in care. In addition to the generally poor food security and nutrition situation, a nutrition survey using the Standardized Monitoring and Assessment of Relief and Transitions (SMART) methodology carried out by UNICEF and the Ministry of Health in Huila province in April 2023 provides further data: the prevalence of global acute malnutrition in the province was found to be below the emergency threshold of 15 per cent. These survey results align with the number of children admitted for the treatment of severe wasting between January and June this year and are similar to admissions in 2021, which indicates an improvement as compared to 2022.

As of mid-2023, a total of 34,450 cartons of Ready-to-Use Therapeutic Food for the treatment of wasting have been procured, to support the treatment of over 35,000 children. Of these cartons procured, approximately half have been distributed thus far, while internal reallocation has taken place to support the National Directorate of Public Health in ensuring as many children as possible received timely treatment when supplies are limited. However, a large gap in therapeutic supplies remains and contributes to the high default rate described above. Building the capacity of health facility staff and their supervisors remains a priority. To date, 306 staff have been trained on supportive supervision and essential nutrition practices for the prevention and treatment of malnutrition (64 in Luanda, 36 in Namibe, 16 in Huila, 74 in Cunene, 49 in Cuando Cubango, 26 in Bié and 41 in Benguela).

Water, sanitation and hygiene

WASH interventions focus on ensuring access to sufficient and safe WASH services for drought-affected population, and building climate resilience of the authority and community to mitigate water stress, and shocks. Through financial support from CERF, UNICEF delivered life-saving WASH interventions focused on providing water, sanitation and hygiene with social and behaviour change and information awareness components in Huila Province.

As of mid-2023, UNICEF supported to provide access to water and adequate sanitation for 76,381 people, adequate sanitation services for 27,368 children in schools and health facilities, and distribution of 3,500 packages of hygiene items for vulnerable families. WASH interventions targeted children, communities, health facilities, and schools in drought-affected areas of Huila to ensure access to safe water and to establish good hygiene practices. Furthermore, climate resilient WASH interventions continue in Cunene, with eleven water points rehabilitated benefiting 1,206 students and indirectly 26,315 people from the surrounding communities. UNICEF also installed 50 gender-sensitive latrines in five schools with tippy tap facilities for handwashing.

UNICEF, in close coordination with the authorities, is in the process of establishing three climate-resilient groundwater exploration systems to address the occurrence of drought in southern Angola.

This activity was funded by UNICEF innovation funds. New borehole construction projects are part of a groundwater mapping exercise to explore the groundwater potential in drought-affected areas.

Child protection, GBViE and PSEA

As part of the Education Learning Recovery Initiative, psycho-social support was provided to 5,000 out-of-school children affected by the drought to allow them to access learning opportunities. Psycho-social support clubs were set up in each of the 17 primary schools to provide a safe space for listening, for emotional expression and to develop life skills, directly benefitting 895 children (449 girls) experiencing some type of emotional distress. In addition, 300 psycho-social classroom kits were provided to the schools and one playground per school was built with the support of parents and the community.

Moreover, 21 facilitators and 34 school managers were trained on the identification of stress and mental health needs to help children return to school in a safe environment. The project covered seven municipalities and 14 schools across the Huila province.

Municipal nutrition supervisors trained community health volunteers on the prevention of sexual exploitation and abuse (SEA). In turn, they sensitized communities to encourage reporting of incidents of SEA. In addition, as part of the efforts to build accountability to affected population, 61 health facilities put in place complaint feedback mechanisms while anonymous reporting mechanisms were created in communities to report allegations of SEA.

All complaint boxes were placed in locations easily seen by people coming to health facilities. A total of 24 complaints were received during the reporting period of which none was on SEA. Of the phone calls received, two asked for clarifications on SEA and were referred to relevant services. A total of 1,421 caregivers (including both females and males) were trained on the prevention and response to gender-based violence in communities. This intervention was established to create linkages with child protection programmes and scale up protection mechanisms amongst women and children at high risk of violence.

