



This report is produced by Office of the UN Resident Coordinator in collaboration with humanitarian partners. It covers the period from 13 August to 13 September 2016. The next report will be issued on or around 13 October.

## Highlights

- Rural communities of Cunene and Huila provinces have food stocks for less than 6 weeks.
- 400,000 people are estimated to be in need of food and in-kind assistance;
- High school drop-outs are increasing due to lack of water and transhumance over the past two months.

**1.2m**

People affected

**585,000**

People targeted for humanitarian assistance

## Situation Overview

In 2015 the El Niño-induced drought affected 1.5 million people in Angola; the most affected provinces are Cunene (755.930 people) Huila (205.507 people) and Namibe (177.627) (source: *Civil Protection National Committee-CNPC*). In the three provinces SAM rates of November 2015 were among 4,7 and 7.3% and GAM rates among 15.3 and 21.3% (source: MoH). Agricultural and livestock losses were estimated to be about \$242.5m

In 2016 the agricultural production deficit is estimated at upwards of 40 per cent, with an estimated 1.2 million people affected during the first third of the year and SAM rates among 3,75 and 5% in the three provinces (MoH).

An estimated 90 per cent of affected people live in rural areas and are dependant on agriculture and livestock, with limited access to safe water and electricity, and long distances from health centres, schools and markets. The situation is exacerbated by the economic crisis and reduced imports; reflected in the significant increase in staple food prices and lack of certain basic commodities.

The food insecurity is of concern to local authorities, with a large number of livestock sold daily to buy staple food, and limited grains and beans stocks, almost all of which have been sold across the border in Namibia to procure other goods. This is occurring especially in Cunene Province and some municipalities of Huila Province.

The situation is critical for pastoralists, who have been in transhumance the past weeks; as for small farmers who are facing lack of draught animals to plough their fields in preparation for the next planting season. Lack of water is visible and Civil Protection has distributed water tanks of five to ten thousand litres in all municipalities of Cunene and carries on a weekly water-filling program.

People are forced to trek long distance to get water, and this is affecting livelihood income activities and school drop-out rates. Severe acute malnutrition rates remain high in remote rural communities. The role and capacity of community mobilizers must be strengthened to report malnutrition cases.

Yellow fever vaccination campaigns have been conducted in six municipalities in Huila and Cunene provinces, reaching more than 900,000 people since May 2016. The vaccination campaign will recommence on 20 September in Cunene and Namibe provinces.

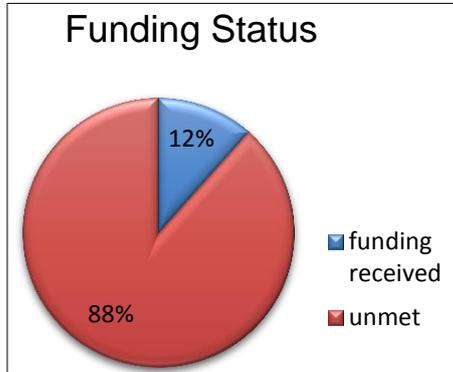


Source: UNCS, Europa Technologies, ESRI  
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

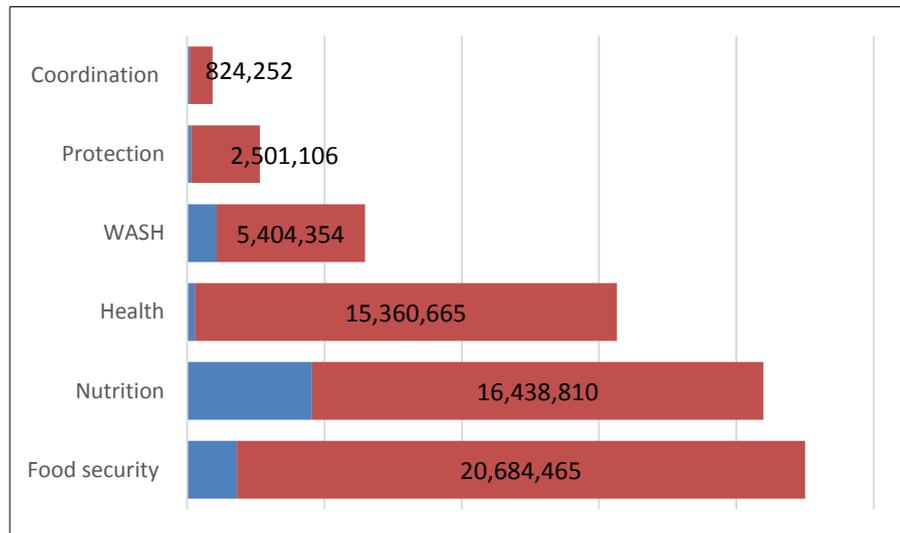
# Funding

Angola UN and NGO El Niño response

**US\$ 69 million**  
overall requirement



Funding by sector (in US\$)