Education

UNICEF contributed to ensure the continuity of access to learning opportunities and mitigate learning loss among primary school children in the drought-affected southern provinces of Angola through three key interventions: a) the Learning Recovery Initiative which addresses the learning loss due to prolonged school closures due to the pandemic, focusing on foundational literacy and mathematics; b) EiE (Education in Emergencies) interventions implemented through CERF UFE project; and c) the Safe Havens project that uses schools as a platform for the delivery of comprehensive education, health, nutrition and WASH in schools services.

Through the Learning Recovery Initiative, UNICEF continued supporting 10,508 (5,008 girls) children’s learning recovery, including 3,306 (1,562 girls) out-of-school children who were brought back into school thanks to the community mobilization activities led by parent-teacher associations, local authorities and community leaders. Children at 18 target schools across seven municipalities of Huila province benefited from a remedial catch-up programme implemented by the facilitators, teachers and supervisors trained during the previous year. Children were provided with 20,000 learning kits and 3,000 menstrual hygiene kits. Additionally, 2,520 reading books were provided to schools to encourage reading and improve literacy competencies.

Through the CERF project implemented in four municipalities in Huila province, a total of 30,436 children and teachers (including
16,922 girls and 210 women) accessed to teaching and learning materials procured by UNICEF, composed of: 30,000 learning kits, 100 recreation kits, 100 math kits and 90 school-in-a-box kits. In addition, 23 high performance tents have been set up as temporary learning spaces, benefitting a total of 3,861 children (1,603 girls). The majority (20 tents) have been installed in schools also benefiting from the feeding programme implemented by WFP. A total of 612 (263 female) teachers and 461 (150 female) parents benefited from training to prepare for and respond to emergencies.

In Cunene province, UNICEF supported to provide integrated education services in a total of 18 schools of Ombadjia municipality through the Safe Havens project. A total of 4,979 individual learning kits were distributed to schools to ensure the continuity of education. A group of 54 teachers of Grades 2, 4 and 6 were trained in school management in emergencies, student-centred pedagogy and inclusive education approaches for a better-quality education. Additionally, 15 directors and 15 representatives of parents’ associations also benefited from the same training, and have enhanced their skills on school management and leadership.

Cross-sectoral (HCT, C4D, RCCE and AAP)

UNICEF supported the National Directorate of Public Health in the training of trainers (TOT). In the first phase, 56 technicians from provincial and municipal health promotion supervisors were trained. The TOT continued with the training of 315 trainers and followed by the training programme for 1,260 key community actors on topics such as: a) how to ask qualitative questions to get relevant information; b) how to prepare a question guide for the social diagnosis; c) how to conduct a focus group discussion; and d) how to make a community response plan.

The 1,260 key community actors worked in 21 municipalities in seven provinces. They conducted focus group discussions among caregivers, parents, and community residents in general.

The aim of the focus group discussions was to identify behaviours that influence or contribute to increase or perpetuate the level of malnutrition, vaccine drop-out rates (for both COVID-19 and routine immunization), school drop-out, violence against children, or good hygiene practices in selected municipalities. With the findings from the focus group discussions, it is expected that the community actors will be able to facilitate the design and implementation of local participatory strategies to reinforce the resilience and increase the demand for those services.

In the municipality of Cunhinga in Bié province, the social and behaviour change interventions focused on promotion of five key messages on prevention of malnutrition by the social activists, through home visits, community lectures or during culinary meals, reaching 12,541 people through these approaches. An estimated additional 200,000 people were reached through mass media communication via radio programmes.

Based on the successful implementation of community dialogues for education in the Safe Havens project in Ombadjia of Cunene province, UNICEF enhanced the multisectoral approach through organising more community dialogues, bringing together the municipality sectors of health, education, social action, justice, agriculture, and environment in Ombadjia. In total, 1,651 people directly participated in community dialogues, and an additional 8,550 people engaged in community activities in Cunene province.

As of mid-2023, a total of 76 social mobilizers have been trained on how to conduct participative lectures. They will work in selected villages to map the zero-dose children or under-immunized children, to facilitate the mobile teams’ interventions in communities. The social mobilizers will also help identify malnourished children, out-of-school children and children without birth certificates in communities.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

Under UNICEF Core Commitments for Children in Humanitarian Action, UNICEF’s humanitarian strategy in Angola focuses on supporting the Government and its partners to provide life-saving nutrition, health, HIV, WASH, Education, social behavioural communication, and child protection interventions, while strengthening the national capacity and building resilience at all levels.

The Drought Response Coordination Team (DRCT) is the UN humanitarian coordination mechanism, introduced in February 2022, to strengthen UN Disaster Management Team coordination mechanism. The DRCT is a steering and decision-making committee chaired by the Resident Coordinator and the Humanitarian Inter-Sector Coordination Group which provides a coordination platform for UN agencies, national and international NGOs to work together to ensure timely, well-coordinated, and efficient response to address the needs of affected populations.

At national level, the Nutrition coordination platform, is one of the key mechanisms led by UNICEF, to coordinate and strengthen the delivery of nutrition related services and interventions. Under the WASH Programme, UNICEF and its partners are strengthening national WASH Sector Coordination in close coordination with Ministry of Water and Energy. In addition, UNICEF leads Education and Child Protection sector coordination, and co-leads the health sector with WHO. UNICEF has been promoting and supporting cooperation among relevant stakeholders, including UN agencies, NGOs, government representatives and all other partners working in health, nutrition and food security. UNICEF works with the Government of Angola to ensure coordinated humanitarian action for children and support the alignment of humanitarian interventions with government national priorities and the drought response plan.

UNICEF maintains an operational and programmatic field presence in southern Angola. At provincial and municipal levels, coordination mechanisms led by provincial governments, through the Cabinets of Vice-Governors for Social Affairs, promote local inter-sectorial coordination among government authorities, UN agencies and its partners.

UNICEF supports the Government and its partners for preparedness and response to emergencies and strengthens resilience of local communities through direct service delivery support.
HUMAN INTEREST STORIES AND EXTERNAL MEDIA

Social Media:
https://web.facebook.com/UNICEFAngola/posts/pfbid0q7BNwnBJWpdlhTL8HAbi5yCY2qNLy6d6TKPcP4deivsG9E8d3XzEFZzrkcqXFdltl
https://web.facebook.com/UNICEFAngola/posts/pfbid022422d866y8Tayko8g43kguZ1LSy6u1v9PySe7LNFn7SFhAunAKqTGo4dSCXl
https://web.facebook.com/UNICEFAngola/posts/pfbid0xsfu1nTe3PvjimjgYX3Rccz992gX6pAZ1fDVfZxQFvJneoh7GrX9MwZ1YDyRTl

Human Interest Stories:
- Angolan technicians trained on management and reduction of risk disasters held in Mozambique
  https://www.unicef.org/angola/comunicados-de-imprensa/fortalecimiento-da-capacidade-institucional-nas-
  %C3%A1reas-de-gest%C3%Aao-e-redu%C3%A7%C3%A3o-do

- Group of moms trained to identify malnourish children in community
  https://www.youtube.com/watch?v=RzNycWTZg2I

HAC APPEALS AND SITREPS

- Angola Appeals
  https://www.unicef.org/appeals/angola

- Angola Situation Reports
  https://www.unicef.org/appeals/angola/situation-reports