The diagrams above show the funding status for different sectors/clusters to date. The agriculture, nutrition and health sectors are particularly underfunded. However, data is often not available or comparable and the real needs for other sectors is likely to be higher than reported.

## Humanitarian Response

UN agencies and NGOs are working closely with the Government of Angola to address the situation. From March to May 2016, World Vision International (WVi) conducted a SMART assessment of the nutrition status of children under age 5 in Cunene and Huila provinces. From May to June, FAO and the Ministry of Agriculture (MINAGRI) jointly assessed needs in terms of food, seeds, veterinary treatment and livestock vaccines. Multiple national and international NGOs and the Red Cross have developed multi-sectoral emergency programmes to respond to rural community needs in the three most-affected provinces.

Three projects funded by the Central Emergency Response Fund (CERF) were extended at no-cost up to November 2016 in order to optimize the impact of life-saving responses.



### Food Security and Agriculture

#### Needs:

- Procurement of drought-resistant short-cycle varieties of maize, millet and sorghum is urgently needed, before scarcity becomes a factor.
- Recover livelihood and food production capabilities of 86,000 rural families.
- 150,000 semi-nomadic herders reached with good livestock health practices.
- Improvement of food security, beneficiary groups information management and analysis.

**\$22.5m**  
required to support  
food security and  
agriculture

#### Response:

- FAO has trained 4 veterinarians and 350 CAHW (Community Animal Health Worker), reaching the target figures. 5,000 families are directly benefitting of improved services in animal health.
- FAO has almost completed the rehabilitation of one of the three water reservoir targeted in Cunene Province.
- FAO and MINAGRI installed and are weekly monitoring of a total of 1,172 plant nurseries and 37 family gardens in Cunene Province, 8 in Huila province and 12 in Namibe Province, benefitting a total of 2,900 families of the 2,500 targeted with OCHA's funds, representing the 116% of targeted beneficiaries. The first production is expected in late September or early October.

#### Gaps & Constraints:

- Lack of vaccines for livestock and lack of rabies monitoring.



## Health

### Needs:

- Drugs and vaccines of Penta3, measles, rotavirus and yellow fever for 15,134 children aged 0 to 59 months (DPS-WHO data) in three provinces.
- Basic essential obstetric care kits for more than 202,000 pregnant women.
- Strengthening disease surveillance systems.

**\$15.6m**

required to support health sector

### Response:

- Department of Health carried out a yellow fever vaccination campaign in three municipalities of Cunene and two municipalities in Huila, reaching 485.084 and 1.239.071 people respectively (WHO). This was technically supported and monitored by WHO and UNICEF. The Angola Red Cross Society and UNICEF are strengthening social mobilization at community level.
- A yellow fever vaccination campaign will start on 20 September in four municipalities in Cunene and Namibe provinces. Angola not notify new confirmed cases of Yellow fever since 23 June 2016

### Gaps & Constraints:

- Availability of yellow
- High turnover of health and nutrition personnel.



## Nutrition

### Needs:

- 37,835 children under age 5 are targeted by UNICEF for the treatment for severe acute malnutrition (with and without complications).
- Restoring all 370 community management of acute malnutrition (CMAM) centers.
- Strengthen the integrated disease and nutrition surveillance systems at all levels.
- Improve supervision of in-patient treatment (IPT) programs in three provinces.

**\$21m**

required to support Nutrition

### Response:

- A cumulative total of 9,907 children with severe acute malnutrition treated, of the 37,835 targeted, representing the 27 per cent of program coverage.
- Nutritional supplies and equipment (weight-for-height charts, basic medicines, etc.) continue to be delivered to health facilities in the most affected areas, with the monitoring of health centers.
- A cumulative total of 310 CMAM centers were rehabilitated in the 3 provinces to date.
- 175 health workers in the three provinces were trained on management of acute malnutrition without complications, bringing the total to 590 in the three provinces.
- 34 community workers were trained, of a total of 220 community agents, for social mobilization activities within communities. UNICEF is providing refresher training to Angola Red Cross Society volunteers on identification of malnutrition and breastfeeding.
- UNICEF distributed 5,745 units of social mobilization material on malnutrition, hygiene, sanitation and water treatment.
- Support supervisions were conducted in the three provinces and municipalities.

### Gaps & Constraints:

- The prolonged stock-out of treatments up to March 2016 represented a barrier for mothers to attend consultations. This has been addressed by extending the training to the community workers (ADECOS) and CVA.


**Protection**
**Needs:**

- Training on gender-based violence (GBV) at community and health services levels for 756,000 people.

**\$2.7m**

required to support protection

**Response:**

- Following a UNFPA training, 40 social mobilizers of the Angola Red Cross Society and Civil Protection in Huila and Cunene attended to 5,642 adolescent girls and women and 4,641 adolescent boys with information on sexual and reproductive health (SRH), GBV and HIV & AIDS.
- 2,460 adolescent girls received sanitary kits in three municipalities of Cunene Province.

**Gaps & Constraints:**

- Inadequate funding is having a major impact on adolescent protection.

**Water, Sanitation and Hygiene****Needs:**

- Provision of safe water to meet the daily needs of 120,000 people (at least 15 l/day).
- Promotion of community-led total sanitation (CLTS) approaches to reduce open air defecation and prevent water-borne diseases, especially among children under age 5.

**\$6.5m**

required to support WASH

**Response:**

- UNICEF WASH activities have reached 40,365 people with appropriately designed toilets and 70,770 people with emergency hygiene kits. 92,934 people were reached with hygiene and sanitation messages.
- A combined approach between WASH and Nutrition has facilitated the provision of WASH emergency items through health centers to 70,770 people.
- Fourteen water pumps have been repaired, benefiting approximately 8,400 people.
- UNICEF continues assisting the three provincial governments with the distribution of 35 tons of WASH supplies (water treatment pills, 20l jerry cans and collapsible containers, family hygiene kits and WASH information, education and communication materials to families with malnourished children being treated in health centers.
- A local supplier in Angola has been identified for the procurement of water pumps and spare parts. The first 63 water pumps locally procured have been delivered to the provincial directorates.

**Gaps & Constraints:**

- Difficulty in procuring sufficient volanta hand-pumps, requested by the Provincial Directorates of Energy and Water, has delayed the rehabilitation process.

## General Coordination

An Inter-Ministerial Drought Emergency Commission led by the Ministry of Planning has been established to support emergency efforts. The UN Emergency Country Team and the Response Coordination Team are coordinating activities and optimizing efforts between UN agencies' interventions and those between UN and NGOs.

Monthly coordination groups meetings are taking place in the three provinces, strengthening coordination and building synergies between provincial government, UN agencies, NGOs and the Angola Red Cross Society. An inter-provincial coordination meeting, led by the Provincial Government of Huila, will be held on 19 September to discuss resilience and long term scenarios, together with all partners involved.

In late June, OCHA's Director of its Operational Division visited Angola to follow up on support to the yellow fever response and to the drought in the south. The mission also visited Cunene Province.

On the request of the Ministry of Interior, UNDP is supporting the National Civil Protection's efforts to carry out a Post Disaster Need Assessment (PDNA) in affected provinces, in partnership with EU and WB. The PDNA joint mission

visited the three provinces between 2 and 12 August with technical support from UNDP, EU, FAO, UNICEF, UNFPA and WFP, and is now completing sectorial analysis.

#### Background on the crisis

During 2015 El Nino affected Angola, causing droughts, which had already weakened people's capacity to cope with environmental disasters. The 78% of 1 m food-insecure people live in three provinces of southern Angola, characterized by nomadic pastoralist communities. Non-functional boreholes, sharing water with livestock, livestock disease outbreaks, high agricultural and livestock losses, and low purchasing power of rural people are quite common. In November critical under-nutrition rates were reported, above 7% of SAM rates and doubled GAM rates compared to January-June 2015 data, account for 58% of child morbidity and 38% of child mortality. In July 2016, production losses are estimated to be up to 40%. A number of 400.000 people are estimated to be food insecure and food stocks are able to cover 1,5 month or less. SAM and Gam are still high in remote community areas, it is fundamental to strengthen the role of community mobilizers for malnutrition screening and reporting to authorities.

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