- All Humanitarian Action for Children Appeals
  https://www.unicef.org/appeals

- All Situation Reports
  https://www.unicef.org/appeals/situation-reports

NEXT SITREP: 31 DECEMBER 2023
## Annex A - Programme Results

### Consolidated Programme Results

<table>
<thead>
<tr>
<th>Sector</th>
<th>Indicator</th>
<th>Disaggregation</th>
<th>Total needs</th>
<th>2023 targets</th>
<th>Total results</th>
<th>Progress*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>Children vaccinated against measles</td>
<td>Total</td>
<td>-</td>
<td>100,000</td>
<td>54,820</td>
<td>55%</td>
</tr>
<tr>
<td></td>
<td>Children vaccinated against polio</td>
<td>Total</td>
<td>-</td>
<td>120,000</td>
<td>82,553</td>
<td>69%</td>
</tr>
<tr>
<td></td>
<td>Children and women accessing primary healthcare in UNICEF-supported facilities</td>
<td>Total</td>
<td>-</td>
<td>200,000</td>
<td>120,887</td>
<td>60%</td>
</tr>
<tr>
<td></td>
<td># newborns with danger signs in drought affected areas referred to newborn care centres</td>
<td>Total</td>
<td>-</td>
<td>7,000</td>
<td>-</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td># pregnant women 15-49 living with HIV receiving ART in drought affected setting</td>
<td>Total</td>
<td>-</td>
<td>3,000</td>
<td>622</td>
<td>21%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Children 6-59 months with severe wasting admitted for treatment</td>
<td>Total</td>
<td>-</td>
<td>70,000</td>
<td>36,983</td>
<td>53%</td>
</tr>
<tr>
<td></td>
<td>Children 6-59 months screened for wasting</td>
<td>Total</td>
<td>-</td>
<td>400,000</td>
<td>124,408</td>
<td>31%</td>
</tr>
<tr>
<td></td>
<td>People trained on nutrition practices for the prevention and treatment of malnutrition</td>
<td>Total</td>
<td>-</td>
<td>300</td>
<td>306</td>
<td>102%</td>
</tr>
<tr>
<td>Child protection, GBViE and PSEA</td>
<td>Children, adolescents and caregivers accessing community-based mental health and psychosocial support</td>
<td>Total</td>
<td>-</td>
<td>15,400</td>
<td>5,000</td>
<td>32%</td>
</tr>
<tr>
<td></td>
<td>Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions</td>
<td>Total</td>
<td>-</td>
<td>21,000</td>
<td>1,421</td>
<td>7%</td>
</tr>
<tr>
<td></td>
<td>People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations</td>
<td>Total</td>
<td>-</td>
<td>13,200</td>
<td>77,824</td>
<td>590%</td>
</tr>
<tr>
<td>Education</td>
<td>Children accessing formal or non-formal education, including early learning</td>
<td>Total</td>
<td>-</td>
<td>50,000</td>
<td>54,979</td>
<td>110%</td>
</tr>
<tr>
<td></td>
<td>Teachers, members of parent teachers-association and school management committee trained in education in emergencies</td>
<td>Total</td>
<td>-</td>
<td>2,000</td>
<td>1,157</td>
<td>58%</td>
</tr>
<tr>
<td></td>
<td>Children receiving individual learning materials</td>
<td>Total</td>
<td>-</td>
<td>50,000</td>
<td>54,979</td>
<td>110%</td>
</tr>
<tr>
<td></td>
<td>Children provided with access to education through temporary learning spaces</td>
<td>Total</td>
<td>-</td>
<td>9,600</td>
<td>3,861</td>
<td>40%</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>People accessing a sufficient quantity and quality of water for drinking and domestic needs</td>
<td>Total</td>
<td>-</td>
<td>700,000</td>
<td>77,587</td>
<td>11%</td>
</tr>
<tr>
<td></td>
<td>People reached with critical WASH supplies</td>
<td>Total</td>
<td>-</td>
<td>400,000</td>
<td>3,500</td>
<td>1%</td>
</tr>
<tr>
<td>Cross-sectoral (HCT, C4D, RCCE and AAP)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People reached through messaging on prevention and access to services</td>
<td>Total</td>
<td>-</td>
<td>700,000</td>
<td>212,541&lt;sup&gt;15&lt;/sup&gt;</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>---</td>
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<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>People who participate in engagement actions</td>
<td>Total</td>
<td>-</td>
<td>100,000</td>
<td>10,201&lt;sup&gt;16&lt;/sup&gt;</td>
<td>10%</td>
<td></td>
</tr>
</tbody>
</table>

*Progress in the reporting period*
# ANNEX B — FUNDING STATUS

## Consolidated funding by sector

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements</th>
<th>Humanitarian resources received in 2023</th>
<th>Resources available from 2022 (carry over)</th>
<th>Funding gap (US$)</th>
<th>Funding gap (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and HIV/AIDS</td>
<td>4,500,000</td>
<td>2,800,000</td>
<td>600,000</td>
<td>1,100,000</td>
<td>24%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>17,660,000</td>
<td>1,470,000</td>
<td>1,000,000</td>
<td>15,190,000</td>
<td>86%</td>
</tr>
<tr>
<td>Child protection, GBVIE and PSEA</td>
<td>1,000,000</td>
<td>-</td>
<td>80,000</td>
<td>920,000</td>
<td>92%</td>
</tr>
<tr>
<td>Education</td>
<td>3,000,000</td>
<td>231,670</td>
<td>50,000</td>
<td>2,718,330</td>
<td>91%</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>6,000,000</td>
<td>1,238,769</td>
<td>49,000</td>
<td>4,712,231</td>
<td>79%</td>
</tr>
<tr>
<td>Cross-sectoral (HCT, SBC, RCCE and AAP)</td>
<td>850,000</td>
<td>78,433</td>
<td>-</td>
<td>771,567</td>
<td>91%</td>
</tr>
<tr>
<td>Total</td>
<td>33,010,000</td>
<td>5,818,872</td>
<td>1,779,000</td>
<td>25,412,128</td>
<td>77%</td>
</tr>
</tbody>
</table>

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ENDNOTES


4. This figure was adapted from the total number of children reached by Social Behavioral Communication interventions, mostly in southern parts of Angola.

5. The number of children in need was calculated based on children making up 53.4 per cent of the population in Angola, according to the 2014 government population census. This figure was adopted in UNICEF Angola HAC Appeal 2023.

6. In the 2022 Humanitarian Action for Children Angola appeal, the number of people and children in need was estimated at 7.3 million people, including 3.9 million children, based on the government’s National Commission for Civil Protection (CNPC) drought report from March 2021. As of October 2022, there are no new reports on the food and nutrition situation. To calculate the 2023 needs, the country office is using the figures the United Nations used for its 2022 Central Emergency Response Fund under-funded emergencies appeal as the most recently validated figures. UNICEF is assuming the 2021 numbers of 7.3 million people (3.9 million children) would be outdated and could also be sensitive for the Government with no assessment conducted since that year. Therefore, the number of people and children remain provisional. This figure was adopted in UNICEF Angola HAC Appeal 2023.

7. Calculated based on 16 per cent of the people in need being children under age 5. This figure was adopted in UNICEF Angola HAC Appeal 2023.

8. Based on population estimates of the number of pregnant and lactating women in need of counselling services and the number of children aged 6-59 months in need of micronutrient supplementation. This figure was adopted in UNICEF Angola HAC Appeal 2023.

9. UNICEF Angola HAC appeal 2023

10. To address the drought crisis in Angola, CERF allocation was made for UNICEF and WFP in Angola in 2022. Available at: https://cerf.un.org/what-we-do/allocation/2022/summary/22-UF-AGO-51281

11. Angola climate can be classified into tropical, arid, and temperate regions. Further details about classification and weather data are available at: https://tcktcktck.org/angola#climatic.


13. Data was not collected during the first semester and will be collected in the second semester.

14. Aligned with the nutrition results-116,736 beneficiaries reached, although some of the mothers in health facilities are likely to have been twice to the facility within the six-month period, so it is proposed to reduce the number of beneficiaries by one third to avoid duplication.

15. A total of 12,541 people directly reached through messaging on inter-personal communication, and potentially 200,000 additional beneficiaries were reached through mass media communication via radio programmes in Bie.

16. A total of 1,651 people directly participated in community dialogues, and additional 8,550 people engaged in community activities in Cunene Province.

17. There are new activities that add to the overall increased cost - HIV services and the primary health care package - whereas in 2022 the bulk of the interventions were mostly around immunization. The same child can have multiple consultation needs and different types of care.

18. Funding for COVID-19 vaccination was used to integrate child health and routine immunization in drought-affected provinces and other provinces.

19. Funding carried over from 2022 for health system strengthening supported training of MCH nurse on high impact RMNCAH services in drought-affected areas.

20. The funding ask for education has increased due to the inclusion of menstrual hygiene kits for a portion of the girl population, and due to the inclusion of gender-based violence in emergencies, prevention of sexual exploitation and abuse and accountability to affected populations activities that were not previously included.